

Teledentistry Consent Form

Teledentistry Consultation: is online dentistry care for patients who do not visit the dentist's office physically. The visits are provided through an online appointment system and teledentistry visits are held on the selected date & time by the patient. Teledentistry uses electronic dental records such as electronic versions of X-rays, photographs, recordings of the condition of your teeth, health and other history information. These records are reviewed at a later time. Your medical and dental history and personal health information may be discussed with other health professionals. These discussions will occur through phone calls or other secure technology. A teledentistry consultation may require more than one visit. A teledentistry consultation aims to identify and manage oral health problems you may have and to determine whether you have a condition that requires immediate in-office treatment.

Confidentiality: Patient information is protected by current federal and state laws that are used during teledentistry consultation.

Patient Rights: You may choose not to participate in a teledentistry consultation at any time before and/or during the consultation. If you decide not to participate, it will not affect your right to future care or treatment. You have the option to seek a dental consultation or treatment in a dental office at any time before or after the teledentistry consultation.

Risks and Benefits: A benefit of teledentistry consultation is being seen by the dentist and getting treatment consultations without face-to-face interaction with the dentist in the office. A possible risk of teledentistry consultation is that the dentist may not be able to identify all oral health problems and there may be a requirement to visit a dentist's office physically for further treatment. This could be because of your specific medical or dental condition or for other reasons. Recommendations will be made to you about your future dental care after the teledentistry consultation. These could include recommendations about whether or not to see a dentist in a dental office or dental clinic. A visit to a dental office may be needed in the future even if it is not recommended now. The recommendations may change if more information about your dental needs become known. The alternative to teledentistry consultation is a face-to-face visit with a dentist. The practice of dentistry is not an exact science. Therefore, any specific results cannot be guaranteed. If an injury occurs as a result of procedures provided by a referring dentist or dental office, My Tooth Advisor will be held harmless from any or such procedures recommended or referred. The dentist or dental office providing such physical care will be held responsible. Please notify that dentist or dental office completing the recommended treatment.

Cost/Payment: The Cost of this teledentistry consultation is based on the concerns and depth of information submitted for the consultation. The starting cost is \$35 and can range to the cost of a comprehensive exam fee of \$140.00. This \$35 fee will be collected at the time of submission and any additional fees will be discussed and made aware before the completion of the consultation. My Tooth Advisor is NOT affiliated in any way with any dental insurance company or coverage and payment of the fees will be requested in full. If you have dental insurance, then the code D9995 and/or D9996 can be submitted in addition to any other codes necessary to complete your consultation. Assistance with reimbursement from any dental insurance coverage will be the sole responsibility of the patient. If allowed by insurance, then ask your insurance carrier to pay the patient directly. There is no guarantee that your insurance carrier will pay on this claim, and it will be up to the patient to call the dental insurance carrier for any payment status questions.

I understand and authorize My Tooth Advisor, its affiliated dentists or dental hygienists, to provide teledentistry consultation services and I have been informed about the information above. I have had an opportunity to ask questions about this information and all my questions have been answered. I agree to have records, including electronic versions of X-rays, photographs, charting of conditions, health and other history information, collected from me and used to prepare this teledentistry consultation as described in this consent form. I understand My Tooth Advisor may send me text messages. Message and/or data fees may be charged by my wireless service provider; to discontinue, reply "STOP" to any message received. By signing below, I agree that I have read and understood all the terms and conditions, and I accept all the statements. I acknowledge that no guarantee or assurance has been made by anyone regarding the treatment or treatment recommendations I have requested and authorized.