



## Informed Consent for Telemedicine Services

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 Sanjiv R. Kumar, MD 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. I may revoke my consent orally or in writing at any time by contacting Sonterra Laser Med Spa at 210-545-3327.

PHYSICIAN NAME: Sanjiv R. Kumar, MD

PATIENT LOCATION: Sonterra Laser Med Spa

SONTERRA LASER MED SPA STAFF NAME: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I have been offered a copy of this consent form (patient's initials) \_\_\_\_\_