

# Remote Health Consultation Consent Form

Please read the following information carefully before giving your consent for a remote health consultation.

- I understand that my healthcare provider will conduct this consultation using telecommunication technology.
- I understand that I may discontinue the consultation at any time.
- I understand that my medical information will be kept confidential.

Full Name:

Date:

☐ I have read and understand the above information, and I give my consent for a remote health consultation.

Submit