

TAMPA BAY NEPHROLOGY ASSOCIATES

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Board Certified Specialists
Nephrology and Internal Medicine

TELEMEDICINE CONSENT

Patient Name: _____ **Date of Birth:** _____

- I and/or my health care provider/specialist asked to engage in telemedicine consult/visit(s). I agree to this indefinitely, unless I revoke my consent in writing.
- I understand that video conferencing technology or video facetime (if you have the option) may be used. This visit will not be the same as a face to face visit due to the fact we are not in the same room.
- I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties and I can discontinue the telemedicine consult/visit if either of us feel it is not adequate for the situation.
- I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. Others may also be present during the consultation, other than my health care / consulting provider in order to operate the video equipment.
- The above-mentioned people will maintain confidentiality of the information obtained. I further understand that I will be informed of their presence during the visit and thus have the right to request to: (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.
- In an emergent consult/visit(s) conducted on my behalf by a provider, I understand that the responsibility of the telemedicine consulting specialist/provider is to advise my local health care provider and the specialist/provider's responsibility will conclude upon the termination of the video conference connection.
- I understand that billing will occur from my health care provider/consultant/specialist and a copay may be applicable based on my insurance, but in some emergent/pandemic situations that may be waived.
- I have had a direct conversation with my provider, during which I had the opportunity to ask questions regarding 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:

- ✓ I have read, and/or had this form explained to me verbally and give my verbal and/or written consent which will remain in effect indefinitely, unless revoked in writing.
- ✓ I fully understand its contents including the risks and benefits of the telemedicine consult/visit(s).
- ✓ I have been given ample opportunity to ask questions and any questions have been answered to my satisfaction.

Patient or Patient's/parent/guardian (Signature)

Date

Time

Person explaining consent (if applicable) (Signature)

Date

Time