



Informed Consent to Telemedicine Consultation

I have been asked by my healthcare provider to take part in a telemedicine consultation with Pediatric Associates of Wylie, P.A. and its physicians, associates, and others deemed necessary to assist in my medical care through a telemedicine consultation.

I understand the following:

- The purpose is to assess and treat my medical condition.
- The telemedicine providers may practice in a different location where I'm present for medical care, and they may not have the opportunity to perform an in-person physician examination.
- The telemedicine providers must rely on information provided by me and the telemedicine providers advice, recommendations, and/or decision may be based on factors not within their control, such as incomplete or inaccurate information provided by me.
- It is my responsibility to provide information about my child's medical history, condition and care that is complete and accurate to the best of my ability.
- I can ask questions and seek clarification of the procedures and telemedicine technology.
- I can ask that the telemedicine consult can be stopped at any time.
- There are potential risks with the use of this new technology. These include but are not limited to:
 - Interruption of the audio/video link
 - Disconnection of the audio/video link
 - Picture that is not clear enough to meet the needs of the consultation
 - Electronic tampering
- If the telemedicine provider determines that telemedicine services do not adequately address my medical needs, they may require an in-person evaluation.
- If I experience an urgent matter to any treatment after a telemedicine session, I should alert my treating physician and in the case of an emergency dial 911 or go to the nearest emergency room.
- I understand I can make a complaint of my provider to the Texas Medical Board, by going online at <http://www.tmb.state.tx.us/page/place-a-complaint> or calling the complaint hotline at 800-201-9353.

I, the undersigned, do hereby understand and state that I agree to the above consents.

I certify that this form has been fully explained to me. I have read it and I understand and agree to its contents. I consent to participate in the telemedicine examination and authorize Pediatric Associates of Wylie, P.A. and its providers to perform procedure that may be necessary for my current medical condition.

Patient Name: _____ Patient DOB: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian Signature: _____