

MEMORIAL WOMEN'S SPECIALISTS

Obstetrics & Gynecology

929 Gessner Road, Suite 2130, Houston, TX 77024

Phone: 713-935-9100 Fax: 713-935-9103

Telemedicine Informed Consent ©2022

Telemedicine services involve the use of secure interactive videoconferencing equipment and devices that enable health care providers deliver health care services to patients when located at different sites.

- I understand that the same standard of care applies to a telemedicine visit as applies to an in-person visit. A telemedicine visit, however, is limited in that the physician cannot examine the patient by hand: palpating, using medical equipment, or performing immediate laboratory studies. This can limit some assessments, and I may be asked to follow up in person or seek emergency medical care.
- I understand that I will not be physically in the same room as my health care provider. I will be notified of and my consent obtained for anyone other than my healthcare provider and my health care provider staff present in the room.
- I understand that there are potential risks to using technology, including service interruptions, interception and technical difficulties. If it is determined that the videoconferencing equipment and/or connection is not adequate, I understand that my healthcare provider or I may discontinue the telemedicine visit and make other arrangements to continue the visit.
- I understand that I have the right to refuse to participate or decide to stop participating in a telemedicine visit, and that my refusal will be documented in my medical record. I may revoke my consent to future virtual visit at any time by contacting Memorial Women's Specialists at (713) 935-9100.
- I understand that the laws that protect privacy and the confidentiality apply to telemedicine services.
- I understand that my health care information may shared with other individuals for scheduling and billing purposes. I understand that my insurance carrier will have access to my medical records for quality review/audit.
- I understand I will be responsible for any out-of-pocket costs such as copayments or coinsurance that apply to my telemedicine visit.
- I understand that health plan payment policies for telemedicine visit may be different from policies for in-person visits.
- I am located in the state of Texas and will be in Texas during my telemedicine visit(s).

I attest that: I have personally read this consent (or had it explained to me) and fully understand and agree to its consents.

Signature

Date

Name

Date of Birth