



LICENSED PROVIDER NAME: _____

PATIENT NAME: _____

DATE PATIENT CONSENTED: _____

PATIENT EMAIL: _____

DATE OF BIRTH: _____

MRN: _____

CONSENT FOR TELEMEDICINE CONSULTATION
(for videoconferencing; excluding email)

REASON FOR TELEMEDICINE CONSULTATION:

Your health care provider has arranged for you to receive a telemedicine consultation through videoconferencing. Another reason for a telemedicine consultation is for providers at different locations to communicate about your health care. Your provider has determined that a telemedicine consultation is the best way to deliver health care to you at this time.

DESCRIPTION OF TELEMEDICINE CONSULTATION:

Telemedicine is the delivery of health care services and sharing of patient medical information through the use of technology when your health care provider and you (the patient), or your health care provider and another health care provider, are not in the same location. Providers may include primary care practitioners, specialists, and/or sub-specialists. The information shared may be used for diagnosis, therapy, follow-up, or education, and may include any of the following:

- Patient medical records;
- Medical images;
- Live two-way video and audio; and
- Output data from medical devices and sound and video files.

Your health care provider will communicate with you through videoconferencing. You will be advised on how to use the videoconferencing technology to communicate.

ANTICIPATED BENEFITS OF TELEMEDICINE CONSULTATION:

- Improved access to medical care by allowing you to remain in a different location from your health care provider during a consultation between the two, or a provider to remain in a different location from a consultant provider during a consultation between the two about a patient's care.
- More efficient medical evaluation and management.

POTENTIAL RISKS OF TELEMEDICINE CONSULTATION:

As with any medical procedure, there are potential risks with the use of telemedicine. These risks include, but may not be limited to:

- Your health care provider is not able to provide hands-on medical treatment nor provide/arrange for any emergency care that you may require during the telemedicine consultation.
- Security protocols could fail, causing a breach of privacy of your personal medical information.
- Telemedicine equipment may be deficient or fail, causing delays in your medical evaluation and treatment.

- Your health care provider may not have access to your complete medical records to allow for appropriate medical decision-making. This may result in you experiencing adverse drug interactions or allergic reactions or other medical judgment errors.
- In rare cases, information transmitted may not be sufficient (for example, poor resolution of images) to allow for appropriate medical decision-making by your health care provider.

CONFIDENTIALITY:

Your privacy and confidentiality will be protected. During the telemedicine consultation, you will be told who is in the room with the health care provider.

The laws that protect privacy and confidentiality of medical information also apply to telemedicine. No information obtained during a telemedicine encounter that identifies you will be disclosed to researchers or other entities without your consent.

Electronic systems used will have network and software security protocols to protect the confidentiality of your health information. The electronic systems will have measures to safeguard the data and ensure its integrity against intentional or unintentional corruption.

COSTS OF TELEMEDICINE CONSULTATION:

The costs of the telemedicine consultation will be billed to your insurance carrier. You are responsible for any outstanding balance.

AVAILABILITY OF ALTERNATIVE TREATMENTS:

You do not have to agree to the use of telemedicine in your health care. You may seek health care where you might have face-to-face or telephone contact with the health care provider.

QUESTIONS:

For any questions or concerns about the consultation, you may contact your health care provider.

PATIENT CONSENT FOR USE OF TELEMEDICINE:

I certify that I have read and understand the information on this informed consent form and that I have discussed the information with my health care provider. By signing or verbally giving my consent, I give informed consent for the use of telemedicine in my health care.

- My health care provider has explained the reason, description, anticipated benefits, potential risks, and alternatives to me, and I understand this explanation.
- I understand that the telemedicine encounter may be a one-time occurrence and that treatment and follow-up will remain the responsibility of my provider.
- I understand that specific procedures may require additional informed consent from me.
- I understand that there are no guarantees with telemedicine.
- I have been given an opportunity to ask questions, and all such questions have been answered to my satisfaction.

If patient verbally consented and signature not able to be obtained, then check here

Patient or Legal Representative Signature

Print Name

Date

Legal representative relationship to patient (description of authority to act for patient): _____