

Agreement for Participation in Telemedicine Services

This Agreement ("Agreement") is made between the undersigned participant ("Patient") and the Telemedicine Provider ("Provider") for the provision of telemedicine services.

1. Description of Telemedicine

Telemedicine involves the delivery of healthcare services using electronic communications, information technology, or other means between a healthcare provider and a patient who are not in the same physical location.

2. Patient Rights

- I understand that I may withdraw my consent to telemedicine services at any time.
- I have the right to ask questions regarding telemedicine procedures and technology.
- My confidentiality will be maintained as required by law.

3. Risks and Benefits

I understand the potential benefits of telemedicine, including increased access to care and greater convenience. I acknowledge the possible risks, such as technical failures and limited visual examination.

4. Consent

By signing below, I acknowledge that I have read and understood this Agreement and consent to participate in telemedicine services under the terms described above.

Patient Name

Signature

Date
