

TELEMEDICINE PATIENT CONSENT FORM

I,(name of patient/guardian) _____,
understand that my eye care provider **CYPRESS RANCH VISION**, wishes me to have a TeleMedicine consultation and I agree in a TeleMedicine evaluation. By signing this agreement, I authorize the electronic transmission of my medical information and/or videoconference session so that it can be viewed by my doctor and / or designee involved in my medical/eye care.

My healthcare provider has explained to me how the telemedicine technology will be used to do such a consultation. I understand that if I DO NOT choose to participate in a telemedicine session, no action will be taken against me that will cause a delay in my care and that I may still pursue face-to-face consultation.

I understand that as with any technology, telemedicine does have its limitations. There is no guarantee, that this telemedicine session will eliminate the need for me to see a specialist in person. I understand that medical records of telemedicine services will be kept at both the referring and the consulting site facility. I understand and agree that some or all of my medical information may be used for teaching or educational purposes. I authorize the release of any relevant medical information about me to the consulting eye care provider who may need the information for continuing care purposes.

I understand that a limited physical examination will take place during the videoconference and that I have the right to ask my eyecare provider to discontinue the video conference at any time.

I hereby release **CYPRESS RANCH VISION**, its personnel and any other person participating in my care any and all liability which may arise from the taking and authorized use videoconferencing.

I have read this document and understand the risk and benefits of the telemedicine consultation and have my questions regarding the procedure explained and I hereby consent to participate in a telemedicine visit under the conditions described in this document.

Signature of Patient(or parent/Guardian): _____ Date:

Printed Name of Signatory:

Witness Name/Signature: _____ Date :
