



### Savannah River Dermatology Informed Telemedicine Consent

Telemedicine services involve the use of interactive videoconferencing equipment and devices that enable healthcare providers to deliver health care services to patients when located at different sites.

1. I understand that the same standard of care applies to a telemedicine visit as applies to an in-person visit.
2. I understand that I will not be physically in the same room as my health care provider. I will be notified of and my consent obtained for anyone other than my healthcare provider present in the room.
3. I understand that there are potential risks to using technology, including service interruptions, interception, and technical difficulties.
  - a. If it is determined that the video conferencing equipment and/or connection is not adequate, I understand that my healthcare provider or I may discontinue the visit.
4. I understand that I have the right to refuse to participate or decide to stop participating in the telemedicine visit, and that my refusal will be documented in my medical record. I also understand that my refusal will not affect my right to future care or treatment.
5. I understand that the laws that protect privacy and the confidentiality of health care information apply to telemedicine services.
6. I understand that this document will become a part of my medical record.
7. I understand this visit will be billed to my insurance company. Insurance companies pay only for services that they determine to be "reasonable and customary". There is a chance that this services is not allowed as a covered service by your insurance carrier. This is an acknowledgment that the cost of this encounter will be your responsibility in the event it is denied by your insurance company.

By signing this form, I attest that I (1) have personally read this form (or had it explained to me) and fully understand and agree to its contents; (2) have had my questions answered to my satisfaction, and the risk, benefits, and alternatives to telemedicine visits shared with me in a language I understand.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date