

ONLY PENNSYLVANIA RESIDENTS ARE ELIGIBLE

OPTIONAL TELEHEALTH FOLLOW-UP VISIT

Shields and Shields has the healthcare technology available to provide the option of conducting your post surgical follow-up visit via our secure telehealth portal, as explained below.

In many situations, either for the convenience of the patient or when there are no significant clinical issues, we can provide follow-up visits via telehealth technology. In most cases, we can determine from normal smart phone picture or video technology, if the surgery recovery are going according to plan. However, there will obviously be exceptions to the situation and you are always welcome to schedule your follow-up visits as personal visits at your discretion. If you would like to take advantage of this telehealth technology, you must be aware of a few things:

First and foremost, although most smart phone video technology is often completely sufficient for telehealth evaluations such as these, there is no substitute for a personal ophthalmology examination by physicians. If your video or photography is of insufficient quality or clarity, we reserve the right to recommend a personal visit.

Second, if you have excessive pain, discharge, redness or loss of vision, then you should see an eye care specialist as soon as possible. You can obviously call us at any time or, if you are out of the area, your referring ophthalmologist. We can also confirm via a telehealth visit that a personal visit might be necessary, but we certainly would not want you to delay making the personal visit when you think it is necessary.

There is no additional charge to you for this type of visit. If your insurance carrier provides office visit reimbursement for telehealth visits we will bill them for covered services, but we would never expect you to pay for a telehealth visit that would be covered by the global surgery payments.

Finally, even secure telehealth technology is not as secure as a personal office visit, so there is some potential additional privacy risk associated with using internet based telehealth technology. We will maintain the video records of the telehealth visit as part of your normal patient medical record.

If you are interested in availing yourself of this telehealth service, please read and sign the acknowledgement below.

I acknowledge that the potential additional clinical risks and privacy and security exposure associated with the use of telehealth technology have been explained to me, and I consent to the use of this technology for the purposes described above.

Name (Print)

Date

Name (Signature)

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