



Telemedicine Consent Form

I understand that telemedicine is the use of electronic technology for communication for the purpose of providing healthcare services wherever the doctor and the patient are located.

I understand that Dr. Rosado is located in Florida and likewise uses telemedicine to conduct consultations with established office patients.

I understand that with the use of telemedicine, the interaction shall be done through real-time audio-video communication.

I understand that the laws that protect privacy and confidentiality, as well as the confidentiality of medical information through the Health Insurance Portability and Accountability Act (HIPPA) also apply to telemedicine.

I understand that I will be responsible for any payments or coinsurances that apply to my telemedicine visit.

I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment; I have the right to access my information and to inspect my medical

information that was transmitted through telemedicine; I have the right to privacy where it shall be necessary to seek my consent in order to disclose my information unless those that are permitted by law to disclose without the need of my consent.

I understand any lawsuit arising out of this agreement or service shall be brought to the courts of the state of Florida, to the exclusion of other states.

With the pronouncements above: I authorize Antonio Rosado, MD to provide me diagnoses, observations, recommendations regarding my condition through telemedicine.

Whenever necessary, I authorize Antonio Rosado, MD to consult with other physicians or specialists whom he believes to have full knowledge and skills that can address my case.

I have read and understood the information provided above, my rights, and my obligations regarding telemedicine. I have had the opportunity to ask questions and all of which were answered to my satisfaction.

Therefore, I hereby give my consent to the use of telemedicine for medical care and will proceed to accept Dr. Rosado's invitation for the virtual encounter.

- **Patient Name:** _____
- **Please print / Nombre del patient (en letra molde)**

- **Patient Signature** _____ **Date** _____