



Consent to Participate in a Virtual Visit/Consultation

Date: _____

Printed Name: _____

Physician: _____

1. I understand that the Quatela Center for Plastic Surgery (the "Practice") has invited me to participate in a virtual visit/consultation with my healthcare provider, Dr. Vito C. Quatela, Dr. William J. Koenig, Dr. Heather Lee or Dr. Ashley N. Amalfi.
2. My healthcare provider has explained to me how the virtual visit/consultation will not be the same as a direct consultation due to the fact that I will not be in the same room as my healthcare provider.
3. I understand that there is potential risk with this technology, including interruptions and technical difficulties. Notwithstanding the Center's best efforts, there is also the risk of unauthorized access.
4. I understand that my healthcare provider and/or myself can discontinue the virtual visit/consultation at any time if it is felt that the videoconferencing connections are not adequate for the situation or for any other reason.
5. I understand that my healthcare information may be shared with other individuals affiliated with the Center for scheduling and billing purposes, if applicable. I may request that certain details of my medical history/physical exam that are personally sensitive to me not be shared.
6. I have had the alternatives to a virtual visit/consultation explained to me, and in choosing to participate in a virtual visit/consultation, I understand that there are limitations what can be done virtually and that a complete consultation may not be performed. I acknowledge and understand that I will require an in-person exam prior to having surgery, should I choose to do so.
7. In an emergent consultation, I understand that the Center may need to refer my care to another healthcare provider and the Center's responsibility to me will conclude upon termination of the virtual visit/consultation.
8. I understand that with any internet platform there is a greater risk of a privacy violation or a cyber incident.
9. No recording will be performed without explicit consent by both me and my healthcare provider.
10. I have read this document carefully and understand the risks and benefits of a virtual visit/consultation and have had my questions explained and answered to my satisfaction.

I hereby consent to participate in a virtual visit/consultation under the terms described herein.

Signature: _____