



4838 E. Baseline Road, Suite 108
Mesa, AZ 85206
Phone: 480-924-7091
Fax: 480-854-1445

AUTHORIZATION AND CONSENT TO PARTICIPATE IN TELEMEDICINE VISIT/ CONSULTATION

The Telemedicine visit/consultation will be similar to a routine medical office visit, except interactive video technology will allow you to communicate with a physician at a distance.

1. My health care provider has explained to me how the video conferencing technology will be used to affect such a visit/consultation and it will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as my health care provider.
2. I understand 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 visit/consult if it is felt that the videoconferencing connections are not adequate for the situation.
3. I understand that my health information may be shared with other individuals for scheduling and billing purposes. I also understand that my insurance will be billed for this visit with the consulting health care provider and that I may be billed for what my insurance does not cover, dependent upon the provider. I understand that if I have any questions about my billing, I will need to talk with the provider's billing office. Therefore, by signing this consent, I am giving permission to release information to my insurance company or third-party payor.
4. The same confidentiality protections that apply to my other medical care also apply to the Telemedicine visit.
5. I will have access to all medical information resulting from the Telemedicine visit as provided by law.
6. The information from the Telemedicine visit (images that can be identified as mine or other medical information from the Telemedicine visit) cannot be released to researchers or anyone else without my additional written consent.

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 benefits and risks of a Telemedicine visit/consultation.
- I understand the information listed above.

X

First Name Last Name