



Consent for Telehealth/Video Conference Services

Patient Name: _____ Date of Birth: _____

I have read and understand this Telemedicine information sheet and agree to participate in the Telemedicine Consult in which my image and my Protected Health Information will be transmitted electronically through the videoconference(s) to physicians, and health care professionals that are authorized to receive such information for the purpose of providing medical diagnostic assessment and treatment services to me.

I understand that the software system is encrypted, so the likelihood of this transmission being intercepted by unauthorized persons is EXTREMELY small. I understand that I can withdraw my permission at any time prior to the videoconference and/or I can interrupt the videoconference at any time. In either case, I understand that no action will be taken against me, and I may still pursue a consultation in person with a physical or other health care professional. I also understand that if I interrupt the videoconference, the consultation will be incomplete. Therefore, I understand that health care professionals involved in the video conference will be unable to provide treatment or services to me at that time.

I have read this document in its entirety, and any questions I have asked about this consent have been answered to my satisfaction. I fully understand the terms of my consent to release of Protected Health Information to participants in Telemedicine Videoconferences.

I understand that there are limits to Telemedicine Technology. Therefore, there is no guarantee that this Telemedicine session will eliminate the need for me to see a specialist in person in order to receive appropriate or additional treatment for my current condition.

Signature of Patient or Legal Representative of Patient

Date

IF LEGAL REPRESENTATIVE OF PATIENT PRINT NAME: _____

and state authority of Legal Representative, such as parent of minor, guardian, power of attorney, or other appropriate description: _____

Witness: _____