Sweetwater
OB/GYN ASSOCIATES
16545 Southwest Fwy, Suite 150
Sugar Land, TX 77479
Ph: 281-242-1400
info@sweetewaterobgyn.com

By signing this form, I understand the following:

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to Telehealth, and that no information obtained in the use of telemedicine which identifies me will be disclosed to other entities without my consent.

2. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment.

3. I understand that it is my duty to inform my Sweetwater OB GYN provider of any recent updates to my medications, my medical history, my family history, or any other pertinent health updates.

4. I understand that my care may require further Telehealth evaluation, face-to-face evaluation, further medical management and/or testing.

5. I understand that my Telehealth visit may be a **"non-covered"** service on my insurance plan and agree to pay for any balance remaining.

Patient Consent to the Use of Telemedicine
I have read and understand the information provided above regarding Telehealth visits.
I hereby give my informed consent for the use of Telehealth in my medical care.
I hereby authorize the providers of Sweetwater OB GYN Associates to use Telehealth visits in the course of my diagnosis and treatment.

Signature of Patient: _____

(Or person authorized to sign for patient): _____

Date: _____

If authorized signer, relationship to patient: _____

Patients must be Patient Portal enabled, must access the Patient Portal via CHROME browser, and must have strong internet connectivity. Link to our patient portal can be found on our website: www.sweetwaterobgyn.com or by downloading the HEALOW app.