



Dr. Derek Murphy D.O. - Lexi Yoo N.P.  
Doctors Direct LLC  
13578 East 131st Street  
Suite 101  
Fishers, IN 46037

T: 317.863.0830  
F: 317.863.0831

[www.drderekmurphy.com](http://www.drderekmurphy.com)  
[doctormurphydirect@gmail.com](mailto:doctormurphydirect@gmail.com)

---

## TELEMEDICINE PATIENT CONSENT FORM

*-Patient acknowledges agreement of this document upon scheduling appointment for e-appointment. Scheduling an e-appointment confers that this document has been reviewed and agreed upon by the requesting patient and/or legal guardian. This document is available for review and download on the website [drderekmurphy.com](http://drderekmurphy.com) scheduling page.*

-The purpose of this form is to obtain your consent to participate in a telemedicine consultation in connection with the following service: Doctors Direct LLC - "e-office."

**-Nature of Telemedicine Consultation:** During the telemedicine e-appointment

a) details of your medical history, examinations, x-rays, and tests will be discussed (minimally and not limited to the aforementioned). This information may be discussed in the normal context as it would if you were seen in the office setting. We will discuss this information directly with you over a securer audio-video connection.

b) discussion of your symptoms and complaints will be performed by Dr. Derek Murphy and/or Lexi Yoo N.P.

c) Video and associated audio is the direct means of the meeting in an e-medicine appointment. At no time will we record or take photos during your consultation without your verbal consent.

**-Medical information and records:** All existing laws regarding your access to medical information and copies of your medical records apply to this telemedicine consultation. No consultations are recorded nor stored. Additionally, no dissemination of any patient identifiable images or information for this telemedicine interaction to anyone other than the caring provider will occur without your verbal consent.

**-Confidentiality:** Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telemedicine consultation. All existing confidentiality protections under federal and Indiana state law apply to information disclosed during this consultation.

**-Rights:** You may withhold or withdraw consent to the telemedicine consultation at any time without affecting your rights to future care and/or treatment. Nor will you risk losing any "Doctors Direct Access" benefits to which you would otherwise be entitled.

**-Disputes:** You agree that any dispute arriving from the telemedicine consult will be resolved in Indiana, and that Indiana law shall apply to any and all disputes.

**-Risks, Consequences & Benefits:** You have been advised of the potential risks, consequences and benefits of telemedicine. Your healthcare provider has discussed with you the information as it is written and reviewed by you above. You have the opportunity to ask questions about eh above information during your telemedicine consultation. Telemedicine appointments are not with the ability to physically examine the patient. It is understood that this telemedicine consult is performed with the best interest at heart for the patient and their complaint. It may be determined that you be required to come in for a physical exam and/or follow up for this consultation and/or may be recommended to be seen emergently by a local emergency room if the provider feels it is the best recommendation given your set of complaints. By Indiana law no controlled prescriptions can be written during this consultation appointment.

