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## Telemedicine Consent Form

Telemedicine is the delivery of health services when the healthcare provider and patient are not in the same physical location through the use of technology. Provider may include primary care practitioners, specialists, behavioral health providers, and/or subspecialists. Electronically-transmitted information may be used for diagnosis, therapy, follow-up and/or patient education, and may include any of the following:

- Patient medical records
- Medical images
- Interactive audio, video, and/or data communications
- Output data from medical devices and sound and video files

The interactive electronic system used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption. However, in instances of a public health emergency, Telemedicine services may be provided via alternate remote communication technologies that may not meet the healthcare providers normal level of security. In such an instance you would be advised and asked to consent to the use of an alternate remote communication technology.

### Potential Benefit

1. Improved access to medical care by enabling a patient to remain in his/her physician's office (or at a remote site) while the physician obtains test results and consults with healthcare practitioners at distant/other sites.
2. Obtaining the expertise of a distant specialist.
3. You may not need to travel to the consult location.
4. You may have access to a specialist through this consultation.
5. In certain instances, such as a public health emergency, you may be able to receive a communications at your home.

### Potential Risk

1. The video connection may not work or that it may stop working during the consultation.
2. The video picture or information transmitted may not be clear enough to be useful for the consultation.
3. I may be required to go to the location of the consulting physician if it is felt that the information obtained via Telemedicine was not sufficient to make a diagnosis.
4. In instances of using a remote communications technology that does not meet the healthcare provider's normal level of security, there is a possibility that information exchanged could be accessed by unintended persons.

### I understand

- The laws that protect the privacy and confidentiality of medical information also apply to Telemedicine.
- I can decline Telemedicine services at any time without affecting my right to future care, treatment, and/or programs
- I may have to travel to a health care professional in person if I decline the Telemedicine service
- I will have access to all medical information resulting from the Telemedicine service as provided by law.

- I will be informed of all personnel present at my Telemedicine service; other individuals may be present to operate the video equipment and that they will take reasonable steps to maintain confidentiality of the information obtained.
- I may receive a limited examination that will take place during the videoconference and that I have the right to ask my healthcare provider to discontinue the conference at any time.
- That certain remote communications technology is not fully secure.

**Consent**

I have read and understand the information provided above regarding Telemedicine, have discussed it with my provider or designated clinical personnel, all of questions and concerns have be addressed to my satisfaction. I hereby give my informed consent for the use of Telemedicine in my medical care.

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Name of Patient

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Phone Number

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Date of Birth of Patient

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Print Name of Consenting Person

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Signature of Consenting Person

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Date

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**Relationship to Patient is:**

- Patient     Parent     Legal Guardian     Authorized Person