



KEY LASER INSTITUTE

Center For Cosmetic Regenerative Medicine

9755 SW Barnes Road, Suite 155
Portland, Oregon 97225
503.291.1953 *office* | 503.292.7296 *fax*
www.keylaserinstitute.com

I understand that telemedicine is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to [name of provider] providing health care services to me via telemedicine.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine. As always, your insurance carrier will have access to your medical records for quality review/audit.

I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time by contacting [name of provider] at [contact information]. As long as this consent is in force (has not been revoked) [name of provider] may provide health care services to me via telemedicine without the need for me to sign another consent form.

I understand that any health information communicated or transmitted during the virtual consult/video conference and communications and over the internet may not be secure, and may be available to or intercepted by third parties. Accordingly, you should inform Dr. Key whether or not there is information you do not wish to communicate via virtual consult/video conference without disclosing the nature of the information so as to maintain its confidentiality.

By joining the Key Laser Institute virtual consultation, you are consenting to the above terms and conditions. If you have any additional questions, please call us at (503) 291-1953.