

Consent for Tele-Health with Lori Birdsong, MD

- I understand that Dr Birdsong may provide me the opportunity to engage in a Tele-Health consultation. I understand that the video conference service Dr Birdsong will use for Tele-Health is HIPAA compliant. I also understand that this is an addendum to any consent forms I have previously signed with Lori Birdsong, MD
- I certify that I will be **physically located in the state of North Carolina** during any Tele-Health visit with Dr Birdsong and will notify her of my location so she can contact emergency personnel should that be necessary.
- Before starting video chat, I will give emergency contact information or a patient support person contact to Dr Birdsong and permit her to contact that person in an emergency.
- I certify that I will notify Dr Birdsong of any persons in the same room with me during any Tele-Health visits. I will make every effort to keep the Tele-Health visit private and out of hearing reach of other persons I do not want involved in my care.
- I understand that video conferencing technology will be not be the same as a direct patient/doctor visit due to the fact that I will not be in the same room as my provider.
- I understand that a Tele-Health visit has potential benefits including easier access to care and the convenience of meeting from a location of my choosing in the state of North Carolina.
- I understand that there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that Dr Birdsong or I can discontinue the Tele-Health visit if it is felt that the videoconferencing connections are not adequate for the situation.
- I understand that there may be circumstances in which a Tele-Health visit may not be appropriate due to the nature of certain medical issues that need to be treated with in-person visits and that will be determined by Dr Birdsong.

By signing this form, I certify:

- That I have read or have had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedures as well as any practical alternatives.
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS CONTAINED IN THIS DOCUMENT.

Printed name

Date

Signature