Weiss Pediatric Care
2201 Cantu Court, #117 Sarasota, FL 34232 | P: 941-552-8341 | F: 941-487-8025 | weisspediatriccare.com

Telemedicine Services Agreement

Patient Name: Date of birth:
Parent/Guardian: Cell Phone Number:

The purpose of this agreement is to provide patients/families with information about Weiss Pediatric Care's Telemedicine Services and to inform you of what you are consenting to during the visit.

By signing this agreement, I understand that a medical exam and treatment will be provided through an interactive video connection. The visit will not be recorded but will be documented in the medical record in the same manner in which all visits are documented in patient charts.

I understand that there are potential risks to this technology, including:

- The video connection may not work or it may stop working during the appointment.
- The video picture or information transmitted may not be clear enough for diagnosis and treatment purposes.
- An in-person follow up visit may be necessary if the information available by audio and video is not sufficient for diagnosis and treatment.

I understand that the benefits of this technology include that travel to the appointment is not required allowing a more convenient and expedited visit.

I also understand:

- That HIPAA laws that protect the privacy and confidentiality of patient information apply to telemedicine services.
- That a limited physical exam will take place during the video visit.
- That I may choose to discontinue the visit at any time.
- That I will test my personal computer, tablet, or smart phone prior to the visit to be sure that the platform works.
- That I can find additional information about Weiss Pediatric Care's telemedicine visits at https://www.weisspediatriccare.com/telehealth/.

Telemedicine fees are the same as those for in-office appointments. While most insurance companies will cover the cost of a telemedicine visit, we cannot guarantee your insurance coverage will be the same. We recommend that you consult your insurance company before your visit to inquire about coverage.

Your signature below, or verbal agreement to the provider during your visit, indicates that you have read the agreement in its entirety and consent to telemedicine services.

Patient/Guardian eSignature:

Date: