



### **Informed Consent for Telemedicine Services**

I understand that telemedicine is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to provider at *Palm Beach Rheumatology & Wellness Center* to provide health care services to me via telemedicine.

"Telemedicine" means that you may be evaluated and treated by a health care provider from a distant location via electronic communication. Since this may be different than the type of consultation with which you are familiar, it is important you understand and agree to the following statements:

- The consulting health care provider will be at a different location from me. Additional medical or registration personnel may also be present in the room with the Provider.
- I understand that my voice and image may be recorded in order to assist the medical or registration personnel and I consent to any such audio and video recording.
- I understand there are potential risks to this technology, including, but not limited to, interruptions, unauthorized access, technical difficulties, and call termination. I understand there are alternatives and limitations to this type of care. I understand that my health care provider or I can discontinue the telemedicine consultation/visit if it is felt that the videoconferencing connections are not adequate for my situation.
- I understand that not all concerns/illness can be covered by telemedicine and in some instances, it will be recommended that I be seen in person at *Palm Beach Rheumatology & Wellness Center* or referred to an ER or another specialist office.
- I understand that I may be released before all my medical problems are known or treated and it is my responsibility to make such conditions or symptoms known to the medical personnel as well as to make arrangements for follow-up care.

### **Authorizations**

- I am granting permission to all providers and ancillary staff at *Palm Beach Rheumatology & Wellness Center* to engage in Telemedicine services with me.
- If the patient is under the age of 18 or lacks capacity, the signing party affirms that they are either the parent or legal guardian of such patient and has full legal authority to seek medical assistance on behalf of the patient.
- I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment. I may revoke my consent by email or in writing at any time by contacting *Palm Beach Rheumatology & Wellness Center*. As long as this consent is in force (has not been revoked) *Palm Beach Rheumatology & Wellness Center* may provide health care services to me via telemedicine without the need for me to sign another consent form.

### **Financial Responsibility**

- I understand that co-payment or deductibles will be collected at the time of service and cannot be refunded once the consultation has begun.
- I acknowledge that *Palm Beach Rheumatology & Wellness Center* will be submitting a claim for this visit to an insurance carrier. I understand that if my insurance doesn't cover this service then I may be responsible for the payment.

I have read the Telemedicine Consent and agree with all stated above. I give my verbal consent by agreeing to proceed with my virtual visit with Dr. Khan.