

# Consent for Services



Patient Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Consent for Services and Disclosure of Information for Treatment:** I consent to any and all medical evaluation and treatment, preventative care services and procedures which are deemed necessary or advisable by HomeMD Housecall Services medical providers and designees. I consent to the use of telemedicine services in the course of my diagnosis and treatment with my HomeMD Housecall Services Team. Telemedicine involves the use of audio, video or other electronic communications to interact and consult with the healthcare provider(s). I also consent to the use and disclosure of my health information by HomeMD Housecall Services for my treatment, including disclosure of my health care information to health care providers and facilities unrelated to HomeMD Housecall Services that may be involved in care.

**Health Information Exchange:** HomeMD Housecall Services may disclose my health information to and access my health information from other providers using a record locator service or patient information service of a health information exchange unless **I object by checking here:**

*This applies to health information HomeMD Housecall Services already has about me, information about future care I may receive from HomeMD Housecall Services and information HomeMD Housecall Services receives from third parties. This consent will HomeMD Housecall Services continue unless I cancel by giving written notice to HomeMD Housecall Services or it expires as required by law. Cancellation will apply after the date when the notice to cancel is received. It will not affect information that is used or disclosed before cancellation.*

## Notice of Privacy Practices and Consent

**(Acknowledgment of Receipt):** I received a copy of HomeMD Housecall Service's Privacy Practices and understand I have a right to review these before signing this consent form. I understand that HomeMD Housecall Services may change its privacy practices in the future, that any changes will be posted on HomeMD Housecall Service's website and that I may request a copy of the new privacy practices at any time. I understand I can contact HomeMD Housecall Service's Privacy Officer with any questions I may have about the Notice of Privacy Practices. In addition to the other uses and disclosures described in this document, I consent to the use and disclosure of my health information for the purposes described in the Notice of Privacy Practices, including HomeMD Housecall Service's health care operations.

**Patient Financial Consent:** I understand that it is my responsibility to know what the terms of my insurance are, and in compliance with those terms, I understand I will pay all applicable co-pays or co-insurance and outstanding account balances as they become due. I understand that it is my responsibility to read and review the HomeMD Housecall Services Patient Financial Consent policy located online at homemdhealth.com and agree to be bound by its terms.

**Use of Health Care Records in Program Evaluations and Training:** I give HomeMD Housecall Services permission to use and disclose information gathered during the course of my treatment from HomeMD Housecall Services, including information from my treatment records, for the purposes of program evaluation and training and for overall quality review, including staff performance and outcomes at HomeMD Housecall Services.

**Chronic Care Management:** I give HomeMD Housecall Services permission to enroll me in the HomeMD Housecall Services program which includes chronic care management (CCM) when appropriate. The program and CCM include practitioner/ care management visits and activities, which will be billed to my insurance with normal deductibles and copays. I understand that only one practitioner may furnish and be paid for CCM services during a given calendar month and that I have the right to stop CCM services at any time. I understand information concerning this program is available on the website at homemdhealth.com.

**Consent to Email or Text Usage:** I authorize HomeMD Housecall Services to communicate with me, including potentially sensitive information about me like billing, payment, and appointment- related information, via text message (also known as SMS) and e-mail.

- I would like to opt-out of receiving text messages
- I would like to opt-out of receiving e-mails from HomeMD Housecall Services

**If Legal Representative signing this form:** I acknowledge and agree that by signing this form as a Legal Representative for the patient, I swear and attest that I am legally authorized to act and make decisions on behalf of the patient. I am required to provide a copy of valid and effective documentation outlining my role as Legal Representative in order to receive related communications. Upon signing the form or any other required documentation from HomeMD Housecall Services as a Legal Representative for the patient, I hereby release and hold harmless HomeMD Housecall Services and its representatives from any claims or damages arising from HomeMD Housecall Services reliance on my attestation that I am Legal Representative.

**Patient Consent for Medical Photography:** During your visit(s) your healthcare provider may find it helpful in managing your care to photo-document the specific location and appearance of your condition or clinical findings. The purpose of medical photography is to document findings, care, and treatment progress. The images will remain solely in your medical chart and treated as any other part of your medical record. They will be protected and handled in accordance with applicable HIPAA privacy regulations. The medical photographs will not be used for any purpose other than your care and treatment without your express written consent. You may refuse to have photographs taken at any time.