



TELEMEDICINE CONSENT

Consent to participate in a telemedicine appointment

- I understand that MindSet Solutions and Wellness Center, LLC is scheduled to meet with me in a telemedicine visit using Doxy.me, a private and HIPAA-Compliant videoconferencing tool.
- I understand that a telemedicine appointment is not the same as a direct patient/doctor visit due to the fact that I will not be in the same room as MindSet Solution and Wellness Center, LLC.
- I understand that there are some potential risks to telemedicine technology, including interruptions, unauthorized access and technical difficulties. I recognize that MindSet Solutions and Wellness Center, LLC or I can opt to discontinue the telemedicine visit if the connection is not adequate for our visit.
- I have had the alternatives to a telemedicine visit explained to me, and I am choosing to participate in a telemedicine appointment.

- I have had the opportunity to ask questions to MindSet Solutions and Wellness Center, LLC regarding any risks, benefits or any practical alternatives to this telemedicine visit.

- By signing this form, I certify that I
 - a) fully understand this form
 - b) understand the risks and benefits of a telemedicine visit
 - c) have been given an opportunity to ask questions and have had those questions answered satisfactorily.

Signature: _____

Name: _____

DOB: _____

Patient: _____

Patient: _____

Patient: _____

Today's Date: _____