

Patient Consent Agreement for Virtual Consultations

This consent form is intended to inform you, the patient, about your rights and responsibilities regarding virtual consultations with your healthcare provider.

1. Purpose

Virtual consultations use electronic communication to provide remote clinical services, assessment, and treatment.

2. Potential Benefits

- Convenient access to medical advice without travel
- Timely care and follow-ups
- Reduced risk of infectious disease exposure

3. Potential Risks

- Technical failures or disruptions
- Limited physical examination capabilities
- Potential unauthorized access to confidential information

4. Confidentiality

All information shared during virtual consultations will be kept confidential according to applicable healthcare privacy laws. However, absolute confidentiality cannot be guaranteed due to the nature of electronic communications.

5. Alternatives

You may opt for an in-person consultation instead of a virtual consultation at any time, as appropriate and available.

6. Consent

By signing below, you acknowledge that you have read and understood the information above and consent to participate in virtual consultations.

Patient Name

Signature

Date

