

Informed Consent for Telemedicine Services

Telemedicine involves the use of electronic communications to enable patients and health care providers at different locations to share individual patient medical information for the purpose of improving patient care. Providers providing telemedicine services at Endocrine & Diabetes Center include physicians, nurse practitioners, and registered dietitians. The information may be used for diagnosis, treatment, follow-up, education, and may include any of the following: patient medical records, medical images, live two-way audio and video, output data from medical devices and file sharing. 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.

Expected Benefits:

- Improved access to medical care by enabling patient-provider visits to occur at any location
- More efficient and timely medical evaluation and management
- Improved convenience

Possible Risks:

- In some cases, information transmitted may not be sufficient to allow for appropriate medical decision making (e.g. poor resolution of images or need for additional physical examination);
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment or information obtained;
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information;
- In rare cases, a lack of access to complete medical information could result in adverse drug interactions or allergic reactions or other judgement errors.

By signing this form, I understand the following:

1. I understand that the regulations that protect the privacy and confidentiality of medical information also apply to telemedicine, and that information obtained in the use of telemedicine will be safeguarded according to HIPAA regulations.
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 I have the right to inspect all information obtained and recorded in the course of a telemedicine interaction, and may receive copies of this information.
4. I understand that telemedicine may involve electronic communication of my personal medical information to other medical practitioners.

Patient Consent to the Use of Telemedicine

I have read and understood the information provided above regarding telemedicine and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my medical care.

I hereby authorize _____ to use telemedicine in the course of my diagnosis and treatment.

Signature of the Patient: _____ Date: _____