



INFORMED CONSENT FOR TELEMEDICINE SERVICES

Telemedicine is the use of electronic information and communication technologies by a healthcare provider to deliver services to a patient when he/she is located at a different site than the provider. It includes a variety of applications and services using two-way video, email, smart phones, remote patient monitoring devices, wireless tools and other forms of telecommunications technology.

Electronic systems used by Sandcastle Pediatrics providers will incorporate network and software security protocols to protect the confidentiality of patient identifiers and imaging data; and will include administrative, physical and technical safeguards to protect the data from potential risks.

POTENTIAL BENEFITS	POTENTIAL RISKS
More efficient and convenient delivery of care:	Ensuring reliability of the technology:
There is no need to travel to a Sandcastle Pediatrics medical office unless the type of medical care needed requires the provider to have direct access to the patient	The transmission of medical information could be interrupted or distorted during the consultation due to technical difficulties
Addresses shortages of healthcare providers	The video picture or any information may not be transmitted clearly to render an accurate determination; and the provider may recommend a follow-up visit at the medical office, or an urgent care center or emergency facility
Increases access to healthcare	
Improves health outcomes:	Privacy, security and patient confidentiality risks:
Facilitates earlier and more accurate diagnoses	There may be incidental access to the patient's information by unauthorized persons
Increases timeliness of treatment	
May reduce healthcare or other costs:	Choosing the appropriate clinical context:
Transportation savings	Not every medical condition should be evaluated using telemedicine; escalating medical conditions should be evaluated by direct contact with a provider
Reduces unnecessary ER visits	Maintaining continuity of care:
Reduces time away from work or school	Documentation of the consultation must be in the EMR

I consent to using telemedicine services and I understand the following:

- I understand that the HIPAA laws that protect the privacy and confidentiality of patient information apply to telemedicine services
- I understand the telemedicine process including the video conferencing technology, and that I may ask the provider any question regarding the telemedicine consultation, including the risks, benefits and alternatives
- I understand that a limited physical examination will occur during the telemedicine consultation and I may elect to discontinue the consultation at any time without affecting my right to a future telemedicine consultation
- I understand that there are alternatives to a telemedicine consultation and I may elect, at any time, for a direct consultation by any healthcare provider at any medical office or emergency facility

I have read this Informed Consent for Telemedicine Services document and I understand the risks and benefits of the telemedicine consultation and have had my concerns addressed in an understandable manner.

Patient Name _____ Parent or Guardian Name _____

Date _____ Parent or Guardian Signature _____