

Consent for Telemedicine/Telehealth Services

Telemedicine/telehealth services involve the use of a secure interactive videoconferencing equipment and devices that enable health care providers to deliver face-to-face, real-time, health care services to patients that are located at home, work, or in a private area.

- a) I understand I will not be physically in the same room as my health care provider. The telemedicine/telehealth consult is done through a two-way video link-up whereby the provider can see my image on the screen and hear my voice. It may not be equal to an in-person visit, but it is acceptable by the Texas Medical Board (TMB). The provider will rely on the information provided by me. The providers ARE NOT responsible for advice, recommendation and/or decisions based on incomplete or inaccurate information provided by me or others. I understand there are potential risks to using technology, including service interruptions, disconnection, electronic tampering, and technical difficulties. If it is determined that the videoconferencing equipment and/or connection is not adequate, I understand that my health care provider or I may discontinue the telemedicine/telehealth visit and make other arrangements to continue the visit.
- b) I can ask the telemedicine exam and /or videoconferencing be stopped at any time. I may ask questions and seek clarification of the visit or telemedicine technology at any point in the visit. I may revoke my right at any time by contacting Texas MedClinic (TMC) at 210-349-5577 or submit my request in writing.
- c) I understand my health care information may be shared with other individuals for scheduling and billing purposes.
 - 1) I understand that I will be responsible for any out-of-pocket costs such as co-pay, co-insurance and deductible that apply to my telemedicine visit.
 - 2) I understand that health plan payment policies for telemedicine visits may be different from policies for in-person visits.
- d) I understand I can make a complaint of my provider to the TMB by going online at <http://www.tmb.state.tx.us/pageplace-a-complaint> or calling the Complaint Hotline at 1-800-201-9353.
- e) I understand a valid phone number and email address is needed to contact me through phone or text as well provide documentation pertaining to my visit (i.e. doctors note).
- f) For any payment due, I give verbal consent for payment by signature on this document.

I understand I must give informed consent to participate in this telemedicine/telehealth service. I understand this document will become a part of my medical record. I, the undersigned patient, do hereby understand and state I agree with the above consents. I certify this form has been provided to me. I have read, understand and agree to its contents. I volunteer to participate in the telemedicine and/or telehealth services. I authorize TMC and its providers to perform procedures necessary for my current medical condition. I understand my services are provided in the state of Texas and will be in Texas during my telemedicine visit. This consent remains in effect unless revoked in writing.