

## Authorization and Consent to Participate in Telemedicine Consultation

The purpose of this form is to obtain your consent to participate in telemedicine consultation with Dr. Steven B. Syrop.

1. The nature of telemedicine consultation: The consult will be done by video and audio transmission. During the telemedicine consultation details of your medical history, previous examinations, tests and imaging will be discussed.
2. All existing laws regarding your access to medical information and copies of your medical records apply to this telemedicine consultation.
3. The telemedicine consultation may not be equivalent to a direct doctor contact visit. Interactive technology will allow you to communicate with Dr. Syrop but he will not be able to do a physical exam. A physical exam may be recommended when appointments are available.
4. You may withhold or withdraw consent to the telemedicine consult at any time without affecting your right of future care or treatment.
5. You will be charged a fee for the consultation, which will be charged to your credit card. The fee will be discussed with you prior to your telemedicine consult. You will be able to send the bill for services to your insurance company but there is no guarantee that they will cover the telemedicine consultation.

I have been advised of the above by Dr. Syrop's staff. I have had an opportunity to ask questions about this information and my questions have been answered. I understand the written information above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If signed by a person other than the patient, please provide relationship to patient:

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