Nursing Visit: Acknowledgement and Consent

_______ I, the undersigned, hereby consent to participate in a telehealth/telephone screening review conducted by a registered nurse as part of my healthcare evaluation and treatment. I understand that telehealth/telephone communication involves the use of electronic communications to enable healthcare providers at different locations to share individual patient medical information for the purpose of improving patient care. I understand that the information transmitted may include my medical history, diagnosis, treatment, and other related healthcare information.

_______ I understand that while efforts will be made to protect the privacy and security of my health information, there are inherent risks associated with electronic communication, including but not limited to breaches of confidentiality, unauthorized access, and technical failures. I understand that the registered nurse conducting the screening review will take appropriate measures to safeguard my health information but cannot guarantee absolute security.

_______ I understand that the registered nurse will bill my insurance provider for the telehealth/telephone screening review services provided to me. I authorize the release of any medical or other information necessary to process claims for these services. I understand that I may be responsible for any co-payments, deductibles, or other out-of-pocket expenses as determined by my insurance plan.

_______ I understand that telehealth/telephone communication may not be appropriate for all medical conditions and that there may be limitations to the evaluation and treatment that can be provided through this modality. If, during the course of the screening review, the registered nurse determines that an in-person evaluation is necessary, I understand that I may be referred to an appropriate healthcare provider for further assessment and treatment.

_______ I have had the opportunity to ask questions about the telehealth/telephone screening review process, and all of my questions have been answered to my satisfaction.

_______ I hereby consent to participate in the telehealth/telephone screening review and authorize the registered nurse to provide necessary healthcare services through this modality. I understand that I have the right to withdraw this consent at any time.

______________________________ ____________

Patient / Responsible Party Acknowledge Signature — Date

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_______ Assessments/Diagnostic Evaluations: The fee for an evaluation is based on the number and type of tests included in the assessment battery. Vendetti Wellness Group does bill a variety of insurance companies for these assessments. In some cases, your insurance may pay all or only a portion of these tests. Copayments, Coinsurances, and deductibles may be applied based on your individual insurance policy. Payment is due at the time of services being rendered. Late cancellations and No-Show fees may apply for failure to notify your clinician of a cancellations 24 hours in advance, or for not showing to your schedule session.

_______ I understand that the information obtained in this evaluation is confidential and will not be released to any person or organization without my written permission. (This release is available in our office or may be completed with any individual whom you wish to give such access, and then provided to us.) The only exceptions to this policy are rare situations in which you are required by law to release information with or without my permission. These are: 1) if there is evidence of physical and/or sexual abuse of children or abuse to the elderly; 2) if you judge that I am in danger of harming myself or another individual; and 3) if my records are subpoenaed by the court. In the rare event of any of these situations, you would attempt to discuss your intentions with me before an action is taken, and you would limit disclosure of confidential information to the minimum necessary to ensure safety.

_______________________________ ____________

Patient / Responsible Party Acknowledge Signature | Date