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Consent for Telehealth Consultation

Dr. Anita Carroll, Audiologist
Hearing Solutions in the Triangle, PLLC

1. I understand that Dr. Anita Carroll has offered to provide consultation via phone or telehealth consultation.
2. I authorize Dr. Anita Carroll to allow us to meet via smartphone or a secure online videoconference service platform. I am aware that there may be additional charges from my internet provider.
3. I understand that a telehealth consultation has potential benefits including easier access to care, continuity of care, and the convenience of meeting from a location of my choosing.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties, which cannot be predicted. I understand that my health care provider or I can discontinue the telehealth consult/session if it is felt that the videoconferencing connections are not adequate for the situation.
5. I understand that it is important to connect from a quiet room, with no interruptions, where my privacy and communication is secure.
6. My consent to participate in this telemedicine service shall remain in effect until I revoke my consent in writing. I understand that I can withdraw my permission at any time.
7. I agree that there have been no guarantees or assurances made about the results of this service.

*** Required**

Email address *

Your email: _____

*First Name: _____

*Last Name: _____

*Date: _____ ***Signature:** By submitting this form, I am submitting my signature.

I confirm that I have read and fully understand the above.