

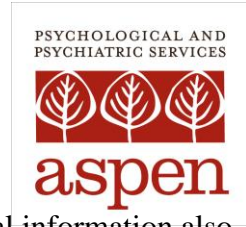
CONSENT TO USE TELEMEDICINE

Patient's Name: _____ My Provider's Name: Timothy Lee, MD

I am physically located in California. At the beginning of each telemedicine session, I will help my doctor to complete a check-in to assess the suitability of using telemedicine services by verifying my full name, my current location, my readiness to proceed, and whether I am in a location conducive to a private, uninterrupted communication. By signing this consent, I understand and agree:

1. My provider is located in and licensed by the State of California. My provider may not be able to prescribe medications for me and/or may not be able to assist me in an emergency situation when I am located in another state or country. If I require emergency care, I will call 911 or proceed to the nearest hospital emergency room for help.
2. I submit to the exclusive jurisdiction of the California State superior courts and agree that any claim, lawsuit, or other legal proceeding arising out of our relating to the telemedicine services provided by my provider and my providers staff will be brought solely and exclusively in California State superior courts. I also agree that the interpretation of this consent will be exclusively governed by and construed in accordance with the laws of California.
3. My provider believes telemedicine services are appropriate for my mental health condition and that I would benefit from its use despite its risks and limitations. While I may expect anticipated benefits from the use of telemedicine, no specific results can be guaranteed or assured
4. If my provider believes at any time that another form of service (for example, a traditional in person consultation or appointment) is appropriate, my provider may discontinue telemedicine services and schedule an in person appointment or refer me to a healthcare provider in my area who can provide such services.
5. I have the right to withdraw consent to use of telemedicine services at any time and receive in person healthcare services with my provider.
6. I received an explanation of how the electronic communications technology will be used for the telemedicine services. I am comfortable with using electronic communications technology to communicate with my doctor and understand there are limitations to the technology which may require an in person consultation.
7. I agree to have the necessary computer, equipment, and Internet access for my telemedicine communications. I also agreed to arrange for a location with sufficient-lighting and privacy and free from distractions and intrusions during my telemedicine communications.

Timothy Lee, MD
Board Certified in Psychiatry



8. The laws that protect privacy and the confidentiality of my medical information also apply to telemedicine. The medical information that is transmitted electronically by my provider to me will be encrypted during transmission and will be stored only by my doctor or a service provider selected by my doctor. I understand the dissemination of any personally identifiable images or information from the telemedicine communication to researchers or other healthcare providers will not occur except as required by Federal or California state law.
9. I understand my risks of a privacy violation increase substantially when I enter information on a public access computer, use a computer that is on a shared network, allow a computer to "auto remember" usernames and passwords, or use my work computer for personal communications. I also understand is my responsibility to encrypt medical information I transmit electronically to my provider and my failure to use technical safeguards, such as encryption increase my risk of a privacy violation.
10. I understand that no part of the encounter will be recorded without my written consent.
11. I understand that the telemedicine services provided to me will be billed to my health insurance company and then I will be billed for any patient responsibility as per my insurance.
12. I understand that if I do not provide notification of a canceled appointment within the 24 hour timeframe, per the office protocol, that I will be charged a no-show fee for my appointment in accordance with the current office policy of my provider.
13. I agree to follow the protocol outlined below for all telemedicine appointments unless otherwise directed by my provider.

Name of patient: _____

Signature/Date: _____

Telemedicine Protocol

Before the day of your appointment

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- Download and install the Ring Central Application for your electronic device.

- Contact the office to make sure we have your updated email address.
- The night before your appointment, you will receive an email with a link for your appointment.

On the day of your appointment

- Click on the link 15 minutes before your appointment. Make sure you are in a quiet, private place.
- If you are having problems, contact the office for assistance.
- When you click on the link, you will be placed in a virtual waiting room. Wait until you are invited by your provider to join the appointment.
- After the appointment, you will be logged out of the appointment.