Pulmonary Consultants of SWFL
1031 SE 9th Place Unit 2
Cape Coral, FL 33990
239-574-2644

Inform Consent to Telehealth Services:

By signing this patient information and consent form, I acknowledge and agree to receive healthcare services through telehealth when deemed appropriate by my healthcare provider. I understand that telehealth involves the use of electronic communication and technology to communicate with my healthcare provider and may include video, audio, or other electronic methods. I understand that telehealth may have limitations compared with an in-person visit, and I may request or be advised to have an in-person examination when medically appropriate. I consent to the use of telehealth for my evaluation, treatment, and follow-up care and understand that reasonable efforts will be made to protect the privacy and confidentiality of my health information. I also understand text/SMS may incur charges from my cell phone carrier.

_____ _____

Patient signature Patient Mobile Phone Number