

# Electronic Consultation Consent Form

Please read the following information carefully before giving your consent for electronic consultation.

## Purpose of Electronic Consultation

Electronic consultations are used to provide medical advice, diagnosis, or treatment through electronic communications such as email, video conferencing, or secure messaging.

## Potential Risks

- Technical failures of electronic equipment or services
- Possible interruptions or unauthorized access
- Limitations in assessment compared to in-person visits

## Confidentiality

All information will be kept confidential according to applicable laws and regulations.

## Your Consent

By signing below, you acknowledge that you have read and understood the information provided and agree to participate in electronic consultations.

Full Name:

Email:

Date:

☐ I give my consent for electronic consultation.

Submit