

Aparna Iyer, MD
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Consent to participate in a telemedicine appointment

1. I understand that Dr. Iyer is scheduled to meet with me in a telemedicine visit using Doxy.me, a private and HIPAA-Compliant videoconferencing tool.
2. I understand that a telemedicine appointment is not the same as a direct patient/doctor visit due to the fact that I will not be in the same room as Dr. Iyer.
3. I understand that there are some potential risks to telemedicine technology, including interruptions, unauthorized access and technical difficulties. I recognize that Dr. Iyer or I can opt to discontinue the telemedicine visit if the connection is not adequate for our visit.
4. I have had the alternatives to a telemedicine visit explained to me, and I am choosing to participate in a telemedicine appointment.
5. I have had the opportunity to ask questions to Dr. Iyer regarding any risks, benefits or any practical alternatives to this telemedicine visit.
6. By signing this form, I certify that I
 - a) fully understand this form
 - b) understand the risks and benefits of a telemedicine visit
 - c) have been given an opportunity to ask questions and have had those questions answered satisfactorily.

Patient Signature: _____

Patient Name: _____

Patient DOB: _____

Today's Date: _____