



North Texas Sarcoma, PLLC
5680 Frisco Sq. Blvd., Suite 2500 B
Frisco, TX 75034
Phone: (469) 777-4532
Fax: (469) 444-2807
northtexassarcoma.com
nts@northtexassarcoma.com

Telehealth Consent Form

I understand that my provider, **Dr. Christian Isaac, MD**, wishes me to have a telemedicine consultation. This means that I and/or my healthcare provider or designee will. Through interactive video connection, we will be able to consult with the above names consultant about my condition.

My healthcare provider has explained to me how the telemedicine technology will be used to do a consultation.

I understand there are potential risks with this technology: The video connection may not work or that it may stop working during the consultation. The video picture or information transmitted may not be clear enough to be useful for the consultation. I may be required to go to the location of the consulting physician if it is felt that the information obtained via telemedicine was not sufficient to make a diagnosis

The benefits of telemedicine are: remove the need to travel to the consult location, full access to your specialist through this consultation.

I give my consent to be interviewed by the consulting health care provider. I also understand that a limited physical examination will take place during the videoconference and that I have the right to ask my healthcare provider to discontinue the conference at any time.

I authorize the release of any relevant medical information about me to the consulting healthcare provider, any staff or third party payers and other healthcare providers who may need this information for continuum of care.

I hereby release **North Texas Sarcoma**, its personnel and any other person participating in my care from any and all liability which may arise from the taking and authorized use of videotapes, recordings, and photographs.

Print/sign Name and Date. _____