

Telemedicine Appointment Consent Form

This Consent is for all telehealth services provided to myself/my child by my/their Healthcare Provider named below:

Telehealth is the use of the Internet to provide remote health care for patients. Such care may come from doctors, physician assistants, nurse practitioners, and nurses.

Specifically, a health care professional will be communicating with myself and my child remotely in real time via the Internet using doxy.me web-based audio-video software (referred to in this form as Telehealth Appointment).

Doxy.me only hosts the software and does not provide medical advice or information.

This Telehealth appointment may be for diagnosis, continuity of care, treatment, testing, or medical consultation of myself or my child deemed necessary by my Healthcare Provider and me.

I understand that during a Telehealth Appointment

- Details of my/my child's medical history and personal health information may be discussed with me and/or other health professionals;
- Audio, video, or photo recordings containing medical details may be transmitted via secure channels and those details may become part of my/ my child's permanent medical record;
- All confidentiality protections granted by various state and federal laws also apply to my/my child's care during this appointment;
- Industry-standard network and software security protocols are in place that protect the privacy of the communication and safeguard my transmitted information against eavesdropping and corruption;
- There are benefits and limitations when compared to a traditional in-person visit due to the fact that I/my child will not be in the same room as my healthcare provider;
- Either my/my child's Healthcare Provider or I can discontinue the Telehealth Appointment if either of us feels that the information obtained through remote communications is not adequate for diagnostic decision-making or for providing the care that I desire for myself/my child;
- In addition to the Healthcare Provider named above, I will be informed of any other person(s) who may be present during the appointment and have the right to have them leave the viewing and listening area;
- To maintain my/my child's privacy, I need to ensure that my viewing and listening area is limited to myself and any other person that has a need to participate during the virtual appointment;
- Due to the limitations of telehealth that are out of my control (such as unreliable internet connection), I will call local authorities (9-1-1) for assistance with any medical emergency;
- I have the right to omit or withhold specific details of my/my child's medical history/physical examination that are personally sensitive;
- My/my child's Healthcare Provider may advise me to seek immediate treatment or determine that there is a medical emergency and, as such, local authorities may be given my personal details to assist me or my child;
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- The communication is privileged and confidential, and I will not record the audio or video without first seeking the permission of my Healthcare Provider.

Therefore, by consenting to this Telehealth Appointment:

1. I desire to engage in remote audio-visual real time communication with my/my child's Healthcare Provider.
2. I understand the risks and benefits of using Internet-based communications and that no results can be guaranteed.
3. I acknowledge that if the Healthcare Provider believes that remote communication is insufficient for treatment, consultation, or evaluation, then I will be offered alternate services or options.
4. I understand that I am responsible for co-payments, deductibles, or other charges from this Healthcare Provider, and additional charges may occur for services related to this appointment.
5. I understand that some parts of the exam involving physical tests may be conducted by individuals at a testing facility at the direction of the Healthcare Provider.
6. I have the ability to ask direct questions to my/my child's Healthcare Provider about this appointment, including details about the Healthcare Provider's privacy policy.
7. If my questions are not answered to my satisfaction, I have the right to terminate the appointment.
8. I am at least 18 years of age and have the legal right to consent to care for myself/my child.

Patient Name

Signature Name

Signature

Date