

Patient Name _____

Date of Birth _____

Telemedicine Consent

Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve patients' health status. Video conferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education and nursing call centers are all considered part of telemedicine. The following are included when using telemedicine:

1. I understand that there may be limitations to image quality or other electronic problems that are beyond the control of the healthcare provider.
2. I understand that there are potential risks of telemedicine encounters including but not limited to:
 - Equipment breakdown (ex: unpredictable power outages)
 - Security and privacy breaches (ex: the use of telemedicine is never 100% secure).
3. I understand that in lieu of this telemedicine encounter, I may seek health care elsewhere where I might have face-to-face contact with the health care provider.
4. I understand that there are no guarantees with telemedicine.
5. I understand that the telemedicine encounter may be a one-time occurrence and that treatment and follow-up face-to-face will remain as the preferred method of treatment with my provider.
6. I understand that I must have a face-to-face follow-up appointment at least once a year.
7. I understand I will be charged just as if I were to see Dr. Ferrell in her office, including the no show/cancellation policy.

I certify that I have read and understand the above, including the risks associated with online medicine, and would still like to proceed with the use of telemedicine.

Patient or legal representative signature

Date