

CONSENT TO PARTICIPATE IN TELEMEDICINE CONSULTATION

Name: _____

- **PURPOSE.** The purpose of this form is to obtain your consent for a telemedicine consultation with Andrew Mayer, M.D.
- **NATURE OF TELEMEDICINE CONSULTATION.** Telemedicine involves the use of audio, video, or other electronic communications to interact with you, consult with your healthcare provider and/or review your medical information for the purpose of diagnosis, follow up and/education. During your telemedicine consultation details of your medical history and personal health information will be discussed using the interactive video, audio, and telecommunications technology.
- **RISK, BENEFITS, AND ALTERNATIVES.** The benefits of telemedicine include having access to your medical specialist without having to travel. A potential risk of telemedicine is that because of your specific medical condition, or due to technical problems, a face-to-face consultation still may be necessary after the telemedicine appointment. Additionally, in rare circumstances, security protocols could fail causing a breach of patient privacy. The alternative to telemedicine consultation is a face-to-face visit with the physician.
- **MEDICAL INFORMATION AND RECORDS.** All laws concerning patient access to medical records and copies of medical records apply to telemedicine.
- **CONFIDENTIALITY.** All existing confidentiality protections under federal and California law apply to information used or disclosed during your telemedicine consultation.
- **RIGHTS.** You May withhold or withdraw your consent to a telemedicine consultation at any time before and/or during the consult without affecting your right to future care or treatment.

I have read the information provided to me and have had an opportunity to ask questions about this information. I agree to a telemedicine consultation.

Signature of Patient

Date