

Informed Consent Form for Telemedicine

This form is provided to ensure that you, the patient, understand the nature, benefits, and risks of receiving medical care remotely. Please read the following information carefully before giving your consent.

1. Introduction

Telemedicine involves the use of electronic communications to enable healthcare providers at different locations to share individual patient medical information for the purpose of improving patient care.

2. Services Provided

- Consultations via video, phone, or secure chat
- Remote diagnosis and treatment recommendations
- Prescription management
- Follow-up care instructions

3. Benefits

- Improved access to medical care
- Reduced travel time and costs
- Convenience of receiving care from your location

4. Risks

- Limitations in physical examination may affect diagnosis
- Technical failures could cause delays or loss of information
- Risk of unauthorized access to medical information, despite secure technology

5. Privacy & Confidentiality

All information shared during telemedicine visits will be kept confidential, as required by law. Telemedicine consultations will not be recorded or stored without your consent.

6. Voluntary Participation

Your participation in telemedicine is voluntary. You have the right to refuse or discontinue telemedicine services at any time, and you may request a face-to-face consultation instead.

7. Consent

By signing below, you acknowledge that you have read and understood the information provided above, have had an opportunity to ask questions, and consent to participate in telemedicine services.

Patient Name:

Date:

Signature:

Please keep a copy of this form for your records.