

DermaNP Solutions PLLC

Telehealth Informed Consent Form

Patient Name: _____

Date of Birth: _____

Date of Consent: _____

Purpose of Telehealth

Telehealth involves the use of secure electronic communications to provide clinical services to patients without an in-person visit. This can be used for diagnosis, consultation, treatment, and patient education.

What to Expect

- You will interact with a licensed provider via video/audio platforms.
- You may be asked to submit photos or use video to show skin-related concerns.
- The same privacy protections that apply to in-person care apply here.

Potential Benefits

- Convenient access to dermatologic care from home.
- Reduced travel time and wait times.
- Faster follow-up for chronic or ongoing conditions.

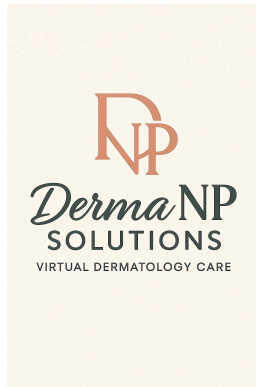
Limitations & Risks

- In some cases, a diagnosis or treatment may require an in-person evaluation.
- Delays in treatment may occur due to technical issues.
- Although we use secure platforms, there is a small risk of unauthorized access.

-You are being seen by a licensed certified dermatology nurse practitioner, any condition outside my scope would be referred out to a board- certified dermatologist near you.

Confidentiality

All electronic communications are encrypted and HIPAA-compliant. Your provider will document the visit just as they would for an in-person appointment.



Patient Rights

- You may refuse or discontinue telehealth at any time without affecting your right to future care.
- You may request an in-person referral if clinically indicated.

Consent Acknowledgement

By signing below, you agree that:

- You have read and understand this form.
- You understand the limitations and benefits of telehealth.
- You consent to receive care via telehealth from DermaNP Solutions PLLC.

Consent Acknowledgment for spot check

Please check each box to confirm your understanding:

- I understand that teledermatology visits, including skin spot checks, are limited to evaluation of visible skin concerns through photos or video.
- I understand that a virtual spot check does not replace a full in-person skin exam, which remains the gold standard for skin cancer screening.
- I understand that if my provider identifies a concerning lesion, I may be referred for an in-person examination, dermoscopy, or biopsy.
- I consent to proceed with teledermatology services under these conditions.

Signature of Patient (or Guardian): _____

Digital Signature: _____

Date: _____