

TELEHEALTH CONSENT FORM

Telehealth involves the use of secure, real-time audio and/or video technology to provide healthcare services when an in-person visit is not possible or necessary. The purpose is to allow communication with your Moukdad Medical provider from a remote location. Before participating in a telehealth visit, please review the following information and sign to acknowledge your understanding and consent.

BENEFITS

- Convenient access to care without travel
- Continuity of care with your established provider
- Timely evaluation, diagnosis, and treatment

RISKS

- Technology interruptions or equipment failure may affect communication or delay care
- Security measures are in place, but data breaches are still a small risk with any electronic system
- In some cases, an in-person evaluation may still be required for a full assessment

PRIVACY & CONFIDENTIALITY

All telehealth sessions are conducted through secure, HIPAA-compliant platforms. Your medical information will be protected in the same way as during an in-person visit. Moukdad Medical does not permit recording of telehealth visits by either party unless specifically agreed upon in writing.

PATIENT RESPONSIBILITIES

- Participate from a quiet, private location free of distractions
- Ensure your device, camera, and connection are functional
- Not record, broadcast, or share your telehealth session

CONSENT TO TELEHEALTH

I understand the information above and consent to participate in telehealth services with Moukdad Medical.

I understand I may withdraw my consent at any time by notifying the office in writing.

I acknowledge that this consent will remain in effect until revoked.

Patient Name: _____ **Date of Birth:** _____

Patient Signature (or Legal Representative): _____ **Date:** _____

If signed by Legal Representative, state relationship to patient: _____