

Vivek Datta MD MPH

CONSENT TO PARTICIPATE IN TELEMEDICINE CONSULTATION

1. PURPOSE & CONSENT. The purpose of this form is to obtain your informed consent to receive medical treatment from Vivek Datta MD MPH. We offer medical services through telehealth technology which means that you will receive clinician's care virtually and not in person. By engaging Vivek Datta MD MPH and signing this and other agreements provided, I consent to receive telemedicine services from Vivek Datta MD MPH clinicians.

2. NATURE OF TELEMEDICINE SERVICES. Telemedicine involves the use of audio, video or other electronic communications to interact with you, consult with your healthcare provider and/or review your medical information for the purpose of diagnosis, therapy, follow-up and/or education. During your medical treatment, details of your medical history and personal health information may be discussed with other health professionals through the use of interactive video, audio and telecommunications technology. Additionally, a physical examination of you may take place and video, audio, and/or photo recordings may be taken.

3. RISKS, BENEFITS AND ALTERNATIVES. The benefits of telemedicine include having access to medical specialists and additional medical information and education without having to travel outside of your home or local health care community. Potential risks of telemedicine include but are not limited to (a) an inability to conduct a hands-on clinician examination; (b) your specific medical condition may require a in-person medical assistance after the telemedicine appointment; and (c) loss of communicated information due to technical difficulties. Additionally, in rare circumstances, security protocols could fail causing a breach of patient privacy. The alternative to telemedicine consultation is a face-to-face visit with a clinician. I understand and agree that (a) I am not required to conduct telemedicine services and are doing so voluntarily after considering the alternatives; (b) I can still receive face-to-face medical services at any time by consulting with a traditional clinician, in person; and (c) in case of an emergency, I will call 911 or will go to the nearest hospital, doctor's office, or clinic.

5. MEDICAL INFORMATION AND RECORDS. All laws concerning patient access to medical records and copies of medical records apply to telemedicine. Dissemination of any patient identifiable images or information from the telemedicine consultation to researchers or other entities shall not occur without your consent.

6. FURTHER OBLIGATIONS. I understand and agree that (a) I will not be in the same physical location as my medical provider, which could restrict some element(s) of the services; (b) my clinician will be licensed in the state where I live and receive services, and I represent that my location was accurately represented to Vivek Datta MD MPH prior to engagement and I will update my location and where I live, if necessary; and (c)

my clinician's advice, recommendations, diagnosis, or similar may be based on factors outside of his/her control, including but not limited to having provided incomplete or inaccurate data or information provided by me - thus I agree to provide accurate and complete information to the best of my ability. In addition, it is my sole responsibility to determine whether or not the services provided by [Insert Name of Clinic] are covered by my insurer.

7. CONFIDENTIALITY. All existing confidentiality protections under federal and California law apply to information used or disclosed during your telemedicine consultation.

Signature of Patient or Patient's Representative:

Name of Patient or Patient's Representative:

Date of Signing: _____