Patient Name_____

ROSEVILLE ENDOCRINOLOGY

Telemedicine Consent

I hereby consent to the use of telemedicine by my provider at Roseville Endocrinology.

1. I understand that telemedicine involves the communication of my medical information, both orally and visually, to providers involved in my treatment who are located at a different site than me.

2. My health care provider has explained to me how the video conferencing technology will be used to affect such a consultation will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as my health care provider.

3. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. I understand that my telemedicine provider will communicate my relevant health information to physicians and other health care practitioners involved in my treatment who are located in different offices or clinics in the state, such as my primary care physician .

4. I understand that the laws which protect the confidentiality of medical information apply to telemedicine, that it will not be recorded, and that no information from my telemedicine consultations which identifies me will be disclosed to third parties without my consent.

5. I understand that there are potential risks associated with telemedicine, including disruption or distortion in the transmission of medical information and unauthorized access to medical information generated, transmitted and stored pursuant to the telemedicine consultation. I understand that telemedicine is an alternative to in-person treatment and my doctor may recommend I discontinue telemedicine and receive in-person treatment in certain circumstances.

6. I understand that I can expect benefits from telemedicine, but that no particular results can be guaranteed. I understand that telemedicine may provide me with access to psychiatry services that otherwise would not have been available to me.

7. I understand that I must be physically residing in California during my telemedicine appointments and agree to notify front office staff or my provider if I will be out of the state during my scheduled telemedicine appointment so that the appointment can be rescheduled.

8. I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.

Patient Signature_____

Patient Name_____ Date_____