

Authorization and Consent to participate in Teledermatology Consultation

Patient Name:

Gender:

Date of Birth:

Address:

Patient ID number:

Provider name:

I have requested Dr. _____ (Degree.; MCI/ State registration number.....) for teleconsultation for my skin condition by my free will. This consultation is being conducted through Text message/ Video consultation/ Audio consultation. I have/ will provide/d the doctor all necessary clinical history and my clinical images in the prescribed format. I understand that the diagnosis, inference of reports and treatment advised is based on the information provided by me. I agree to abide by the advice given to me explicitly. I will show all the medication advised, to the doctor before starting the medications and in case of doubt will enquire with the doctor immediately. I also understand that there could be some adverse effects due to medications advised or worsening of my skin disease. I undertake that I will inform the doctor without any delay in case of such an event verbally and with images. I undertake that this consultation is/was very much necessary for me and I have initiated the same, with my full knowledge about the limitation of the teleconsultation. I am willing to pay consultation charges, if any, by any mode of payment suggested by the doctor.

My signature below indicates:

I have read and understood the information given in this form.

I had a chance to ask questions about the consultation.

I have received satisfactory answers to my questions.

I understand my medical records and medical information is private and confidential to the extent permitted by law.

I understand that there are no guarantees about the results of the consultation.

I understand that all existing and applicable national & state medical laws regarding patient's access to medical information applies to this telemedicine consultation.

Signed: _____

Date: _____

(Patient/legal guardian)

If other than patient: Indicate relationship

Signature of Witness: _____

Date: _____

This consent form is part of your medical records. Preserve a copy of this consent form with you for your future reference.

Please Note: The consent for consultation is already implied when the patient initiates teleconsultation by his/herself. This document may be aimed at familiarizing the patient to the details of teleconsultation. If consultation is by whatsapp for example, take a print-out of this form and patient may be asked to sign and then send a scanned document/photograph.