

CONSENT FOR TELEMEDICINE

1. You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment nor risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
2. There are no known risks to telemedicine, except the remote possibility that the information could be intercepted. The primary benefit is the convenience to you.
3. All existing confidentiality protections apply.
4. Access to your medical information is exactly the same as an office visit. We will print your plan for you, and mail it to you *at your request*.
5. We will not disseminate any patient identifiable images or information from the telemedicine interaction to researchers or other entities without your consent.
6. This consent will become part of your medical chart.
7. Although the doctor strives to be on schedule each day, we cannot guarantee that the doctor will be available at the exact timing of your appointment; Please allow yourself an appropriate amount of time before and after your chosen visit.
8. **PLEASE NOTE:**
Prior to your first appointment you must add both of these email addresses to your VSee contact list in order to be seen.
 - drbungeroffice@debralbungermd.com
 - drbungervsee@gmail.com

Please remember this is a doctor's appointment. Please ensure your own privacy. Please plan to have your entire focus on the appointment!

I understand the written information provided which has also been discussed with me. I have also been given the opportunity to ask questions.

Name of Patient or Legal Guardian

Signature

Date

VSee Email Address (PLEASE PRINT CLEARLY or type)