

Telemedicine Consent

Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve patients' health status. Videoconferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education and nursing call centers are all considered part of telemedicine.

Please initial each line to show that you have read and understand each statement.

- _____ I understand the concept of telemedicine, as well as the particular electronic medium to be used.
- _____ I understand the potential risks and limitations of this mode of evaluation/treatment (including but not limited to the absence of in-person examination) and agree to be treated in a remote fashion.
- _____ I understand that although there has been great progress made in technology, this telemedicine encounter may still be in the experimental stage.
- _____ I understand that there may be limitations to image quality or other electronic problems that are beyond the control of the health care providers.
- _____ The nature and potential risks of this telemedicine encounter have been explained to me.
- _____ I understand that instead of this telemedicine encounter, I have the option to reschedule for a future appointment within the office setting for a face to face visit
- _____ I understand that specific procedures may require additional informed- consent process.
- _____ I am aware that there are no guarantees with telemedicine.
- _____ I understand that it is my responsibility to verify that Telehealth service is a covered benefit under my insurance plan. I will be responsible for any copays or out of pockets costs as per my plan benefits.

I certify that I have read and understand this treatment agreement along with the potential risks as stated above. By signing this consent, I agree to be seen via Telehealth and any questions regarding telemedicine have been answered.

Print Patient Name: _____

Patient Date of Birth: _____

Patient Signature: _____

Date: _____