

## Telemedicine Consent

**By proceeding with your telemedicine appointment with your healthcare provider, you acknowledge, consent to, and agree with our telemedicine policy as outlined below.**

I understand that there are potential risks to using technology to conduct medical visits, including service interruptions, interception, and technical difficulties.

If it is determined that the electronic connection is not adequate, I understand that my health care provider or I may discontinue the telemedicine visit and make other arrangements to continue the visit.

I understand that I have the right not to participate or decide to stop participating in a telemedicine visit. I also understand that my refusal will not affect my right to future care or treatment.

I understand that I may revoke my consent at any time by contacting Medical Colleagues of Texas, LLP at 281.398.7954.

I understand that my health care information may be shared with other individuals for scheduling and billing purposes.

I understand that my insurance carrier will have access to my medical records for quality review/audit.

I agree that I am responsible for any out of pocket costs, including deductibles, copayments, or coinsurances, that apply to my telemedicine visit.

I understand that health plan payment policies for telemedicine visits may be different from policies for in person visits.