

Telemedicine Treatment Consent Agreement

I hereby consent to engage in telemedicine with my healthcare provider. I understand that telemedicine includes the use of electronic communications to enable healthcare services remotely, including medical history, diagnosis, consultation, treatment, and education.

Patient Information

Full Name:

Date of Birth:

Email Address:

Consent Agreement

☐ I have read and understand the information provided regarding telemedicine. I have had the opportunity to ask questions, and I consent to participate in telemedicine services.

Signature:

Date:

Submit