Informed Consent for Telemedicine Services

Patient Name: ____ Date of Birth: ______________

Introduction

Telemedicine involves the use of electronic communications to enable providers at different locations to share individual patient information for the purpose of improving patient care. Providers may include primary care practitioners, specialists (such as psychiatry), and/or subspecialists. The information may be used for diagnosis, therapy, follow-up and/or 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 sound and video files.

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient information and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

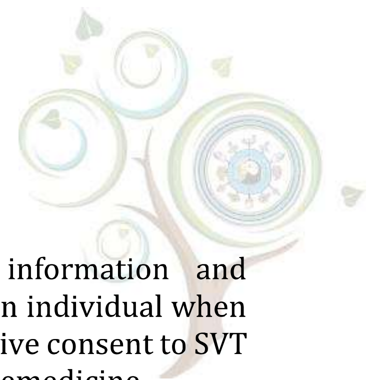
Expected Benefits

- Improved access to care by enabling a patient to remain at an SVT Health & Wellness site (or a remote site) while obtaining care from a provider at distant/other sites.
- Improved access to care by enabling a patient to remain at an SVT Health & Wellness site (or a remote site) while the provider obtains test results and consults from providers at distant/other sites.
- More efficient medical and/or psychiatric evaluation and management.
- Obtaining expertise of a distant specialist.

Possible Risks

As with any procedure, there are potential risks associated with the use of telemedicine. These risk 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 decision making by the provider and consultant(s).
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.
- 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 records may result in adverse drug interactions or allergic reactions or other judgement errors.



By signing this form, I understand the following:

1. I understand that telemedicine is the use of electronic information and communication technologies by a provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby give consent to SVT Health & Wellness to provide and coordinate services to me via telemedicine.

2. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine. As always, your insurance carrier will have access to your medical records for quality review/audit.

3. I understand that I will be financially responsible for any deductibles, copayments or coinsurances that apply to my telemedicine visit.

4. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care through SVT Health & Wellness at any time, without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time by contacting the medical records department at SVT Health & Wellness. As long as this consent is in force (has not been revoked), SVT Health & Wellness may provide and coordinate services to me via telemedicine without the need for me to sign another consent form.

Patient Consent to the Use of Telemedicine

I have read and understand the information provided above regarding telemedicine, have discussed it with my provider or such assistants as may be designated, and all of my questions have been answered to my satisfaction.

Signature of Patient (or authorized representative) Date

If signed by authorized representative, print name Relationship to Patient

---

Witness Signature Print Name Date

I have been offered a copy of this consent form (patient's initials): _________