

## Telemedicine Consent

Before your virtual visit/telemedicine visit with Columbia Dermatology, we will ask for your verbal consent for the following:

1. I understand that I can see my healthcare provider using this technology for some of my care needs.
2. My healthcare provider or I can stop or cancel a video visit if the technology is not working properly
3. I have the right to cancel this video visit without affecting my ability to receive care in the future.
4. A healthcare provider or staff member has explained to me how the telemedicine service will be provided
5. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine services and that no information obtained in the use of telemedicine services which identifies me will be disclosed to researchers or other entities without my consent, except as otherwise permitted by law.
6. I have informed my provider of any changes to insurance and personal information before my visit. I understand that billing for this telemedicine visit will be identical to a face-to-face office visit. The telemedicine service will be billed to the insurance company on file. All copays, deductibles, co-insurances will apply. If the insurance company does not cover the telemedicine services, I will be responsible for the cost of the visit.