



305 Regency Pkwy Ste. 509
Mansfield, TX. 76063
P: 817 – 453 – 2323
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Telemedicine Consent Form

- I understand that there are potential risks to using technology to conduct this medical visit, including service interruptions, interception, and technical difficulties.
- If it is determined that the electronic connection is not adequate, I understand that my health care provider or I may discontinue the telemedicine visit and make other arrangements to continue the visit.
- I understand that I have the right not to participate or decide to stop participating in a telemedicine visit. I also understand that my refusal will not affect my right to future care or treatment.
- I understand that I may revoke my consent at any time by contacting Regency Healing Medical Clinic at 817-453-2323
- I understand that my health care information may be shared with other individuals for scheduling and billing purposes.
- I understand that my insurance carrier will have access to my medical records for quality review/audit.
- I agree that I am responsible for any out-of-pocket costs, including deductibles, copayments, or coinsurances, that apply to my telemedicine visit.
- I understand that health plan payment policies for telemedicine visits may be different from policies for in-person visits.

Patient (or Responsible Party) Signature

Date