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Informed Consent for Telemedicine Services

Introduction: Telemedicine involves the use of electronic communications to enable health care providers at different locations to share individual patient medical information for the purpose of improving patient care. Providers may include primary care practitioners, specialists, 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

Telehealth provides healthcare to patients at a distance and allows them to seek medical advice and treatment quickly. Patients who have difficulty getting to medical facilities to receive care—due to distance barriers or busy schedules—may now receive nonemergency medical care from a computer or mobile device.

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.

By signing this form, I understand the following:

1) Purpose and Benefits. The purpose of telemedicine is to enable patients living in rural and/or underserved areas, or during government required social distancing during an outbreak (i.e., Covid-19), to get medical care by specialists without the inconvenience and expense of traveling to a city or to the office. I understand my health care provider is offering me the ability to participate in telemedicine.

2) Nature of Telemedicine Consultation: My health care provider or such assistants as may be designated have explained to me how the video conferencing technology will be used. A tele-consultation will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as my health care provider. During the telemedicine consultation:

- a) Details of myself, the individual I am directly responsible for, and/or my child's medical history, examinations, x-rays, and tests will be discussed with other health professionals through the use of interactive video, audio and telecommunications technology.
- b) Physical examination of myself, the individual I am directly responsible for, or my child may take place.
- c) Nonmedical technical personnel may be present in the telemedicine studio to aid in video transmission. (*see confidentiality*)
- d) Video, audio, and/or digital photo may be recorded during the telemedicine consultation visit.

3) Medical Information and Records. All existing laws regarding my access to medical information and copies of my medical records apply to this telemedicine consultation. Additionally, dissemination of any patient-identifiable images or information from this telemedicine interaction to researchers or other entities shall not occur without my consent, unless authorized under existing confidentiality laws.

4) Confidentiality. Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telemedicine consultation. All existing confidentiality protections under federal and New York State law apply to information disclosed during this telemedicine consultation.

Others may also be present during the consultation other than my health care provider and consulting health care provider in order to operate the video equipment. The above-mentioned people will all maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following:

- (1) omit specific details of my medical history/physical examination that are personally sensitive to me;
- (2) ask non-medical personnel to leave the telemedicine examination room: and or
- (3) terminate the consultation at any time.

5) Risks and Consequences. The telemedicine consultation will be similar to a routine medical office visit, except interactive video technology will allow me to communicate with a physician at a distance. At first I may find it difficult or uncomfortable to communicate using video images. The use of video technology to deliver healthcare and educational services is a new technology and may not be equivalent to direct patient to physician contact. Following the telemedicine consultation, my physician may recommend a visit to my nearest hospital or to seek consult with my general physician for further evaluation.

In an emergent consultation, I understand that the responsibility of the telemedicine consulting specialist is to advise my local practitioner and that the specialist's responsibility will conclude upon the termination of the video conference connection.

6) Rights. I may withhold or withdraw consent to the telemedicine consultation at any time without affecting my right of future care or treatment, or risking the loss or withdrawal of any program benefits to which I would otherwise be entitled. I have had the alternatives to a telemedicine consultation explained to me, and in choosing to participate in a telemedicine consultation, I understand that some parts of the exam involving physical tests may be conducted by individuals at my or an alternate location at the direction of the consulting health care provider. I have the option to consult with the specialist in person if I travel to his or her location.

7) Financial Agreement. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. I understand the telemedicine consultation will be submitted to my insurance for processing and reimbursement. ***If the visit is not covered by insurance a fee-for-service balance will be due, depending on the level of service provided as follows:***

5-10 minute check-in with provider via telephone or other telecommunications device to decide whether an office visit or other service is needed, a remote evaluation of recorded video and/or images submitted, or 5-10 minute of communication between patient and provider through the patient portal: **\$15.00**

5-10 minute scheduled video conference call, 11-20 minute phone conference call or portal communication (established patient): **\$35.00**

11-20 minute scheduled video conference call, 20+ minute phone conference call or portal communication (established patient): **\$50.00**

21+ minute scheduled video conference call (established patient), 20-29 minute video conference call (new patient): **\$75.00**

30+ minute video conference call (new patient): **\$100.00**

Please Note: All scheduled video conference call appointments will be treated as in-house appointments and will follow our No Show/Cancellation Policy. Therefore, I understand that if I miss my scheduled video conference call appointment, I will be subject to a missed appointment fee of the current rate.

Patient Consent To The Use of Telemedicine: I have read and understand the information provided above regarding telemedicine, I fully understand its contents including the risks and benefits of the procedure(s), I have discussed it with my provider, or such assistants as may be designated, and all of my questions have been answered to my satisfaction.

I hereby give my informed consent and authorize the providers at Anthony Dee, MD PLLC dba Dermatologic Center for Excellence to use telemedicine in my medical care in the course of my diagnosis and treatment.

PATIENT NAME: _____ DOB: _____ MR#: _____

Signature of Patient: _____ Date: _____

(or person authorized to sign for patient)

If authorized signer, relationship to patient: _____

Witness: _____ Date: _____