AMCOT Austin
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I. Introduction. Texas Law defines Telemedicine as "a health care service delivered by a physician licensed in this state, or a health professional acting under delegation and supervision of a physician licensed in this state, and acting within the scope of a physician's or health professional's license to a patient at a different location than the physician or health professional using telecommunications or information technology."

II. Consent for Treatment. I voluntarily request Addiction Medicine Consultants of Texas ("AMCOT") provider(s) and such associates, technical assistants and others as they may deem necessary ("AMCOT Telemedicine Providers") to participate in my medical care through the use of telemedicine.

- I understand that my healthcare information may be shared with AMCOT associates for scheduling and billing purposes. Others may also be present during the consultation in order to operate the telecommunications technology. The above-mentioned people will maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of my medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the telemedicine examination room: and/or (3) terminate the consultation at any time.

- I understand that a telemedicine consultation is not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as the AMCOT Telemedicine Provider. AMCOT providers will not have the opportunity to perform an in-person physical examination, and therefore it is critical for me to provide accurate information. I acknowledge that AMCOT Providers' advice, recommendations, and/or decision may be based on factors not within their control, such as incomplete or inaccurate data provided by me or inaccuracies of a screening test or procedure. I acknowledge that it is my responsibility to provide information about my medical history, condition and care that is complete and accurate to the best of my ability. I understand that the practice of medicine is not an exact science and that no warranties or guarantees are made to me as to result or cure.

- I understand that AMCOT Telemedicine are not intended to replace a primary care physician relationship. If AMCOT Providers determine that the telemedicine services do not adequately address my medical needs, they may require an in-person medical evaluation. I agree to seek emergency help or follow-up care when recommended by an AMCOT provider or when otherwise needed. An

AMCOT provider may make arrangements for follow-up care either through my local provider, a health systems partner, or other health care providers.

- In the event the telemedicine session is interrupted due to a technological problem or equipment failure, alternative means of communication may be implemented or an in-person medical evaluation may be necessary.

- If I experience an urgent matter, such as a bad reaction to any treatment after a telemedicine session, I should alert my AMCOT provider and, in the case of emergencies dial 911, or go to the nearest hospital emergency department.

III. Release of Information. To facilitate the provision of care and/or treatment through telemedicine, I voluntarily request and authorize the disclosure of all and any part of my medical record (including oral information) to AMCOT Telemedicine Providers. I understand and agree that the information I am authorizing to be released may include: 1) AIDS/HIV test results, diagnosis, treatment, and related information: 2) drug screen results and information about drug and alcohol use and treatment; 3) mental health information; and 4) genetic information.

I understand that the disclosure of my medical information to AMCOT Telemedicine Providers, including the audio and/or video, will be by electronic transmission. Although the electronic systems we use will incorporate networks and software security protocols to protect the privacy and security of health information, in some instances, security protocols may fail and cause a breach of privacy and/or personal health information.

IV. Acceptance of Terms. By signing this form, I certify that:

1. I certify that this consent has been fully explained to me, that I have read it or have had it read to me, and that I understand its contents.
2. I fully understand the risks and benefits of the procedure(s).
3. I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.
4. I understand that the laws that protect the privacy and security of health information apply to telemedicine.
5. I understand my AMCOT Provider, in his or her sole discretion and professional judgment, may determine that telemedicine services are not appropriate for some or all of my treatment needs and, accordingly, may elect not to provide telemedicine services.

_____ _____

Patient's/parent/guardian signature Date

_____ _____

Witness signature Date