

Consent to Participate in a Telemedicine Appointment

Patient's Name: _____ Date: _____

Email Address (required to access eVisit): _____

Do you have access to a device at home to access the eVisit?

- Smart-Phone or Tablet (with high speed Wifi connection/data capabilities)
- Personal Computer (with webcam, speaker, and microphone)

Please initial:

Telemedicine Information	Initial
I understand that no other parties are watching or listening to my consultation.	
I understand that my appointment is not video-taped.	
I understand that there is a slight sound delay.	
I understand that my care provider may determine that there is a need for in-person assessment.	
I understand that I have a right to refuse to participate and a right to decline the service at any time.	
I understand that I can ask my care provider questions or give feedback about the process at any time.	
I understand that I will have a specific appointment time for my eVisit.	

I (or my substitute decision maker) consent to participate in telemedicine consultations with my care provider.

Patient Signature: _____