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Informed Consent for Telehealth Meeting

Telehealth Services:

Telehealth involves the use of electronic communication to share information with you about your health. While every effort will be made to protect your privacy, the use of technology carries certain risks, such as technical difficulties or data breaches.

Privacy and Confidentiality:

Your personal information will be handled according to applicable privacy laws (e.g., HIPAA). While we strive to maintain secure communication, no system can guarantee absolute confidentiality.

Patient Responsibilities:

- Ensure you are in a private and secure location for the meeting.
- Accurately share relevant information about your health or concerns to facilitate the discussion.

Consent Statement:

By participating in this telehealth meeting, you acknowledge that:

1. You understand the purpose and limitations of this meeting.
2. You agree to participate under these conditions.
3. You have had the opportunity to ask questions about the process.
4. There are no refunds.

Limitation of Initial Telehealth Meetings for Residents **outside** of New York State are Information Meetings:

- These telehealth meetings does not establish a doctor-patient relationship.
 - No medicine or treatments will be provided based on this meeting.
 - This is for information purposes to educate/ provide you on the most up to date treatments.
- you need urgent or emergent medical care, you should contact your primary care provider or call emergency services.

If you agree to proceed, please provide your written consent.

Consent Provided By:

Patient Name: _____

Date: _____

Signature: _____

Telehealth Informed Consent Form

Patient Name: _____

Date of Birth: _____

Practice Name: Mitchell Medical Group of NY, PC