

TEXAS PHYSICIANS GROUP

Primary Care and Specialty Clinics

Affiliate of Lubbock Heart & Surgical Hospital

PATIENT CONSENT FOR TELEMEDICINE CONSULTATION

Patient Name:	Medic	ical Record No:	
1.I understand that my health care provider wish	es me to engage in	n a telemedicine consultation.	
		erencing technology will be used to affect such a consultation will not be ct that I will not be in the same room as my health care provider.	е
		g interruptions, unauthorized access and technical difficulties. I elemedicine consult/visit if it is felt that the video-conferencing	
be present during the consultation other than my equipment. The above mentioned people will all informed of their presence in the consultation an	y health care provion maintain confident and thus will have the sensitive to me; (2)	other individuals for scheduling and billing purposes. Others may also ider and consulting health care provider in order to operate the video stiality of the information obtained. I further understand that I will be ne right to request the following: (1) omit specific details of my medical 2) ask non-medical personnel to leave the telemedicine examination	l
	•	ned to me, and in choosing to participate in a telemedicine consultation ay be conducted by individuals at my location at the direction of the	ı. I
=	•	of the telemedicine consulting specialist is to advise my local on the termination of the video conference connection.	
7.I understand that billing will occur from both m	y practitioner and	as a facility fee from the site from which I am presented.	
· · · · · · · · · · · · · · · · · · ·	_	ad the opportunity to ask questions in regard to this procedure. My tical alternatives have been discussed with me in a language in which I	
By signing this form, I certify that:I have read or had this form read and/or had thI fully understand its contents including the riskI have been given ample opportunity to ask que	s and benefits of th	the procedure(s).	
Patient's/parent/guardian signature	Date	Time	
Witness signature	Date		

Family Practice
Charles E. Addington, D.O.
Johnny Turner, PA
6102 82nd Street, Unit 14
Lubbock, Texas 79424
(806) 712-0446 Ofc.
(806) 712-0450 Fax

Cardiac Electrophysiology Carlos Rizo-Patron, M.D. Gerald Gallinghouse, M.D. 4642 N. Loop 289, Suite 211 Lubbock, Texas 79416 (806) 722-2161 Ofc. (806) 722-2181 Fax

Cardiologists of Lubbock

 Mounir Borno, MD
 4802 North Loop 289

 Walter Brogan, MD
 Lubbock, Texas 79416

 James Grattan, MD
 (806) 788-0040 Ofc

 M. Alan Sharif, MD
 (806) 788-0015 Fax

Roberto Solis, MD Referrals: tpg-referral@lubbockheart.com