

# MICHELE SHERMAK, MD

## PLASTIC SURGERY

### Consent to Participate in a Virtual Consultation

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. I understand that Dr. Shermak has invited me to participate in a virtual consultation.
2. Dr. Shermak has explained to me how the virtual consultation will not be the same as a direct consultation due to the fact that I will not be in the same room as my healthcare provider
3. I understand that there is potential risk with this technology, including interruptions, unauthorized access, and technical difficulties.
4. I understand that my healthcare provider and myself can discontinue the virtual consultation if it is felt that the videoconferencing connections are not adequate for the situation.
5. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes (if applicable). I may request the following: (1) omit specific details of my medical history/physical exam that are personally sensitive to me; (2) terminate the consultation at any time
6. **I have had the alternatives to a virtual consult explained to me, and in choosing to participate in a virtual consult, I understand that a complete consultation may not be performed and I will require an in person exam prior to having surgery, should I choose to do so.**
7. In an emergent consultation, I understand that the responsibility of the telemedicine healthcare provider may be to direct my care to a local healthcare provider and the healthcare provider's responsibility will conclude upon termination of the virtual consultation.
8. I understand that with any internet platform there is a risk of HIPAA violation or hacking of content in the unlikely event of internet hacking of a server's content.
9. No recording will be performed without explicit consent by me and my healthcare provider.
10. I have read this document carefully and understand the risks and benefits of a virtual consultation and have had my questions regarding this consult explained and I hereby consent to participate in a telemedicine visit under the terms described herein.

Signed: \_\_\_\_\_