

Consent for Telehealth Services

To minimize the risk of infection and expedite the Patient's care, I, the Patient or the authorized representative of the Patient, consent to the following telehealth services to the Patient by my physician or other healthcare practitioner ("Practitioner"):

1. I understand that the Practitioner will not be physically present in the Patient's location. The Practitioner will be relying on information that I and/or the Patient provide. I understand that it is essential that I and/or the Patient answer accurately and disclose all relevant information to the Practitioner.
2. I understand that there may be some additional risks or limits associated with receiving care through telehealth services, including limits on the ability to capture all images, unauthorized network access, equipment failure, or other technical difficulties. Despite the foregoing, my Practitioner and I agree that telehealth services are appropriate.
3. I understand that persons other than the Practitioner may be present during the telehealth services. These persons are obligated to maintain the confidentiality of any information obtained.
4. I have had the chance to ask the Practitioner questions about the telehealth services and my questions have been answered to my satisfaction.
5. I hereby consent to the provision of such telehealth services to the Patient. I understand that the Practitioner and/or I may discontinue the telehealth service if either of us determines that it is inappropriate for the Patient's condition.
6. I understand that the laws that protect privacy and confidentiality of medical and protected health information also apply to telemedicine.