



13000 Harbor Center Dr, #202, Woodbridge, VA, 22192
T 703-955-5355 F 703-955-5348

CONSENT TO PARTICIPATE IN TELEMEDICINE

I understand that telemedicine is the use of electronic information and communication technology by a health care provider to deliver services to an individual when he/she is located at a different site than the provider. I understand my health care provider will determine whether the condition being diagnosed and/or treated is appropriate for a telemedicine encounter. I understand I can choose to stop telemedicine consult at any time.

I understand that:

- My health care professional and I will communicate by interactive video conferencing using a telehealth platform.
- My health care professional will have access to all the clinical tools available at a regular office visit. (e.g., prescription refills, appointment scheduling, patient education etc.)
- The Telehealth platform may ask for vital signs. I understand I will enter height in feet and inches, weight in pounds, blood pressure, temperature, and pulse rate.
- There are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties.
- My healthcare information may be shared with other individuals for scheduling and billing purposes.
- The laws that protect privacy and the confidentiality of medical information also applies to telemedicine.
- As always, your insurance carrier will have access to your medical records for quality review/audit.

Signed: _____

Name: _____

Date: _____