

PATIENT CONSENT TO THE USE OF TELEMEDICINE

I have read and understand the information provided above regarding telemedicine, have discussed it with my physician or such assistants as may be designated, and all of my questions have been answered to my satisfaction.

I hereby give my informed consent for the use of telemedicine in my medical care. I hereby authorize CENTA Medical Group, PA, to use telemedicine in the course of my diagnosis and treatment.

I understand I can request a copy of this consent at any time.

Signature of Patient (or authorized signer): _____ *Date:* _____

If authorized signer, relationship to patient: _____