## **TELEMEDICINE CONSENT**

Patient Name:	
I hereby authorize (name of physician) to use telemedicine* in the course of my diagnosis and treatment. I understand that telemedicing involves the communication of my medical information, both orally and visually, to physicians and other healthcare practitioners at other locations.	
1. I understand that I have the option to withhold or withdraw my consent to telemedicine any time without affecting any right to future care or treatment and without risking the los my program benefits.	
<ul> <li>2. I understand the potential benefits of telemedicine include but are not limited to:</li> <li>Providing an efficient consultation with a specialist for medical evaluation and management.</li> <li>Other:</li> </ul>	
<ul> <li>3. I understand the potential risks and consequences of telemedicine, which may include but are not limited to:</li> <li>• In rare cases, information transmitted may not be sufficient (e.g., poor resolution of images) to effectively utilize telemedicine.</li> <li>• Other:</li> </ul>	
4. I understand that all laws about the confidentiality of medical information apply to telemedicine information. I understand that non-medical technical personnel may be preduring the consultation to facilitate the videoconference.	sent
5. I understand that all laws about patient access to medical information and copies of medical records apply to telemedicine records.	
6. I understand that no images or information from the telemedicine interaction that iden me will be given to researchers or other entities without my consent.	tify
My physician has discussed with me the information listed above. I have had the opportunity to ask questions about this information and all of my questions have been answered. I understand the written information provided above.  A.M./P.M.	
[Patient/Parent/Conservator/Guardian] [Date] [Time]	
[If signed by other than patient, indicate relationship] [Witness]  A.M./P.M.	
[Physician] [Date] [Time]	
* "Telemedicine" means the practice of health care delivery, diagnosis, consultation,	

\* "Telemedicine" means the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. "Interactive" means an audio, video, or data communication involving real time (synchronous) or near real time (asynchronous) two-way transfer of medical data and information. Neither a telephone conversation nor an electronic mail message between a health care practitioner and patient constitutes "telemedicine".

Reference: Business and Professions Code Section 2290.5; Welfare and Institutions Code Section 14132.725