Telehealth Informed Consent

Practice: Bonsai Health **Physician:** Arshom Foroutan, MD

1. Nature of Telemedicine I understand that "telemedicine" involves the use of electronic communications (video, audio, and secure messaging) to enable health care providers at different locations to share individual patient medical information for the purpose of improving patient care.

2. Expected Benefits

- Improved access to medical care without the need for physical travel.
- More efficient medical evaluation and management.
- Ability to obtain specialist advice from a distance.

3. Risks and Limitations I understand that there are risks associated with telemedicine, including but not limited to:

- **Equipment Failure:** The video or audio connection may be poor or fail, causing a delay in my evaluation.
- **Limited Physical Exam:** The physician cannot physically touch or examine me. In some cases, the physician may determine that the information obtained remotely is insufficient (e.g., listening to heart/lungs, abdominal palpation) and may require me to seek in-person care at an Urgent Care or ER before treatment can proceed.
- **Security Protocols:** While the practice uses HIPAA-compliant secure platforms, electronic transmission of data always carries a small risk of unauthorized access or breach.

4. My Rights

- I have the right to withhold or withdraw consent to the use of telemedicine at any time without affecting my right to future care or treatment.
- I have the right to ask the physician to pause the recording or turn off the video if I feel uncomfortable (though this may limit the ability to provide care).

5. Emergency Protocol

- I understand that **telehealth is NOT for emergencies.**
- If I am experiencing a life-threatening emergency (e.g., chest pain, difficulty breathing, stroke symptoms), I will not rely on this video call. I will immediately call 911 or go to the nearest Emergency Room.

6. Location Requirement (Licensure)

- I certify that I am physically located in the state of **Florida, Maryland, or Virginia** (or another state where Dr. Foroutan is explicitly licensed) during this visit.
- I understand that I must disclose my current physical location at the start of the call.

7. Consent to Treat By signing below, I certify:

- I have read or had this form explained to me.
- I fully understand the risks and benefits of telemedicine.
- I give my consent to participate in telemedicine consultations with Dr. Arshom Foroutan and Bonsai Health.