FLORIDA DIABETES & ENDOCRINE ASSOCIATES

TELEMEDICINE CONSENT

Telemedicine is the delivery of medical services using interactive audio and visual electronic systems between a provider and a patient that are not in the same physical location. These services may also include electronic prescribing, appointment scheduling, communication via email or electronic chat, electronic scheduling, and distribution of patient education materials.

The potential benefits of telemedicine are:

- Avoiding the need to travel to the provider.
- Increase the access to care with your provider.
- Enhances traditional care delivery.

The potential risks with this technology are:

- The video connection may not work or it may stop working during the consultation/visit
- The video picture or information transmitted may not be clear enough to be useful for the consultation.
- You may be required to go to the location of the provider if the information obtained via telemedicine was not sufficient to make a diagnosis.
- Although HIPAA compliant software is used during telemedicine visits, the service cannot guarantee total protection against hacking or tapping into the session by outsiders. This risk is small but does exist.

I give my consent to be interviewed by the consulting health care provider. I also understand other individuals may be present to operate the video equipment and that they will take reasonable steps to maintain confidentiality of the information obtained.

I understand that a limited physical examination will take place during the videoconference and that I have the right to ask my healthcare provider to discontinue the conference at any time.

I authorize the release of any relevant medical information about me to the consulting health care provider, any staff the consulting health care provider supervises, third party payers and other providers who may need this information for continuing care purposes.

I hereby release Florida Diabetes and Endocrine Associates, its personnel and any other person participating in my care from any and all liability which may arise from the taking of video recordings/digital films and photographs and I understand that the dissemination of any identifiable images/recordings will not occur without my consent.

I will not record any telemedicine sessions without the written consent from my provider.

I understand that my provider will not record any of my telemedicine sessions without my written consent.

My telemedicine session will be conducted in a private area. I will notify my provider if any other persons can hear or see the telemedicine session.

I understand that I will be responsible for any copayments, co-insurances or deductibles that apply to my telemedicine visit.

I understand that if my insurance does not pay for my initial consultation, I will pay $75 flat rate for the initial consultation fee.

I have read this document and understand the risk and benefits of the telemedicine consultation and have had my questions regarding the session explained and I hereby consent to participate in a telemedicine visit under the conditions described in this document.

Patient Name

First Name Last Name

Date

Month Day Year

7001 N DALE MABRY HWY, SUITE #2, TAMPA FL33614
PHONE : 813-252-9849 FAX : 813-569-2455