



# Miami Kidney Group<sup>, PLLC</sup>

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## Consent to participate in a telemedicine appointment

- I understand that my health care provider wishes me to engage in a telemedicine consultation using Doxy.me or similar platform or even FaceTime technology on our computer or electronic device.
- 1. My health care provider has explained to me how video conferencing technology will be used to affect such a consultation will 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 my health care provider.
- 2. I understand there are potential risks to this technology including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the telemedicine consult/visit if it is felt that the video conferencing connections are not adequate for the situation.
- 3. I understand that if others are present during the consultation other than my health care provider, they 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) to terminate the consultation at any time.
- 4. I have had the alternatives to a telemedicine consultation explained to me, and in choosing to participate in a Doxy.me or similar platform or even FaceTime technology on our computer or electronic device for a telemedicine consultation.
- 5. In an emergency, I understand that the responsibility of the telemedicine consulting specialist is to advise my local practitioner, and that the specialist's responsibility will conclude upon the termination of the video conference connection.
- 6. I have had a direct conversation with my health care provider during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered, and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

### BY SIGNING THIS FORM, I CERTIFY

- That I have read or had this form read/ and or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions, and that any questions have been answered to my satisfaction.

Patient Signature

Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Initial encounter date: \_\_\_\_\_