

Mitchell C. Mullins DO
Missouri Independent Medical Evaluations, LLC
Missouri Life Care Plans
Board Certified Emergency Medicine
Certified Life Care Planner



You have been scheduled for a telehealth session by your attorney for the purpose of an independent medical evaluation (IME). Telehealth services involve the use of audio, live video (like FaceTime, Google Duo; Zoom, Etc.), or other electronic communications to interact with you for the purpose of the patient interview and physical exam on an individual basis. Benefits of this type of visit are convenience and reduced exposure to infectious diseases.

There are potential risks to the use of this technology, including but not limited to interruptions, unauthorized access by third parties, and technical difficulties. You or Dr. Mullins may discontinue the telehealth visit if either of you believe that the videoconferencing connections are not adequate for the situation. Dr. Mullins may feel that a physical exam via telehealth is not sufficient for his report, and you may be scheduled for an in person physical exam at a later date.

Your telehealth session will not be audio or video recorded at any time.

Dr. Mullins uses the service of a scribe to help produce his reports. You will be informed of this if a scribe is present during your session.

If you wish to obtain a copy of this IME for any reason, you may contact your attorney's office and have them forward a copy to you.

Dr. Mullins may recommend tests in conjunction with your IME. These tests are to serve as an aid in making the independent evaluation and will not be used by him for treatment. There is no patient/doctor relationship in any form between you and Dr. Mullins. Any testing will need to be ordered by your treating provider.

By signing below: I understand the written information provided above, and I hereby voluntarily and freely agree and give my consent to take part in the telehealth session and to any related evaluation, assessment, and diagnosis as Dr. Mullins deems appropriate for the purpose of this independent medical evaluation.

I understand that if I need any type of medical care it will have to be rendered by my own physician or another appropriate facility.

I give Dr. Mullins permission to send his full report to my attorney.

Printed Name: _____

Signature: _____

Date: _____

Witness: _____

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