

TELEHEALTH INFORMED CONSENT

NOTICE TO PATIENT:

Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health. These are non-face-to-face patient-initiated communications.

PATIENT ACKNOWLEDGEMENT:

I understand the concept of telemedicine and the particular electronic format this office uses. I understand that there have been great advancement in telemedicine technology, however there may be problems in the communication. I understand that there may be limitations beyond our control. I understand that I may need to seek a face-to-face encounter with another healthcare provider instead accepting these telemedicine visits. I understand that these telemedicine visits may be only a one-time occurrence and that follow-up treatment may require a face-to-face encounter. I understand that specific procedures may require an additional informed consent process. I understand that there are no guarantees with telemedicine.

PATIENT PRINTED NAME

PATIENT SIGNATURE

DATE