



Online Consult Patient Telemedicine Consent, Disclaimer and Release Form

I hereby attest that I have requested and authorized my physician, Dr. _____ (“Treating Physician”), to arrange an online consult for me regarding the diagnosis described below with a physician who is on the medical staff of the H. Lee Moffitt Cancer Center & Research Institute Hospital, Inc. (“MCC”). Via this consult, the MCC physician will provide my Treating Physician with the conclusions of the MCC physicians. The MCC physician will reach his or her conclusions regarding my medical diagnosis based solely on the information provided by me and/or my Treating Physician to MCC.

To facilitate the MCC physician’s and my Treating Physician’s online consult and for the MCC physician providing his or her second opinion regarding my diagnosis, I authorize my Treating Physician and any other healthcare person or entity to release any information pertaining to my health including medical history, pathology, laboratory and diagnostic results to MCC physicians. MCC is authorized, at its election, to obtain any of such records and information. However, I understand that there may be a charge for copying and handling my medical records and agree to be solely responsible for such charges.

In addition, I understand and agree that:

- MCC’s online consult is solely based on the information provided by me and/or my Treating Physician and, in the absence of a physical evaluation, the MCC physician may not be aware of certain facts that may limit or affect his or her assessment or diagnosis of my condition and recommended treatment.
- The MCC online consult is very different from a regular face-to-face examination and that the MCC physician providing the consult is limited by the written information and imaging provided by my Treating Physician. Accordingly, the diagnosis I will receive is limited and provisional.
- An online consult is not intended to replace a full medical face-to-face evaluation by a physician.

- I will not have direct contact with the MCC physician rendering the opinion unless I decide to travel to MCC for an evaluation afterwards. The MCC physician's opinion and conclusions will be communicated directly to my Treating Physician so that an informed decision can be made in managing my medical needs. My Treating Physician will be responsible for communicating the MCC physician's opinion and conclusions to me.
- MCC and the MCC physician is only rendering an online consult and does not assume any responsibility for my continued medical care or treatment. I understand that my Treating Physician will remain responsible for my treatment.
- I am responsible for all the expenses related to my online consult request including, but not limited to, MCC fees, medical report translation fees, and material shipment fees.
- My medical information will be handled with strict confidentiality, privacy and security; however, I understand there are risks associated with any electronic transfer process from one location to another.
- I have received a copy of MCC's Notice of Privacy Practices.
- I solely assume the risk of the limitations set forth herein, and I further understand that no warranty or guarantee has been made to me concerning any particular result related to my condition or diagnosis.

Disclaimer and Release

I hereby completely and irrevocably release MCC and its parent and sister corporations and their respective medical staff members, physicians and other health care professionals, insurance providers, administrators, officers, employees and directors (collectively, the "MCC Released Parties") of any and all errors and omissions, known or unknown, foreseen or unforeseen, knowingly or unknowingly, as well as all claims, actions or damages arising from or in connection with the online second opinion consult, conclusions or recommendations provided by MCC or its physicians. Furthermore, I agree that the MCC Released Parties have no liability or responsibility for the accuracy or completeness of the medical information submitted to them or for any errors in its electronic transmission.

As a condition to receiving the online consult service, I have read and acknowledge that I have given this consent of my own free will.

By accepting and agreeing to these terms, I acknowledge and agree to assume the risks of the limitations set forth herein.

Patient Name (please print) _____

Patient's Diagnosis _____

Patient Signature _____ Date _____

Witness Signature _____ Date _____