



Telemedicine involves the use of electronic communications to enable healthcare providers at different locations to share individual patient medical information for the purpose of improving patient care.

Consent to Participate in Telemedicine Services

I understand that telemedicine includes the use of secure interactive videoconferencing, audio, and/or data communications. I understand that I have the following rights with respect to telemedicine:

- I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
- The laws that protect the confidentiality of medical information also apply to telemedicine. Information disclosed during the course of a telemedicine session is generally confidential.
- I understand that there are risks and consequences from telemedicine, including, but not limited to, the possibility, despite reasonable efforts, that the transmission of medical information could be disrupted or distorted by technical failures.
- I understand that my healthcare provider or I can discontinue the telemedicine consultation at any time.
- I understand that alternative means of care (such as in-person visits) are available to me and I may choose to schedule such visits at any time.
- I understand that telemedicine services may be subject to insurance coverage and benefits.
- I understand that at the time of the telemedicine visit, I must be physically located in the state of Texas.

I have read and understand the information provided above regarding telemedicine. I hereby give my informed consent to participate in a telemedicine visit under the terms described.

Patient/Guardian Name: _____

Signature: _____

Date: ____ / ____ / ____