

Telemedicine Treatment Consent

This document contains information about receiving medical care via telemedicine. By signing below, you agree and consent to the following:

1. I understand that telemedicine involves the use of electronic communications to enable health care providers to consult and perform examinations at a distance.
2. I understand the potential risks and benefits of telemedicine, including limitations in assessment and privacy risks from electronic communications.
3. I understand that I have the right to withdraw from telemedicine services at any time and request an in-person visit if available.
4. I understand all laws regarding patient confidentiality apply to telemedicine, and no recordings will be made without my consent.
5. I agree to provide correct and complete information during the telemedicine session.

Patient Name:

Date:

Signature: