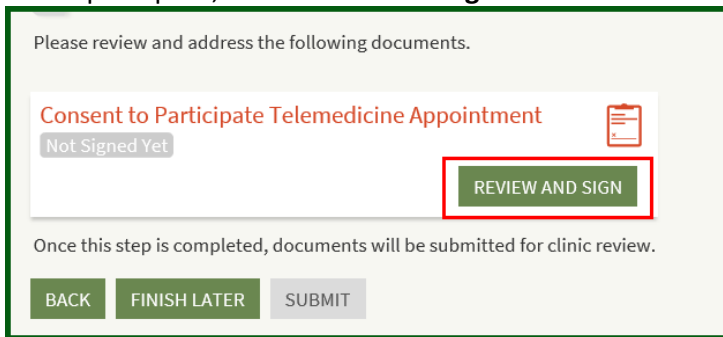


Review and Sign Consents


When completing the E-Check In for telemedicine visits, you will be prompted to review and sign the consent to participate in the telemedicine appointment.

Try It Out

1. When prompted, click **Review and Sign**



Please review and address the following documents.

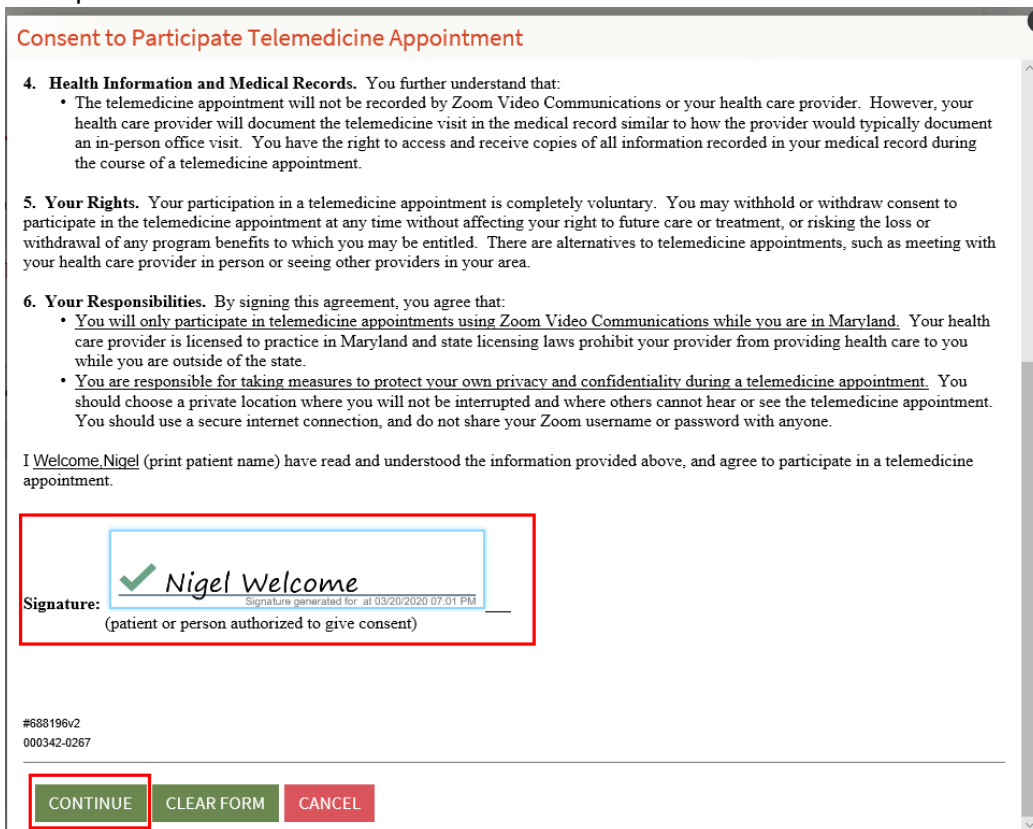
Consent to Participate Telemedicine Appointment 
Not Signed Yet

REVIEW AND SIGN

Once this step is completed, documents will be submitted for clinic review.

BACK **FINISH LATER** **SUBMIT**

2. Read the document making sure to scroll all the way to the bottom
3. Click in the Signature box to electronically sign the form
4. Then press **Continue**



Consent to Participate Telemedicine Appointment

4. Health Information and Medical Records. You further understand that:


- The telemedicine appointment will not be recorded by Zoom Video Communications or your health care provider. However, your health care provider will document the telemedicine visit in the medical record similar to how the provider would typically document an in-person office visit. You have the right to access and receive copies of all information recorded in your medical record during the course of a telemedicine appointment.

5. Your Rights. Your participation in a telemedicine appointment is completely voluntary. You may withhold or withdraw consent to participate in the telemedicine appointment at any time without affecting your right to future care or treatment, or risking the loss or withdrawal of any program benefits to which you may be entitled. There are alternatives to telemedicine appointments, such as meeting with your health care provider in person or seeing other providers in your area.

6. Your Responsibilities. By signing this agreement, you agree that:

- You will only participate in telemedicine appointments using Zoom Video Communications while you are in Maryland. Your health care provider is licensed to practice in Maryland and state licensing laws prohibit your provider from providing health care to you while you are outside of the state.
- You are responsible for taking measures to protect your own privacy and confidentiality during a telemedicine appointment. You should choose a private location where you will not be interrupted and where others cannot hear or see the telemedicine appointment. You should use a secure internet connection, and do not share your Zoom username or password with anyone.

I Welcome, Nigel (print patient name) have read and understood the information provided above, and agree to participate in a telemedicine appointment.

Signature: 
(patient or person authorized to give consent)

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CONTINUE **CLEAR FORM** **CANCEL**