

## Telehealth Consent

1. I understand that my health care provider wishes me to engage in a telemedicine appointment.
2. My health care provider has explained to me how the video conferencing technology will be used to affect such an appointment and that it will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as my health care provider.
3. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my health care provider or I can discontinue the telemedicine consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
4. I understand that should I choose to use data with my phone carrier, I am responsible for any fees incurred.
5. I have had the alternatives to a telemedicine appointment explained to me, and in choosing to participate in a telemedicine appointment, I understand that some of the normal procedures of an office visit exam may not be conducted.
6. I understand that billing will occur for these services as with any normal office visit, and my insurance policy will determine whether the service is covered.
7. I have had a direct conversation with my doctor, during which I had the opportunity to ask questions regarding this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

