

Consent for Telemedicine with Dr. Diane Nguyen

Patient Name: _____

Date of Birth : _____

1. I understand that my health care provider has offered telemedicine visit
2. My health care provider has explained to me how the video conferencing technology will be used and may 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.
4. 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.
5. I understand that it is my responsibility for the privacy of the appointment, to make sure that where I am physically is secure and not in an open or public space during the telemed appointment
6. I will not have other people in the room unless the doctor is notified and both parties deem it is appropriate for collateral information and necessary for my care. All people will maintain confidentiality of the information obtained.
7. I have alternatives to a telemedicine and choose to participate in a telemedicine.
8. I understand that billing will occur from the telemedicine appointment
9. I have had the opportunity to ask questions in regard to the visit and understand 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 telemedicine. That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Patient's/parent/guardian signature

Date