Telehealth Consent Form

Patient Name: Rhianna Decker Age: 23

Date of Birth: January 3, 2000 Gender: Female

I hereby consent to receive healthcare services through telemedicine or telehealth platforms provided by Dr. Elena Duffy of HealthyYou Medical Center . I understand telehealth services may involve video conferencing, audio, and/or other electronic communication to connect me with my healthcare provider.

I understand that telehealth services may offer certain benefits, such as increased access to healthcare services and reduced travel time and costs. However, I also understand that telehealth services may have specific limitations, including the inability to provide a physical examination, limitations in the quality and security of electronic communication, and the potential for technical difficulties.

I understand that my healthcare provider will make every effort to ensure the security and privacy of my personal and medical information. However, I acknowledge that there are risks associated with electronic communication and that my information could be intercepted or disclosed without my consent.

I understand that I have the right to withdraw my consent for telehealth services at any time and that I have the right to request an in-person visit with my healthcare provider. I understand that my healthcare provider has the right to terminate telehealth services at any time if they determine it is not in my best interest.

I understand that my healthcare provider will document my telehealth visit and that my medical records will be maintained in accordance with state and federal regulations.

By signing below, I acknowledge that I have read and understand the information provided in this Telehealth Consent Form and consent to receive healthcare services through telehealth platforms.

Patient Signature: Rhianna Decker

Date: April 4, 2023