

I agree to participate in a telemedicine evaluation. By signing this agreement, I authorize the electronic transmission of my medical information and/or videoconference session so that it can be viewed by a doctor and other persons involved in my medical or mental health care. **[Note: The likelihood of this transmission being intercepted by persons other than those at the consulting site is extremely small].**

1. NATURE OF TELEMEDICINE CONSULT: During the telemedicine consultation:
 - a. Details of your medical history, examinations, x-rays, and tests will be discussed with other health care professionals through interactive video, audio, and telecommunication technology.
 - b. A physical examination of you may take place
 - c. A non-medical technician may be present in the telemedicine studio to aid in the video transmission
 - d. Video, audio and/or photo recordings may be taken of you during the procedure(s) or service(s)
2. MEDICAL INFORMATION & RECORDS: All existing laws regarding your access to medical information and copies of your medical records apply to this telemedicine consultation. Please note, not all telecommunications are recorded and stored. Additionally, dissemination of any patient-identifiable images or information for this telemedicine interaction to researchers or other entities shall not occur without your consent.
3. CONFIDENTIALITY: Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telemedicine consultation, and all existing confidentiality protections under federal and Georgia state law apply to information disclosed during this telemedicine consultation
4. RIGHTS: You may withhold or withdraw consent to the telemedicine consultation at any time without affecting the right to future care or treatment, or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled
5. DISPUTES: You agree that any dispute arising from the telemedicine consult will be resolved in Georgia, and that Georgia law shall apply to all disputes
6. RISKS & CONSEQUENCES: I understand there are potential risks with this technology:
 - a. The video connection may not work or that it may stop working during the consultation.
 - b. The video picture or information transmitted may not be clear enough to be useful for the consultation.
 - c. I may be required to go to the location of the consulting physician if it is felt that the information obtained via telemedicine was not sufficient to make a diagnosis.
7. BENEFITS: The benefits of a telemedicine consultation are:
 - a. You may not need to travel to the consult location.
 - b. You have access to a specialist through this consultation.
8. I authorize the release of any relevant medical information about me to the consulting health care provider, any staff the consulting health care provider supervises, third party payers and other healthcare providers who may need this information for continuing care purposes
9. You have been advised of all the potential risks, consequences, benefits and costs of telemedicine. Please refer to the FAQ's sheet for details. You have had the opportunity to ask questions about the information presented on this form and the telemedicine consultation. All your questions answered, and you understand the written information provided above.