



## TeleHealth Consent

- I consent to an evaluation with Jerry A Rubin MD via Telehealth with the understanding that a physical examination is inherently limited by the nature of telemedicine and that this may lead to delayed diagnosis, inadequate diagnosis, or the need for referral to a higher level of care if a diagnosis cannot be reasonably established.
- I consent with the understanding that electronic, audio and visual communications are subject to limitations of privacy and potential unintended disclosure of protected health information if overseen, overheard or intercepted.

If, at any time you have questions or need an explanation of charges or statements, please ask a member of our staff who will gladly assist you. Thank you for choosing Central Florida Hand Specialists for your care.

Patient Name

Signature

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Date: