



MEDLIFEFIT

MEDICAL SPA

Telehealth Consent Form MedLifeFit Spa

- 1.** I hereby authorize Health Care Services to use the telehealth practice platform for telecommunication for evaluating, testing and diagnosing my medical condition.
- 2.** I understand that technical difficulties may occur before or during the telehealth sessions and my appointment cannot be started or ended as intended.
- 3.** I accept that the professionals can contact interactive sessions with video call; however, I am informed that the sessions can be conducted via regular voice communication if the technical requirements such as internet speed cannot be met. The patient accepts that he/she needs access to a PC, laptop, or mobile device and a good internet connection in order to have an efficient telemedicine appointment.
- 4.** I understand that my current insurance will not cover the fees of the telehealth practices and I will be responsible for any fee that is from the provider.
- 5.** I agree that my medical records on telehealth can be kept for further evaluation, analysis and documentation, and in all of these, my information will be kept private.

Telecommunications with patients will not be recorded and stored. Patients' medical information obtained by the diagnosis and analysis can be used anonymously for further improvements in scientific studies.

First Name: _____

Last Name: _____

Signature: _____

Date: _____

By signing this form,

I understand that all the laws that are protecting my privacy of medical history or information are also applied to telemedicine practices.

I understand that I can withdraw the consent at any time and that will not affect any of my future treatment procedures.

I accept that I authorize health care professionals and use telemedicine for my treatment and diagnosis.