



TELEMEDICINE AUTHORIZATION AND CONSENT

Please review and agree using the consent form below before your telemedicine visit.

Information about telemedicine

- Your provider may talk to you about your health history, exams, x-rays, or other tests
- Video and/or photo records may be taken, and audio recordings may be made
- A report of the session will be placed in your doctors' medical record. You can get a copy from your doctor.
- All laws about the privacy of your health information and medical records apply to telemedicine. These laws also apply to the video, photo and audio files that are made and stored.
- It may be hard to diagnose your problem without a "hands on" exam.
- A main goal of telemedicine is to make sure you get high quality, personal health care even though you are not seeing a provider in person.
- Having a telemedicine session is your choice. Even if you have agreed to the session, you can stop your medical records from being sent -if this has not happened yet. You can refuse or stop the session at any time.
- Your session may end before all problems are known or treated. It is up to you to follow up for more care if your health problem does not go away.
- The telemedicine fee is required before the session begins.

Risks and Common Problems

- Equipment or Internet problems could cause your diagnosis or treatment to be delayed.

- The records sent for review before the session may not be complete. It may be hard for the telemedicine provider to use his or her best judgment about your health problem. For instance, you could react to a drug or have an allergic response if the provider does not have all the information that he or she needs.
- If there is a technology problem, the information from your session may be lost. This would be outside the control of your doctor and telemedicine provider.

I have read and understand and agree with the terms of North Texas GI Associates telemedicine policy.

I consent to take part in a telemedicine session.

Patient Signature: _____

Date of Birth: _____

Date: _____