TELEMEDICINE RECIPIENT CONSENT FORM

I (name)_____ agree to receive this health care service,

(type of service) _____, as a telemedicine service. I

understand that the health care practitioner, **Dr. Rasean T. Hodge** is located in another location and address. A telemedicine service means that my visit with a practitioner at the distant site will happen by using special audiovisual equipment. This consent is valid for one year for follow-up telemedicine services with the health care provider. The original document is retained in the medical record, and the recipient receives a copy.

• The same confidentiality protections that apply to my other medical care also apply to the telemedicine service. • I will have access to all medical information resulting from the telemedicine service as provided by law. • The information from the telehealth service (images that can be identified as mine or other medical information from the telehealth service) cannot be released to researchers or anyone else without my additional written consent. • I will be informed of all people who will be present at all sites during my telemedicine service. • I may exclude anyone from any site during my telehealth service. • I may see an appropriately trained staff person or employee in-person immediately after the telemedicine service if an urgent need arises OR I will be told ahead of time that this is not available. • I may contact the healthcare provider at 404.895.1924 for any questions I have related to medical services received through a telemedicine provider/site.

I have read this document carefully, and my questions have been answered to my satisfaction.

Name of Patient/Recipient _____

Signature of Patient/Recipient_____ **Date** _____

Name of Parent of Legal Representative _____

Signature of Parent or Legal Representative _____ **Date** _____

Telemedicine Consent:

Signature of Person Obtaining Consent _____ **Date** _____

Please fax completed form to 888.291.6290 or scan and email to : ty@raseanhodgemd.com

This form must be completed and returned, prior to your appointment. Thank you.