

BE WELL WOMEN'S HEALTH

611 NEW ROAD, NORTHFIELD, NJ 08225 P: (609) 383-4042 / F: (715) 804-5095

1. Telemedicine has been explained to me to include use of audio and video conferencing to conduct my healthcare appointment.
2. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my health care provider or I can discontinue the telemedicine consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
3. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes and all will maintain confidentiality (Reviewed under HIPAA policy).
4. I understand that this appointment will function as a typical office visit and be subject to my insurance companies cost sharing rules.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Patient's/parent/guardian signature

Date

Time

Witness signature

Date

Time