**Please read the following Terms of Use carefully. The terms below govern your use of InterMed’s telemedicine services. If you do not agree to these terms, do not use the telemedicine service.**

1. Please **DO NOT USE THIS SITE FOR EMERGENCY MEDICAL NEEDS.** If you are experiencing a medical emergency, call 911 immediately.

2. **Only InterMed patients who meet certain clinical criteria and who are physically located in the state of Maine at the time of the televisit are eligible for televisits.**

3. After the visit begins, provider may determine that patient’s clinical presentation requires in-person assessment. In such circumstance, patient is responsible for contacting the InterMed office without delay to schedule a visit if there is an illness or condition which requires a timely appointment.

4. InterMed is currently offering telemedicine visits as part of its COVID-19 (coronavirus) response and reserves the right to limit or withdraw its offering of telemedicine visits at any time and for any reason.

5. In accordance with Maine law, this telemedicine visit may generate costs for which patient is responsible (copay, coinsurance, deductible portion) which are the same as those costs that would be generated by an in-person office visit of the same visit type. Obtaining information from a health plan regarding patient’s cost share is the responsibility of the patient.

6. At this time, many health plans are waiving co-pays and cost shares for services related to diagnosis and treatment of COVID-19. InterMed follows all such health plan payment policies which are subject to change at any time.

7. Patient is responsible for the technical factors associated with the patient connecting to the telemedicine visit. InterMed may provide assistance to the best of its ability and availability over the phone but will not contact the patient’s internet service provider nor will it make recommendations on how to repair or remediate issues with the patient’s hardware.

8. InterMed cannot guarantee the privacy or security of patient’s internet connection, software or hardware. Use by patients of an employer’s equipment or network to conduct telemedicine visits may affect the patient’s right to privacy and is not recommended.

9. Patient is responsible for the confidentiality of their environment during the visit. It is recommended that the patient select a quiet, enclosed location where access by others can be restricted to ensure patient’s privacy.
10. In the event a technical issue prevents the telemedicine visit from occurring or being completed, provider may complete the visit by telephone if clinically appropriate and if patient consents to a telephonic visit. Patient will be billed for such telephonic visit. If the visit is unable to be completed by telehealth or telephone, an in-person office visit may be required to address patient’s medical concern. The patient is responsible for contacting the InterMed office without delay to schedule a visit if there is an illness or condition which requires a timely appointment.

✓ Acknowledgment of InterMed Privacy Practices. By continuing with this telemedicine visit, I acknowledge that I have received and reviewed InterMed’s Notice of Privacy Practices set forth below containing a description of the uses and disclosures of my health information. I understand that InterMed has the right to change its Notice of Privacy Practices from time to time and that I may contact InterMed at any time to obtain a current copy of the Notice of Privacy Practices. I understand that I may request in writing that InterMed restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand InterMed is not required to agree to my requested restrictions, but if InterMed does agree then it is bound to abide by such restrictions.

Revised March 25, 2020