



# CITRUS MEDICAL

*Eat right, live strong.*

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## Consent to Participate in a Telemedicine Appointment

1. I understand that Citrus Medical Inc. wishes me to engage in a telemedicine appointment.
2. My Citrus Medical Inc. provider has explained to me how the video conferencing technology will be used and that the appointment will not be the same as a face-to-face visit since I will not be in the same room as my provider.
3. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my Citrus Medical Inc. provider or I can discontinue the telemedicine appointment/visit if it is felt that the video conferencing connections are not adequate for the situation.
4. I understand that if others are present during the appointment other than my Citrus Medical Inc. provider, they will maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the appointment and thus will have the right to request the following: (1) omit specific details of my medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the telemedicine examination room; and/or (3) terminate the appointment at any time.
5. I have had the alternatives to a telemedicine appointment explained to me, and I am choosing to participate in a telemedicine appointment.
6. I have had a direct conversation with my Citrus Medical Inc. provider, during which I had the opportunity to ask questions regarding this appointment. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

### **By signing this form, I certify:**

- \* That I have read or had this form read and/or had this form explained to me
- \* That I fully understand its contents including the risks and benefits of the procedure(s).
- \* That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

\_\_\_\_\_  
(SIGNATURE OF CLIENT/GUARDIAN)

\_\_\_\_\_  
(RELATIONSHIP)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF CLIENT, 18 YEARS OR LESS)

\_\_\_\_\_  
(DATE)