



## Consent to Use Telemedicine (video or phone) visit with provider

Patients Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

At the start of each telemedicine session, I will help my doctor complete a check-in to assess whether telemedicine services are right for me by verifying my full name, my current location, whether I agree to have my visit through an audio/video visit, and whether I can attend the visit in a safe and private area that allows you to speak freely to your doctor. By signing this consent, I understand and agree to the following:

- I affirm that I am in the State of California.
- My doctor is licensed by the State of California, I understand that my doctor will not be able to prescribe medications for me and/or may not be able to assist me in an emergency if I am outside of California.
- If I require medication, I may contact my doctor
- If I require emergency care, I should call 911 and/or proceed to the nearest hospital emergency room for help.
- My doctor believes that telemedicine is right for my medical care, and that I would benefit from its use despite its risks and limitations. While I may expect benefits from the use of telemedicine, no results can be promised or assured.
- If my doctor believes at any time that another form of visit (such as in-office visit) would be better for my care, my doctor may stop telemedicine and schedule an office visit or refer me to a doctor in my area who can provide in-office care.
- I understand that my telemedicine visit will be billed to my health insurance company and that I may be billed for any patient responsibility as per my insurance.
- I agree to have a computer or smart phone with internet access ready for my telemedicine visit. I also agree to be in a place with good lighting and privacy and that is free from distractions during my telemedicine visit.
- I understand video/audio technology will be used for the telemedicine visit. I am comfortable with using this method to talk to my doctor and understand there might be limits to treatment that occur and could require an in-person visit be scheduled.
- I agree to be videotaped and recorded during the telemedicine visit. I understand the captured images and audio will become part of my medical record \_\_\_\_\_ OR no part of the encounter will be recorded without my written consent \_\_\_\_\_ **(PLEASE INITIAL CHOICE)**
- I understand that my risks of privacy breach may increase when I enter personal information on a public access computer, If I use a computer is on a shared network, If I allow a computer to “auto remember” usernames and passwords, or if I use my work computer for personal emails.

I also understand it is up to me to encrypt medical information I email to my doctor, and that my failure to use these safeguards may increase my risks of a privacy breach.

- I understand that I have the right to withdraw consent to attend telemedicine visits at any time and instead receive in-person office visits with my doctor.
- I understand that the laws that protect privacy and the confidentiality of my medical information also apply to telemedicine visits. The medical data that is sent electronically by my doctor to me will be encrypted when sent and will be stored only by my doctor or a service provider selected by my doctor. I understand the sharing of any personally identifiable images or data from the telemedicine visit to researchers or other healthcare doctors will not occur except as required by federal or California state law.
- I understand that I have the right to access my medical data and get and get copies of my medical records as written in California law.
- I agree to submit to the exclusive jurisdiction of the California state superior courts and agree that any claim, lawsuit, or other legal actions arising out of or relating to the telemedicine visit with my doctor and my doctor's staff will be brought solely and exclusively in California state superior courts. I also agree that the interpretation of this consent will be exclusively governed by and construed in accordance with the laws of California.

I have read and I understand the information provided in this consent to Use of Telemedicine. I have reviewed questions with my doctor, or his/her office staff and all of my questions were answered to my satisfaction.

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Patient's Signature

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Date