



CONSENT TO TELEHEALTH VISITS

Practice Name: Harriet Comite MD PC / Advanced Skin Care, Laser & Body Contouring Center

Practice Location: 1260 Broadcasting Road, Wyomissing, PA 19610

1. Purpose.

The purpose of this form is to get your consent for a telehealth visit with Dr. Harriet Comite and Staff at Advanced Skin Care, Laser & Body Contouring Center. The purpose of this visit is to help in the care of your skin problem.

2. How Telehealth Works

In a telehealth visit, you will interact in real time with your dermatologist via a secure, online videoconferencing technology. Alternatively, the dermatologist may give you the option of submitting a photo and chief complaint via secured electronic messaging. Your dermatologist has the right to discontinue or not provide a consult via videoconference with secure electronic messaging should the videoconference connection or the forwarded image be of poor quality. You may be required to make an in-person appointment for further evaluation should this occur. The dermatologist will look at the patient's skin during a videoconference or review the photos you submitted. The dermatologist will then give you advice about your dermatologic condition and how to treat and take care of your condition. The information from the dermatologist will not be the same as a face-to-face visit because the dermatologist is not in the same room.

3. Pros, Cons, and Your Options.

With telehealth, a dermatologist will advise you based on viewing your condition during a videoconference or based on the photos that were submitted electronically. Sometimes a face-to-face follow-up visit with the dermatologist may still be needed. If you do not come into the office for an in-person visit, the dermatologist's advice will be solely based on the viewing your skin condition during a videoconference or on the information and images provided by you electronically. In the absence of an in-person physical evaluation, the dermatologist may not be aware of certain facts that may limit her assessment or diagnosis of your condition and recommended treatment. It is possible that there will be errors or deficiencies in the transmission of the images of your skin condition during the videoconference or in the photos submitted electronically that may impede the dermatologist's ability to advise you about your condition. Also, very rarely, security measures can fail to protect your personal information, but the company that is providing the technology for your telehealth visit has extensive security measures in place to prevent such failures from happening.

4. Presence of Others During the Telehealth Visit.

People other than your doctor may be a part of the patient's care and present during the telehealth visit. Anyone that is part of the telehealth team is supervised by the dermatologist, and the final recommendations about your care will come from the dermatologist. Also, non-medical people may be involved in the set up of the telehealth visit. You may ask for persons other than your dermatologist to leave the room if you are uncomfortable having them present during your telehealth visit

5. Medical Information and Records

All federal and state laws covering access to your medical records (and copies of medical records) also apply to telehealth. No one other than the health care team can view your photos or information unless you agree to give them access.

6. Privacy

All information given at your telehealth visit will be maintained by the doctors, other health care providers, and health care facilities involved in your care and will be protected by federal and state laws.

7. Your Rights

You may opt out of the telehealth visit at any time. This will not change your right to future care in our practice.

8. Waiver/Release

By signing below, you understand and agree that you solely assume the risk of any errors or deficiencies in the electronic transmission of information during your telehealth visit or in the electronic submission of your images to your dermatologist and further understand that no warranty or guarantee has been made to you concerning any particular result related to your condition or diagnosis. To the extent permitted by law, you also agree to waive and release your dermatologist and her practice from any claims you may have about this advice or the telehealth visit generally. Your consent and release provided in this document shall remain in effect until withdrawn by either party. Your waiver and release shall apply indefinitely for any telehealth visits that occur during the period this waiver and release is in effect.

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My doctor or her staff has talked with me about the telehealth visit. I have had the chance to ask questions and all of my questions have been answered. I have read this form, understand the risks and benefits of the telehealth visit, and agree to a telehealth visit under the terms explained above.

Print Name of Patient

Email Address _____

Cell Phone Number _____

or

Signature of Patient

Signature of Patient's Representative

Name of Interpreter/ ID #

Relationship of Representative to Patient

Signature of Witness

Date of Signing

(required if patient is unable to sign)

REFUSAL I do not want to be a part of a telehealth visit.

Signature