

PATUXENT ENDOCRINOLOGY ASSOCIATES, LLC.

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Informed Consent for Telemedicine Services

Patient Name:

Date of Birth:

PURPOSE: The purpose of this form is to obtain your consent to participate in a telemedicine consultation in connection with your medical condition.

NATURE OF TELEMEDICINE CONSULT: During the telemedicine consultation, the details of your medical history, examinations, x-rays, and labs will be discussed with your medical provider Dr Reena Thomas using interactive video, audio, and telecommunication technology.

A physical examination of you may take place.

Video, audio and/or photo recordings may be taken of you during the consultation.

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, the telecommunications are NOT recorded or stored. Additionally, dissemination of any patient-identifiable images or information for this telemedicine interaction to other entities shall not occur without your consent.

CONFIDENTIALITY: Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telemedicine consultation, and all existing confidentiality protections under Maryland law apply to information disclosed during this telemedicine consultation.

RIGHTS: You may withhold or withdraw consent to the telemedicine consultation at any time without affecting your right to future care or treatment.

DISPUTES: You agree that any dispute arising from the telemedicine consult will be resolved in Maryland, and that Maryland law shall apply to all disputes.

PAYMENT OF SERVICES: You agree that Patuxent Endocrinology Associates reserves the right to bill a telemedicine visit to your respective insurance company. Also, you are responsible for any patient portion of the telemedicine consult BEFORE your telemedicine consult is scheduled.

RISKS, CONSEQUENCES & BENEFITS: You have been advised of all the potential risks, consequences, and benefits of telemedicine.

Dr Reena Thomas has provided you with information about the benefits and risks of telemedicine.

I agree to participate in telemedicine consultations with Dr Reena Thomas described above.

Signature:

Date:

Name of the patient: