

**Family Foot Care & Surgery, LLC.
309 Seaside Ave, Milford Ct, 06460
299 Washington Ave Hamden, Ct, 06518**

Telemedicine Patient Consent Form

1. I understand that my healthcare provider wishes me to engage in a telemedicine consultation.
2. My healthcare provider has explained to me how the video conferencing technology will be used to affect such a consultation will not be the same as a direct path/healthcare provider visit due to the fact that I will not be in the same room as my healthcare provider.
3. I understand there are potential risks to this technology, including, but not limited to: interruptions, unauthorized access and technical difficulties. I understand that my healthcare provider and I can discontinue the telemedicine consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
4. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. The above mentioned people will all maintain confidentiality of the information obtained. I further understand that I 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.
5. I have had alternatives to a telemedicine consultation explained to me, and in choosing to participate in a telemedicine consultation I understand that some parts of the exam involving physical tests may be conducted by individuals at my location at the direction of the consulting healthcare provider.
6. In an emergent consultation, I understand that the responsibility of the telemedicine consulting specialist is to advise my local practitioner and that the specialist's responsibility will conclude upon the termination of the video conference connection.
7. I have had a direct conversation with my doctor, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Patient's/parent/guardian signature

Date

Time

Print name