

Telemedicine Consent Form

Kelly Campbell, MD

Patient Name: _____

1. I understand that telemedicine is the use of electronic information and communication technologies by a health care provider to deliver services to a patient when the patient is located at a different site than the provider, and I hereby consent to Kelly Campbell, MD providing health care services to me via telemedicine.
2. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine.
3. I understand that there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the telemedicine consultation if it is felt that the videoconferencing connections are not adequate for the situation.
4. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes, and I understand that billing will occur from my practitioner for my telemedicine consultation.
5. I understand that an adult must be present during telemedicine consultations for patients under 18 years of age, and I understand that the consultation should take place on an adult's devices.
6. I understand that it is preferred that two different devices are used during the consultation – one for audio (e.g., cell phone or landline) and one for video (e.g., computer or cell phone).
7. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment.

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 the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Patient or parent/guardian signature

Date