



TELEMEDICINE PATIENT CONSENT FORM

Purpose: The purpose of this form is to obtain your consent to participate in a telemedicine consultation in connection with the following procedures and/or services:

Nature of the Telemedicine Consult:

- Details of your medical, Psychiatric, and chemical dependency history, examinations, imaging, and test will be discussed through the interactive video, audio, and telecommunication technology.
- A psychiatric and physical examination may take place including psychotherapy.
- Video, audio and/or photo recordings may be taken of you during the procedure or service but you will be informed at the time of occurrence.

Medical Information and Records: All existing laws regarding your access to medical information and copies of your medical records still apply to this telemedicine consultation. Please note, not all telecommunications are recorded and stored. Additionally, dissemination of any patient identifiable images or information for this telemedicine interaction to researchers or other entities shall not occur without your consent.

Confidentiality: Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telemedicine consultation, and all existing confidentiality protections under federal and South Carolina state law apply to information disclosed during this telemedicine consultation.

Rights: You may withhold or withdraw consent to the telemedicine consultation at any time without affecting your right to future care or treatment, or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

Disputes: You agree that any dispute arising from the telemedicine consult will be resolved in Montana, and that MT law shall apply to all disputes.

Risks, Consequences and Benefits: You have been advised of all of the potential risks, consequences and benefits of telemedicine. Your health care provider has discussed with you the information provided above. You have had the opportunity to ask questions about the information presented on this form and the telemedicine consultation. All your questions have been answered, and you understand the written information provided above.

By electronically signing this form: I agree to participate in a telemedicine consultation for the procedures prescribed above.

Signature

Date