



Bridget Brady, MD, FACS

John P. Sabra, MD, FACS

Online Consultation Written Consent

Patient Name: _____ DOB: _____

I, am requesting to become a patient of Austin Thyroid Surgeons by obtaining an online medical consultation from Dr. Brady and/or Dr. Sabra:

I understand that Austin Thyroid Surgeons offers an optional online medical consultation to provide medical advice or medical support for out of town patients pertinent to any medical concerns for which I, the patient, wish to consider and request an online medical consultation over actual outpatient medical visit. I, the patient, understand that this online medical consultation is an actual medical service which besides its benefit such as being provided with medical advice without medical visit, saved time and other benefits, but also has its limitations including lack of direct provider to patient interaction, inability to conduct direct medical exam and other limitations which may arise as a result of the online medical consultation communication over actual medical visit. I, the patient, understand I am selecting this online medical consultation and that there is always the option of a direct medical visit.

Appointments for in office-direct medical visits are available to be made 24/7 online at www.austinthyroidsurgeons.com or by calling us at (512) 887-3187. If in need of further assistance, you can also reach us over the phone at (512) 887-3187.

Furthermore, I, the patient, understand that our surgeons must rely on information provided by me and that failure to provide complete or additional information may result in reduced ability or inability to provide complete consultation or complete medical advice. I understand that such medical advice provided by our surgeons does not guarantee any cure, improvement or success of any medical advice and that limitations of such medical advice exist. I understand that as a result additional recommendation may include need for additional communication, additional consultation, an actual outpatient medical visit or additional recommendations to seek further medical care in another facility or with another medical provider.

I, the patient, understand and agree that such online medical consultation can occur only by sharing protected health information over electronic media and I, the patient, authorize sharing of protected health information over electronic media, including as deemed necessary sharing of the medical record(s) in an electronic format. This electronic format may include email, fax or phone and internet. Austin Thyroid Surgeons will make all possible efforts to provide and share such medical information over selected electronic format of my choice in compliance with the practice and general rules of exchange of protected health information over selected electronic format, however, I, the patient, agree and understand to be solely responsible for the selected electronic format, its security or release of protected health information which is received to my choice of the electronic media.

I, the patient, understand and agree that I am solely responsible for my selection of the electronic device such as phone, computer, iPad, fax or other electronic device, including the selection of hardware, software, firewall, encryption, service provider or other electronic equipment features I select to use myself in requesting or communicating the protected health information from my side. I, the patient, am solely responsible for security of such selected equipment I use and indemnify and hold harmless Austin Thyroid Surgeons and its agents and representatives of any loss, theft or exposure of protected health information from my electronic device whether intentional or not.



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Financial Obligation

It is highly unlikely that your health insurance will cover the cost of this online medical consultation. In fact, we are fully aware that health insurances do not cover this type of service. For that reason, the entire cost of the online medical consultation is the patient's responsibility.

Thus, by signing below you understand and agree that the online medical consultation is a noncovered service and you agree to pay the \$950.00 in full for the online medical consultation regardless of the recommendations or outcome of the online medical consultation.

I agree to receive an online medical consultation with its risks, benefits, including no service and an option to consider direct medical visit. I agree to payment authorization for such services and hereby submit my authorization to disclose protected health information/medical records over electronic media.

Signature of Patient or Legal Guardian

Date

Relationship to Patient if Legal Guardian

Witness Signature _____ Date _____