Dr. Adrian MD
Helping you to heal yourself

Telehealth Informed Consent
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DEFINITION: The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) defines telehealth as the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, and public health and health administration. Technologies include videoconferencing, the internet, store- and-forward imaging, streaming media, and landline and wireless communications.

NATURE OF TELEMEDICINE VISIT: During the telemedicine visit, details of your medical history, examinations, imaging and/or testing may be discussed using interactive video, audio, and telecommunications technologies. Telemedicine visits may help limit the spread of contagious diseases.

I understand there are limitations with telemedicine visits, such as being able to conduct physical exams, which may limit my provider's ability to diagnose certain conditions.

I understand that in-person appointments are available to me and I may choose to opt out of telemedicine in favor of an in-person appointment at any time.

I understand that, as with any technology, telemedicine has technological limitations which may affect my provider's ability to fully complete a telemedicine visit. In the event of technology limitations, I understand my provider may need to end the telemedicine visit and discuss other treatment delivery options.

I agree to participate in a telemedicine visit and authorize the electronic transmission of my medical information and/or video conferencing session. By signing this form, I acknowledge I have read and fully understand the above information.

_____ _____
Patient Name Printed * or authorized person Date

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Patient Signature

*Relationship to patient: ☐ Parent ☐ Legal Guardian ☐ Other:_____

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