



South County Endocrinology and Obesity Center

Bharathi Raju, MD

Board Certified (Endocrinology, Diabetes, Metabolism & Obesity Medicine)

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Informed Consent to Telemedicine Consultation:

I have been asked by my healthcare provider to take part in a telemedicine consultation with South County Endocrinology and Obesity Medicine LLC and its physicians, associates, technical assistants and others deemed necessary to assist in my medical care through a telemedicine consultation. I understand the following:

1. The purpose is to assess and treat my medical condition.
2. The telemedicine consult is done through a two-way video link-up whereby the physician or other health provider can see my image on the screen and hear my voice. However, unlike a traditional medical consult, the physician or other health provider does not have the use of the other senses such as touch or smell; and it may not be equal to a face-to-face visit.
3. Since the telemedicine consultants practice in a different location and do not have the opportunity to meet with me face-to-face, they must rely on information provided by me or my onsite healthcare providers..
4. I can ask questions and seek clarification of the procedures and telemedicine technology.
5. I can ask that the telemedicine exam and/or videoconference be stopped at any time.
6. I know there are potential risks with the use of this technology. These include but are not limited to:
 - Interruption of the audio/video link.
 - Disconnection of the audio/video link
 - A picture that is not clear enough to meet the needs of the consultation.
 - Electronic tampering.

If any of these risks occur, the procedure might need to be stopped.

7. In order to participate in the telemedicine program, I agree to pay the necessary copay/coinsurance/deductible/self pay rates through online payment system.
8. By signing this consent, I agree to the charges on my credit card based on my insurance rates or self pay rates.

I, the undersigned patient, do hereby understand and state that I agree to the above consents.

I certify that this form has been fully explained to me. I have read it or have had it read to me. I understand and agree to its contents. I volunteer to participate in the telemedicine examination

Date: _____

Signature: _____



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Printed Name: _____