HH Naturopathic Medicine & Acupuncture Clinic
Informed Consent for TeleMedicine Services

Patient Name: Location of Patient:	Date of Birth:	Medical Record # Office use only, to be completed by a provider
Physician Name: Location:		Date Consent Discussed

I understand that telemedicine is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to Dr. Sunhee Williams providing naturopathic consultation to me via telemedicine.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine.

I understand that I will be responsible for any payments 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 any care at any time, without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time by contacting Dr. Sunhee Williams at hhacupucture@outlook.com As long as this consent is in force (has not been revoked) Dr. Sunhee Williams may provide naturopathic consultation services to me via telemedicine without the need for me to sign another consent form.

Signature of Patient (or person authorized to sign for the patient):_____

Date:_____

If authorized signer, relationship to patient:_____

Witness: _____Date:_____

I have been offered a copy of this consent form (Patient's initials) :_____