Telemedicine Research Consent Form

Study Title:
Principal Investigator:
Institution:
Purpose of the Study
Procedures
Risks and Benefits
Confidentiality
Confidentiality

Your Rights

Contact Information
For questions about the study:
Email:
Consent I have read and understood the information provided above. I consent to participate in this telemedicine esearch study.
Name of Participant:
Date:
Signature: