

Telemedicine Consent

Patient Name: _____ DOB: _____

Purpose of Telemedicine in Rheumatology

You are being asked to participate in a telemedicine appointment for the evaluation, diagnosis, management, or follow-up of a rheumatologic condition. This may include conditions such as rheumatoid arthritis, lupus, psoriatic arthritis, ankylosing spondylitis, and other autoimmune or inflammatory diseases.

What to Expect During the Visit

The Physician or Physician Assistant will review your medical history, symptoms, current medications, lab/imaging results, and may ask you to perform certain movements or joint self-exams.

You may receive guidance on medication management, lab/imaging orders, lifestyle recommendations, and referrals if needed.

Telemedicine is most effective for routine follow-up, medication adjustments, flare management, and review of test results. However, some evaluations may still require an in-person visit.

Benefits of Telemedicine

Increased access to specialized rheumatology care, especially for those in rural or underserved areas. Convenience and reduced need for travel, especially for patients with mobility or fatigue-related limitations.

Continuity of care for chronic conditions requiring regular monitoring.

Risks and Limitations

Lack of physical contact may limit the provider's ability to perform a full joint exam or detect subtle signs (e.g., swelling, warmth).

Technical difficulties (e.g., connectivity issues) may disrupt or delay the visit.

A follow-up in-person visit may be required if the provider feels further examination or testing is necessary.

Confidentiality and Security

All telemedicine encounters are conducted via secure, HIPAA-compliant platforms.

Your health information is protected and will not be recorded without your written permission.

You should conduct the session in a private setting to protect your own confidentiality.

Patient Rights

You may decline or discontinue telemedicine services at any time without affecting your access to future care.

You may request an in-person visit if preferred or clinically required.

You have the right to ask questions and receive answers about the telemedicine process.

Consent Statement

I understand that my rheumatologist will use telemedicine to provide care. I acknowledge the limitations and potential benefits of this service and consent to its use. I understand that I can revoke this consent at any time.

Patient Signature: _____ Date: _____



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