

Telehealth Consent Form

Tustin Ear Nose Throat Sinus & Allergy Center Charles K. Oh, M.D., Inc

I hereby authorize Charles K. Oh, M.D., Inc to use the telehealth practice platform for the purpose of evaluating and diagnosing my medical condition or to discuss test results with regard to my medical condition.

I understand that technical difficulties may occur before or during the telehealth session and my appointment may not be started or ended as intended.

I understand that the visit will be through video communication but that the session may also be conducted via regular voice communication if the technical requirements cannot be met or technical difficulties arise.

I understand that my current insurance may not cover the fee for the telehealth visit and I may be responsible for any fee the insurance company does not cover.

Possible Risks:

Potential risks associated with the use of telemedicine include but are not limited to:

Misdiagnosis due to limited examination ability of the area of concern.

Delays in treatment due to the deficiencies or failure of the equipment.

In rare instances, security protocols could fail resulting in a breach of privacy.

Patient Rights: I understand that I may withdraw or hold this consent at any time and that any action would not affect my future treatment. I may ask any questions about the telehealth process any time before or after the telehealth visit.

Date: _____

Name: _____

Signature: _____