

VIDEO CONSULTATION CONSENT

Prior to your scheduled VIDEO CONSULTATION on _____ with Dr. Raymond Douglas, we would like to make you aware of some important points regarding the VIDEO CONSULTATION:

1. The suggestions and recommendations Dr. Douglas will make during the VIDEO CONSULTATION are based on a video evaluation. These may or may not be valid, as only an in-person physical examination can determine medical care and treatment. As such, any medical recommendations suggested by Dr. Douglas based on the video consult are suggestions based on this interaction only. His suggestions may change when you are formally evaluated in person. The goal of the video consultation is to allow a distance introduction with Dr. Douglas to identify if there is value in seeing Dr Douglas in person for a formal evaluation where true medical recommendations can be made.

2. I, _____, am aware that this VIDEO CONSULTATION is not a Health Insurance Portability and Accountability Act (HIPAA) compliant means of communication regarding my care. I understand this means my privacy cannot be fully protected or guaranteed with this means of third party communication. Should I choose to communicate with Dr. Douglas via VIDEO CONSULTATION before, after, or during his care for me as a patient, I acknowledge and understand that a VIDEO CONSULTATION is not HIPPA compliant and agree to this means of communication

Please fill out the below information prior to your consultation:

Patient Information

Full Name: _____

Date of Birth: _____ Phone Number: _____

Email Address: _____

Address: _____

Signature: _____ Date: _____