

## Telemedicine Consent

I understand there are potential risks with telemedicine technology, including poor connectivity or interruptions and other technical difficulties. An in-person visit may be required if the audio and video connection is inadequate, does not allow for appropriate medical decision making, or my provider indicates it is the more appropriate method of treatment.

I understand that others, including medical students and residents, or others to operate the telemedicine equipment, may be present or observe the virtual visit, and reasonable steps will be taken to maintain the confidentiality of the information exchanged during the visit. I further understand that I will be informed of their presence and will have the right to request the following: (1) omit specific details of my medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the telemedicine examination room: and or (3) terminate the consultation at any time. I consent to their presence during the telemedicine visit or I will notify my provider at the beginning of the visit if I have questions or concerns.

I acknowledge and agree my personal and/or health information may be shared with the provider, the provider's workforce, third party payers and healthcare providers who may need this information for treatment, payment, or other healthcare purposes, such as coordination of my care. I have provided, or agree to provide, the name of my health insurance companies that will be paying any part of my bill and give permission to provide them any or all of my medical record for payment purposes. I understand I will be billed for and responsible to pay any non-covered portion of my bill, including co-pay or coinsurance balances related to this visit, in accordance with my insurance coverage policies.

I am aware telemedicine visits may include discussions about medications, health problems, and issues of a private nature and understand that I am responsible for ensuring privacy in my own location.

I understand the risks/benefits of the telemedicine visit and I give consent to a telemedicine visit with the provider and for services to be billed to my insurance.

If this is my first visit with CMU Medical Education Partners, I understand that I will receive new patient paperwork in the mail and agree to review, sign and return as soon as possible.