

Informed Consent for the Use of Telemedicine Services

Patient Name: _____

Date of Birth: _____

Purpose: The purpose of this form is to obtain your consent to participate in telemedicine consultations with _____ (the "Clinic", "We").

Nature of Telemedicine Consultation: Telemedicine involves the use of electronic communication to enable virtual consultations. During your virtual consultation:

- details of your medical history, examinations and tests, as well as treatment will be discussed via the use of interactive video, audio, and telecommunication technology.
- video and/or audio, or photographs may be taken of you during the virtual consultation.

Confidentiality and Privacy: While We take every precaution to ensure the privacy and confidentiality of your virtual consultation, there are inherent privacy and confidentiality risks involved in the use of telemedicine. Because of the risks outlined below, we cannot guarantee the security and confidentiality of your virtual consultation:

- Use of electronic communications to discuss sensitive information can increase the risk of inadvertent disclosure of such information to 3rd parties.
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the participants.
- Employers and online services may have a legal right to inspect and keep electronic communications that pass through their system.

No Guarantee: We cannot guarantee that the operation of the telecommunication technology will be uninterrupted or error-free. We also cannot provide a guarantee regarding the quality of the video or audio technology.

I understand and accept the risks associated with the use of telemedicine as outlined above.

I consent to the use of telemedicine for virtual consultations.

Signature: _____

Date: _____