

Informed Consent for Telemedicine

Rice University Student Health

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Phone 713-348-4966 Fax 713-348-5427

Prior to starting a telemedicine service, I agree to the following:

- There are potential limitations, benefits and risks of telemedicine services.
- Confidentiality still applies for telemedicine and neither the student nor the healthcare provider will record the session.
- I have agreed to the telemedicine platform.
- I have a webcam or smartphone and will use it during the session. I agree that the physician may call me if the connection is lost.
- I agree to find a quiet, private space that is free of distractions for the session.
- I will use a secure internet connection.
- I will notify the clinic if I need to change my time.
- I understand that I may be asked to come in for an in-person visit after the telemedicine visit and I confirm that I am in Houston and able to come to the clinic if needed.
- I understand that there are limitations to clinical diagnosis in the telemedicine format and I may be asked by the physician to proceed to an urgent care or ER for further evaluation if needed.

Patient name _____

Signature _____

Date _____

This consent will remain valid during the student's years at Rice. It may be in writing or given verbally during a visit. It may be revoked by the student at any time.