Consent For Telemedicine Services

PATIENT NAME: _____ LOCATION OF PATIENT: _____	DATE OF BIRTH: _____	MEDICAL RECORD #: _____
PHYSICIAN NAME: _____ LOCATION: _____ CONSULTANT NAME: _____ LOCATION: _____ CONSULTANT NAME: _____ LOCATION: _____		DATE CONSENT DISCUSSED: _____

Patient Consent To The Use of Telemedicine

I understand I or my child is a patient of _____[INSERT – DISTANT SITE and NAME OF TREATING PHYSICIAN AT DISTANT SITE] and this physician is my treating physician. My treating physician has asked for a Miami Children's Hospital physician to provide a telemedicine consultation to the physician who is ultimately responsible for my or my child's care. I understand that:

- My treating physician is who I or my child has a doctor-patient relationship with. Even though my treating physician is asking for an opinion from a Miami Children's Hospital physician, my treating physician is solely responsible for managing my care. My treating physician has explained the risks and benefits of any treatment options my treating physician prescribes to me.
- I give my consent for the sharing of personal health information with Miami Children's Hospital and its physicians.
- I understand that the consultation that my treating physician is receiving by a MCH physician is based on and may be limited by the medical information provided to the MCH physician by my treating physician. I also understand that delay in evaluation and treatment may occur due to deficiencies or failure of the telemedicine equipment that is being used.
- I do not have a doctor-patient relationship with any physician at Miami-Children's Hospital or any physician at Miami Children's Hospital.
- Any cause of action arising out of this service must do so exclusively in Miami, Florida, United States of America, and I knowingly waive my right to access any other legal forum.

Signature of Patient (or person authorized to sign for Patient): _____ *Date:* _____

If authorized signer, relationship to Patient: _____

Witness: _____ *Date:* _____

I have been offered a copy of this consent form (patient's initials) _____