

## Consent to Participate in a Telemedicine Appointment

1. I understand that my healthcare provider wishes me to engage in a telemedicine consultation using Doxy.me.
2. My healthcare provider has explained in the Telemedicine Letter to Patients how the Doxy.me video conferencing technology will be used to affect such a consultation and 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 there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my healthcare provider or I can discontinue the telemedicine consult/visit if it is felt that the Doxy.me videoconferencing connections are not adequate for the situation.
4. I understand that if others are present during the consultation other than my healthcare provider, they will maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following:
  - omit specific details of my medical history/physical examination that are personally sensitive to me and/or
  - ask non-medical personnel to leave the telemedicine examination room and/or
  - terminate the consultation at any time.
5. I have had the alternative to a telemedicine consultation explained to me as being an in-office visit, and I am choosing to participate in a Doxy.me telemedicine consultation.
6. In an emergency, I understand that the responsibility of the telemedicine consulting specialist is to advise my local practitioner and that the specialist's responsibility will conclude upon the termination of the Doxy.me video conference connection.
7. I will have a direct conversation with my healthcare provider, during which I will have the opportunity to ask questions in regard to this procedure. I will not proceed with the visit until:
  - all my questions have been answered
  - I understand the risks, benefits, and any practical alternatives
  - the above has been done in a language in which I understand.

By participating in a telemedicine visit with my healthcare provider, I certify:

1. That I have read or had this form read and/or had this form explained to me.
2. That I fully understand its contents including the risks and benefits of the procedure(s).
3. That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.