

AzureWave Medical Services, LLC

Telemedicine Consent (Florida-Compliant)

Practice Information:

AzureWave Medical Services, LLC

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Florida Medical License: ME94211

Type 1 NPI: 1871500991

Type 2 NPI: 1285505214

Telemedicine Definition:

Telemedicine involves the use of secure electronic communications, including live interactive audio-video, secure messaging, and store-and-forward technology, to provide medical evaluation, diagnosis, consultation, and treatment when clinically appropriate.

1. Florida Telehealth Law:

This telemedicine visit is conducted in compliance with Florida Statute 456.47 (Telehealth).

I understand that the standard of care for telemedicine is the same as in-person care.

2. Nature & Limitations:

I understand that certain conditions may not be appropriate for telemedicine and that an in-person visit may be required for proper evaluation. I acknowledge that the provider may determine telemedicine is insufficient and require in-person care.

3. Audio-Only Visits:

When permitted by federal and state regulations (including Medicare guidelines), audio-only telehealth services may be used if video capability is unavailable.

I understand that some payers may not cover audio-only services.

4. Potential Risks:

Potential risks include but are not limited to:

- Technical interruptions or delays
- Incomplete evaluation due to absence of physical examination
- Rare but possible security breaches despite HIPAA safeguards

5. Confidentiality:

Telemedicine services are conducted using HIPAA-compliant platforms.

Reasonable administrative, technical, and physical safeguards are in place to protect my information.

6. Emergency Disclaimer:

Telemedicine is not appropriate for emergency conditions.

If I experience chest pain, difficulty breathing, stroke symptoms, severe pain, or any medical emergency, I will call 911 or proceed to the nearest emergency department.

7. Insurance & Payment:

Telemedicine services will be billed according to applicable insurance and Medicare rules.

If not covered, I understand I am financially responsible pursuant to the AzureWave Financial Policy and Payment Authorization.

8. Minor Consent:

If the patient is under 18 years of age, I certify that I am the parent or legal guardian with authority to consent to medical treatment and telemedicine services.

9. Voluntary Participation & Withdrawal:

Participation in telemedicine is voluntary. I may withdraw consent at any time without affecting my right to future care.

10. Acknowledgment & Liability:

I acknowledge that telemedicine has inherent limitations compared to in-person care. By signing below, I voluntarily consent to telemedicine services and release AzureWave Medical Services, LLC and its providers from liability for technical limitations or delays inherent to telehealth delivery, except in cases of gross negligence or willful misconduct.

I have read, understand, and agree to the terms of this Telemedicine Consent.

Patient Name: _____

Parent/Guardian (if minor): _____

Signature: _____

Date: _____