



Telemedicine Consent Form:

You understand that laws which protect privacy and the confidentiality of medical information also apply to telemedicine. Doxy.me is a secure, HIPAA-compliant telemedicine platform, however all electronic communications have some risk of being compromised. No personally identifiable information obtained from this consult will be disclosed to other entities without your consent. You understand that you must take reasonable steps to protect yourself from unauthorized use of your electronic communications by others. The healthcare provider is not responsible for breaches of confidentiality caused by an independent third party or by you (the patient), despite reasonable efforts on the part of the healthcare provider. The transmission of medical information could be disrupted or distorted by technical failures. In some cases, a telephone call may be used instead of a video meeting.

No audio or video from this visit is stored or saved. A written medical note of your visit will be placed in your chart.

You understand that you can obtain access to your medical records and that our office follows HIPAA regulations.

You understand that a variety of alternative methods of medical care are available, and that there are inherent limitations to a telemedicine visit. You understand that while I anticipate benefits from the use of telemedicine in my care, no results can be guaranteed or assured. You agree to come to the office for a face-to-face visit when it is safe to do so.

You acknowledge that you will be in the state of California during the consultation. You are aware that this visit will be billed to your insurance.

You understand that electronic communication should never be used for emergency communications or urgent requests. For Emergency communications, call 911.

Please call the office at 805-484-3331 before signing this consent if you have any questions.

Print Name: _____

Date of Birth: _____

Signature: _____
(Patient / Parent / Guardian)

Date: _____