

PHONE CONSULT/TELEMED ADDENDUM

Patient Name: _____

1. I understand that Emmajeane Rombach, LAc. wishes me to engage in a telemedicine/phone consultation and such a consultation will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as Emmajeane Rombach, LAc.
2. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my health care provider or I can discontinue the telemedicine consult/visit if it is felt that the phone connections are not adequate for the situation.
3. I understand that Emmajeane Rombach, LAc., will make all efforts to protect and ensure my privacy throughout the course of phone consultations, but that there are inherent risks with using the phone/computer technology, that can not be controlled by Emmajeane Rombach, LAc.
3. I understand that a phone consultation is limited to providing herbal, nutrition and lifestyle recommendations as part of Emmajeane Rombach, LAc., scope of practice as a Licensed Acupuncturist, and is not to be seen as a replacement for medical advice from my doctor.
4. I understand that phone/telemed consultation is NOT a substitute to medical care for diagnosis, treatment or management of COVID-19.

By signing this form, I certify: ✓ That I have read or had this form read and/or had this form explained to me ✓ That I fully understand its contents including the risks and benefits of the procedure(s). ✓ That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Patient's/parent/guardian signature _____

Date: _____