



PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS

The standard meeting time for the initial visit is 45-60 minutes and follow up visits are 15-30 minutes.

Payment is due within 24 hours of your appointment. You may lose your appointment if payment is not received within 24 hours of your scheduled time.

Cancellations and re-scheduled visits will be subject to a full charge if **NOT RECEIVED AT LEAST 48 HOURS IN ADVANCE**. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for an appointment, you may lose some of the allotted time for that appointment. Your card will automatically be billed 24 hours prior to your appointment if payment is not received.

TELEPHONE ACCESSIBILITY If you need to contact Virtual House Calls between sessions, please call our main number or send us a message through the website. We are often not immediately available; however, we will attempt to return your call or message within 24 hours. Please note that face-to-face video visits are highly preferable to phone visits. However, if you are out of town, sick or need additional support, phone sessions are available. If a true emergency arises, please call 911 or go to your local emergency room.

ELECTRONIC COMMUNICATION

We cannot ensure the confidentiality of any form of communication through electronic media, including, but not limited to, text messages, telephone communication, the Internet, facsimile machines, and e-mail. Telemedicine is broadly defined as the use of information technology to deliver medical services and information between two parties that are at different locations. The above electronic means of communication are considered telemedicine. Utilizing telemedicine services through Virtual House Calls LLC is voluntary in nature and you need to understand:

1. You have the right withhold or withdraw your consent for telemedicine services at any time. If this occurs, you need to understand that we cannot provide care for you any longer as Virtual House Calls is strictly a telemedicine practice.
2. We will protect your protected health information in the same fashion as a brick-and-mortar practice. You need to understand though that data breaches can happen, and we cannot assure your information is 100% protected.
3. We will not use your protected health information for research purposes unless you give us consent to do so.
4. There are potential benefits, risks, and subsequent consequences of telemedicine. Potential benefits include, but are not limited to improved access to care, reducing costs, improving the quality of visits, and reduction of travel time associated with medical visits. The medical provider will make assessments, diagnoses, and treatment plans based off all the visual and auditory information provided during the video conference. You must understand that this is limited and posts potential risks including, but not limited to the provider's inability to make complete diagnostic assessments that might require a physical exam and to see the patient in person. During an in-person encounter, a medical provider can see the entire patient including but not limited to their gait, smell, general appearance, and demeanor. Potential consequences thus include the provider not being aware of clinically significant information that you may not recognize as significant to present verbally to the provider.

TERMINATION

We can terminate treatment with you at any time. We will not terminate the medical relationship with you without first discussing and exploring the reasons and purpose of terminating. If treatment is terminated for any reason, we will provide you with a list of qualified providers to continue your care. You may also choose someone on your own or from another referral source. Should you fail to not show up for your follow up appointments, not obtain lab work in a timely fashion or are non-compliant with treatment, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Name: _____ Date: _____