

## Informed Consent to Telemedicine Consultation

I have been asked by my healthcare provider to take part in a telemedicine consultation with Nacogdoches Health Partners, PLLC and its physicians, associates, technical assistants and others deemed necessary to assist in my medical care through a telemedicine consultation. I understand the following:

1. The purpose is to assess and treat my medical condition.
2. The telemedicine consult is done through a two-way video link-up whereby the physician or other health provider at Nacogdoches Health Partners, PLLC can see my image on the screen and hear my voice. However, unlike a traditional medical consult, the physician or other health provider does not have the use of the other senses such as touch or smell; and it may not be equal to a face-to-face visit.
3. Since the telemedicine consultants practice in a different location and do not have the opportunity to meet with me face-to-face, they must rely on information provided by me or my onsite healthcare providers. Nacogdoches Health Partners, PLLC and affiliated telemedicine consultants can not be responsible for advice, recommendations and/or decisions based on incomplete or inaccurate information provided by me or others.
4. I can ask questions and seek clarification of the procedures and telemedicine technology.
5. I can ask that the telemedicine exam and/or videoconference be stopped at any time.
6. I know there are potential risks with the use of this technology. These include but are not limited to:
  - Interruption of the audio/video link.
  - Disconnection of the audio/video link
  - A picture that is not clear enough to meet the needs of the consultation.
  - Electronic tampering.

If any of these risks occur, the procedure might need to be stopped.

7. I will not receive any royalties or other compensation for taking part in this telemedicine consult or associated with any use by Nacogdoches Health Partners, PLLC.
8. I understand I can make a complaint of my provider to the Texas Medical Board by going online at <http://www.tmb.state.tx.us/page/place-a-complaint> or calling the Complaint Hotline at 800-201-9353.
9. In order to participate in the telemedicine program, I agree to keep a credit card on file to be charged once the visit is complete. By signing this consent, I agree to the charges on my credit card based on my insurance rates.

I, the undersigned patient, do hereby understand and state that I agree to the above consents.

I certify that this form has been fully explained to me. I have read it or have had it read to me. I understand and agree to its contents. I volunteer to participate in the telemedicine examination. I authorize Nacogdoches Health Partners, PLLC and the doctors, nurses, and other providers involved to perform procedures that may be necessary for my current medical condition.

Date: \_\_\_\_\_ Credit Card # \_\_\_\_\_ exp: \_\_\_\_\_ CVC: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Witness: \_\_\_\_\_