Bee Well Pediatrics

Informed Consent for Telemedicine Services

Patient Name: _____ Date of Birth: _____

Bee Well Pediatrics is pleased to offer telemedicine services, allowing our healthcare providers to deliver medical care remotely using secure electronic communication technologies. These services include consultations, diagnoses, follow-ups, and patient education.

We are committed to maintaining the confidentiality of your medical information. All telemedicine sessions are conducted in compliance with privacy regulations, using secure systems to protect your personal data.

Potential Risks

While telemedicine is a convenient and effective method of care, it is important to understand the potential risks, which include:

- In rare cases, information transmitted may be insufficient for proper medical decision-making.
- Delays in treatment could occur due to technical issues, such as connectivity or equipment failures.
- Although security measures are in place, there is a minimal risk of unauthorized access to your medical data.

Patient Rights

- You are entitled to access all medical information resulting from telemedicine services, in accordance with applicable state law.
- You may withhold or withdraw your consent for telemedicine services at any time without affecting your future care.
- If you wish to revoke your consent, you may do so by notifying Bee Well Pediatrics in writing or by contacting our office directly.

Acknowledgment and Consent

By signing below, I confirm that I have read and understood the information provided regarding telemedicine services. I consent to receive healthcare via telemedicine and acknowledge the following:

- I accept responsibility for any applicable copayments, coinsurance, or other fees associated with telemedicine visits.
- I understand that I may revoke this consent at any time by notifying Bee Well Pediatrics.

Parent or Guardian Name: _____ Relationship to Patient: _____

Signature: _____ Date _____