

GILMAN FAMILY PRACTICE, PS
TELEMEDICINE SERVICES

Informed Consent for Telemedicine Services

Today's Date: _____

Patient Name: _____ Patient DOB: _____

Telemedicine is a way to get health care from home. Telemedicine visits let you and your provider meet by video, web portal, or other technology. This means that you will not be in the same room as your provider. A note about your visit will be placed in your health record and may be shared with others who are helping with scheduling or billing. Our Providers are licensed for telemedicine services in Washington and Idaho. You must be physically located in Washington or Idaho during your telemedicine visit.

You may stop the telemedicine visit at any time. Your provider may also stop the visit if they are worried about the connection quality or if they believe that you need to be seen in person.

Risks and other problems may occur such as equipment or internet failure or poor internet connection which could make it hard for the provider to see how you are doing and may result in more time before diagnosis and/or treatment.

Knowing the risks and benefits, I consent to Telemedicine Services with Gilman Family Practice. Depending on my coverage, I understand there may be a copayment, deductible, and cost sharing for Telemedicine Service. If I have any questions regarding coverage, I understand that it is my responsibility to contact my insurance provider and I agree to pay outstanding balances not covered by my insurance.

The consent is active for a period of one year from today.

Printed Name if signing for the patient

Patient/Parent/Guardian Signature

**Telemedicine Services offered by Gilman Family Practice adhere to HIPAA Privacy and Security laws.*