

## Informed Consent for Telemedicine Services I

Patient Name:		Location:	DOB:	/	/
Provider Name:		Location:	MR#:		
			Date 'Consent' was Discussed:		

**Telemedicine** involves the use of electronic communications to enable health care providers from different locations to evaluate, diagnose and treat certain conditions. The reason our practice is employing this technology is ensure patients continue to have access to consultations, evaluations, re-evaluations, and certain therapeutic procedures, under direct provider supervision. Patients can also obtain advice and receive home care instructions quickly and efficiently without travel. This technology has many benefits. The most immediate benefit is that it allows providers to meet the immediate health care needs of the community while practicing 'social distancing' to control the spread of Covid19. (this sentence changes on the TMC form II)

The information collected during remote and or real time encounters along with your past health history, examinations, imaging studies and all other test results maintained by this practice in your health record, may be shared with other Healthcare Providers, and or other 'Covered Entities' in accordance with HIPAA regulations.

Our Electronic system uses network and software security protocols to protect your confidential health information and imaging data. We have also taken measures to safeguard your data and to ensure its integrity against intentional or unintentional corruption. (providers can identify their system/method here)

**Expected Benefits** → This technology can minimize health risks in the following ways:

- Quick access to your provider if unable to travel
- Reduce exposure to the Covid 19 virus and any other threats of infectious disease
- Effectively supervise patient's performance of therapeutic procedures and modalities
- Introduce and aid in the practice of pain management protocols
- Rapid evaluation of certain conditions to avoid further deterioration
- Monitor and measure effectiveness of a patient's current care type
- More comprehensively monitor home care instructions for easier transition to wellness care
- Effective means through which to assess the need for a type of care
- Obtaining expertise of a distant specialist

**Possible 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:

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision-making by the physician or physician's assistant.

- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment, in the event of the later, our office will phone you within 1 hour to reschedule or resume your appointment
- In 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 records may result in judgment errors.

**By signing this form, I understand the following:**

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent.
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
4. of a telemedicine interaction, and may receive copies of this information for a reasonable fee.
5. I understand that it is my duty to inform my chiropractor of electronic interactions regarding my care that I may have with other healthcare providers.
6. I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.



**Patient Consent to The Use of Telemedicine**

I have read and understand the information provided above regarding telemedicine, have discussed it with Dr. \_\_\_\_\_. All of my questions have been answered to my satisfaction, and hereby consent to the use of telemedicine in my care to consult, evaluate, re-evaluate, diagnosis and provider recommendations, as well as any other treatment types, (Dr. \_\_\_\_\_) at (his/her) sole discretion, deems appropriate.



\_\_\_\_\_  
/

Date: /

**Signature of Patient** (or person authorized to sign for patient):

If authorized signer, relationship to patient: \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_  
/

Date: /

Print witness name here→ \_\_\_\_\_