



Georgia Telemedicine Informed Consent Form

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

1. I understand that the same standard of care applies to a telemedicine visit as applies to an in-person visit.
2. 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 present in the room.
3. I understand that there are potential risks to using technology, including service interruptions, interception, and technical difficulties.
 - a. If it is determined that the videoconferencing equipment and/or connection is not adequate, I understand that my health care provider or I may discontinue the telemedicine visit and make other arrangements to continue the visit.
4. 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 also understand that my refusal will not affect my right to future care or treatment.
 - a. I may revoke my refusal at any time by contacting ENT of Athens at 706-546-7908.
5. I understand that the laws that protect privacy and the confidentiality of health care information apply to telemedicine services.
6. I understand that my health care information may be shared with other individuals for scheduling and billing purposes.
 - a. I understand that my insurance carrier will have access to my medical records for quality review/audit.
 - b. I understand that I will be responsible for any out-of-pocket costs such as copayments or coinsurances that apply to my telemedicine visit.
 - c. I understand that health plan payment policies for telemedicine visits may be different from policies for in-person visits.
7. I understand that this document will become a part of my medical record.

By signing this form, I attest that I (1) have personally read this form (or had it explained to me) and fully understand and agree to its contents; (2) have had my questions answered to my satisfaction, and the risks, benefits, and alternatives to telemedicine visits shared with me in a language I understand; and (3) am located in the state of Georgia and will be in Georgia during my telemedicine visit(s).

Patient/Parent/Guardian Printed Name

Patient/Parent/Guardian Signature

Witness Signature

Date

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NOTICE: This information is provided as a commentary on legal issues and is not intended to provide advice on any specific legal matter. This information should NOT be considered legal advice and receipt of it does not create an attorney-client relationship. **This is not a substitute for the advice of an attorney.** The Office of the Legal Counsel of the Medical Association of Georgia provides this information with the express understanding that (1) no attorney-client relationship exists, (2) neither MAG nor its attorney is engaged in providing legal advice, and (3) the information is of a general character. Although MAG has attempted to present materials that are accurate and useful, some material may be outdated and MAG shall not be liable to anyone for any inaccuracy, error or omission, regardless of cause, or for any damages resulting therefrom. Any legal forms are only provided for the use of physicians in consultation with their attorneys. You should not rely on this information when dealing with personal legal matters; rather legal advice from retained legal counsel should be sought.



NOTICE CONCERNING COMPLAINTS

Complaints about physicians, as well as other licensees and registrants of the Georgia Composite Medical Board, including physician assistants, respiratory care professionals, perfusionists, acupuncturists, orthotists, prosthetists, auricular (ear) detoxification specialists, geneticist, cosmetic laser practitioners, and pain management clinics may be reported for investigation online or by mailing the form available at medicalboard.ga.gov/consumers/file-complaint:

**Georgia Composite Medical Board
Attention: Enforcement Unit
2 Peachtree Street, NW
6th Floor
Atlanta, GA 30303-3465**

Assistance in filing a complaint is available by calling the following telephone number:

(404) 656-3913

For more information, please visit our website at

www.medicalboard.ga.gov

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