

RICH-MUNOZ-ASIAIN-RUIZ MEDICAL GROUP

INFORMED CONSENT FOR TELEMEDICINE SERVICES

PATIENT NAME _____
DOB _____

Telemedicine involves the use of electronic communications to enable health care providers to use patient medical records, images, two-way audio/and or video to provide convenient medical services to our patients.

Expected benefits of Telemedicine include:

- Improved access to medical care
- Efficient medical evaluation and management
- After hours and remote location medical services

Possible Risks/Limitations of Telemedicine:

As with any medical procedure there are potential risks associated with the use of remote medical services. These limitations include but are not limited to:

- Information transmitted may not be sufficient to allow for appropriate medical decision making and at any point during the remote visit a follow up in person appointment may be needed.
- In rare cases the lack of access to complete medical records may result in adverse drug reactions/allergic reactions.

By signing this form, I understand the following:

- I understand that the laws that protect privacy and confidentiality of medical information also apply to Telemedicine.
- I understand that I have the right to withhold or withdraw my consent for telemedicine services at any point and this will not affect my right to future care.

I hereby authorize, RICH-MUNOZ-ASIAIN-RUIZ Medical Group, to use Telemedicine in the course of my Diagnosis and Treatment.

Signature of patient _____ Date _____
(or person authorized to sign for patient)

Witness _____ Date _____

