

**CONSENT FOR TELEMEDICINE SERVICES**

Telemedicine is the delivery of healthcare services through the use of technology when the healthcare provider and patient are not in the same physical location.

Providers may include primary care practitioners, specialists 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 systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data, and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption. During the current Coronavirus crisis, means of communication that is not completely HIPAA compliant may be used if necessary, based on federal guidelines.

Potential Benefits:

1. Improved access to medical care by enabling a patient to remain at home or a site remote from the physician office
2. Obtaining the expertise of a distant specialist

Potential Risks:

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

1. Information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the provider and consultant(s).
2. The consulting provider(s) is not able to provide medical treatment to the patient through the use of telemedicine equipment nor provide for or arrange for any emergency care that the patient may require.
3. Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.
4. Security protocols could fail, causing a breach of privacy of personal medical information.
5. A lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other medical judgment errors.

Alternative: *Seek in-person medical care*

**Your Rights:** You may withhold or withdraw consent to the telehealth consultation at any time without affecting your right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

I understand a claim for this service will be submitted to my insurance as an office visit, and that I am responsible for any co-pay or deductible balance.

Patient Name (Print): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Guardian Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**