CONSENT FOR IN-HOME (HOUSE CALL) SERVICES

Namaky Advanced Endometriosis Surgery

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1. NATURE OF IN-HOME SERVICES

I understand that Namaky Advanced Endometriosis Surgery ("the Practice") may, on a limited and pre-approved basis, provide medical care in my home or another agreed-upon location.

These services may include:

- Medical evaluation and follow-up care
- Review of symptoms, medications, and treatment plans
- Preoperative or postoperative visits when appropriate

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2. LIMITATIONS OF IN-HOME CARE

I understand that in-home visits differ from care provided in a clinical or hospital setting.

Specifically:

- Diagnostic and treatment capabilities may be limited
- Certain examinations, tests, or procedures may not be available
- Additional evaluation or referral to a medical facility may be necessary

Intimate examinations, including pelvic and breast examinations, are not performed during in-home visits. If such an examination is clinically indicated, it will need to be performed in an appropriate clinical or hospital setting.

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3. ENVIRONMENT AND SAFETY

I agree to provide a safe and appropriate environment for the visit, including:

- A clean, reasonably private space for evaluation
- Adequate lighting and access
- The absence of unsafe conditions or threatening behavior
- Pets must be secured or kept in a separate area during the visit

The Practice reserves the right to discontinue or decline an in-home visit if safety concerns arise or if the required environment and safety conditions are not met at the time of arrival, the Practice may, at its discretion, discontinue or decline the visit. In such cases, the visit will be considered completed or missed, and applicable service fees will be charged to the card on file.

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4. PRIVACY

I understand that:

- While reasonable precautions will be taken, the home environment may not offer the same level of privacy as a clinical setting
- Other individuals present in the home may be able to hear or observe aspects of the visit

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5. EMERGENCY CARE

I understand that:

- In-home visits are not intended for emergency medical care
- If I experience a medical emergency, I will call 911 or seek immediate in-person care

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6. SCOPE OF CARE

I understand that:

- In-home visits are provided at the discretion of the Practice and may not be appropriate for all medical needs
- The Practice may recommend telehealth or in-clinic or hospital evaluation instead when appropriate

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7. PRE-VISIT REQUIREMENTS

I understand that:

- Required pre-visit steps, including online check-in and completion of intake forms and maintaining a valid card is on file, must be completed prior to the scheduled visit

- The visit is considered reserved once all required steps are completed in advance
- If these steps are not completed in advance, the visit may be considered a missed appointment or late cancellation, and applicable fees may be charged in accordance with Practice policies

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8. FEES AND PAYMENT

I understand that:

- In-home visits are billed separately from telehealth services
- Fees are determined based on time, location, and clinical complexity and will be confirmed in advance
- Payment for in-home visit services is due at the time of service and will be processed using the card on file
- A valid credit card must be maintained on file in accordance with the Practice's Financial Responsibility Agreement

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9. CONSENT

By signing below, I acknowledge that:

- I have read and understand this Consent for In-Home Services
- I have had the opportunity to ask questions
- I voluntarily consent to receive care in my home or another agreed-upon location

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