**North Franklin Internal Medicine & Pediatrics, PLLC  
Telemedicine Patient Consent Form**

1. The purpose of this form is to obtain your consent to participate in a telemedicine or electronic consult.
2. During the telemedicine consultation:
   1. Details of your medical history, examination, imaging, and test results will be used.
   2. You will be speaking with a licensed provider through the use of patient portal, telecommunication, and or interactive video.
3. Medical information and records: All existing laws regarding access to your medical information and copies of your medical records apply to this telemedicine consultation. Please note, telecommunications are not recorded or stored.
4. Confidentiality: Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telemedicine consultation, and all existing confidentiality protection under federal and Tennessee state law apply to information disclosed during the telemedicine consultation.
5. Rights: You may withhold or withdraw consent to the telemedicine consultation at any time.
6. No Shows: A “missed” telemedicine appointment is considered the same as a missed in office visit. We respectfully request our patients cancel or reschedule their appointment a minimum of 24 hours in advance of the appointment time. If a 24-hour notice is not reasonable for the circumstances, any notice prior to the appointment will be accepted.

By signing below, I acknowledge I have been advised of all the potential risks, consequences, and benefits of telemedicine. I had the opportunity to ask questions about the information presented on this form and the telemedicine consultation. All questions have been answered and I understand the written information provided above.

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Signature of Patient or Guardian Date Signed