

Chronic Disease Telemedicine Consent Form

This consent form is for patients with chronic diseases who wish to participate in telemedicine services. Please read the following information carefully.

Purpose

Telemedicine Description

Risks & Limitations

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Confidentiality

Voluntary Participation

☐ I have read and understand the information provided above. I consent to receiving telemedicine healthcare services for my chronic disease management.

Patient Name

Date

Signature