

Coastal Mental Health Center, Inc.

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Jacksonville, FL 32256

Leesburg
8136 Centralia CT
Suite 101
Leesburg, FL 34788

Orange City
300 Treemont Drive
Orange City, FL 32763

Sanford
101 Bellagio Circle
Sanford, FL 32771

Orlando
1320 N. Semoran Blvd
Suite 107
Orlando, FL 32807

Daytona
801 Beville Rd
Suite 202A
South Daytona, FL 32119

Saint Cloud
2900 17th Street
Suite 3
Saint Cloud, FL 34769

Palm Bay
5200 Babcock Street NE
Suite 105
Palm Bay, FL 32905

Rockledge
1282 Rockledge Blvd
Suite 2
Rockledge, FL 32955

CONSENT FOR TELEHEALTH

Patient Name: _____

Patient #: _____

1. I understand that my health care provider wishes me to engage in a telemedicine consultation.
2. Coastal Mental Health Center (CMHC) has explained to me how the videoconferencing technology will be used to affect such a consultation as it will not be the same as a direct patient/provider visit due to the fact that I will not be in the same room as the provider.
3. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that I or the provider can choose to stop the visit if it is felt that the videoconferencing is inadequate for the appointment.
4. I have had the alternatives to a telemedicine consultation explained to me and I am choosing to participate in a telemedicine consultation.

By signing this form I acknowledge:

I have read this form in its entirety and fully understand

I have been given ample opportunity to ask any questions and they have been answered to my satisfaction.

Patient/parent/guardian signature

Date

Witness Signature

Date

www.coastalmhc.com * (P) 800-614-4124 * (F) 888-217-4124

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