

# 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

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Signature

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Date

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