

Telemedicine Informed Consent Form

Patient Information	
Patient Name:	Date of Birth:
School patient seen via telehealth:	
Provider Location: Family Medical Clinic	
Introduction	
<p>You or your child are consenting to have a clinical visit using videoconferencing technology. You or your child will be able to see and hear the provider and they will be able to see and hear you, just as you were in the same room. Since 1994, the technology has connected tens of thousands of patients and providers. The information may be used to diagnose, therapy, follow-up, and/or education.</p>	
<p>Expected Benefits:</p> <ul style="list-style-type: none"> • Improved access to care by enabling a patient to remain within the facility and obtain services from providers at distant sites. • Patient remains closer to home where local healthcare providers can maintain continuity of care. • Reduced need to travel for patient or another provider. • This consent is to be effective beginning August 1, 2018 – June 30, 2019. 	
<p>The Process:</p> <p>You will be introduced to the provider and anyone else who is in the room with the provider. You may ask questions of the provider or any telemedicine staff in the room with you, if you are unsure of what is happening. If you are not comfortable with you or your child seeing a provider on videoconference technology, you may reject the use of the technology and schedule a traditional face-to-face encounter at any time. Safety measures are being implemented to ensure that this videoconference is secure, and no part of the encounter will be recorded.</p>	
<p>Possible Risks:</p> <p>There are potential risks associated with the use of telemedicine which include, but may not be limited to:</p> <ul style="list-style-type: none"> • A provider may determine that the telemedicine encounter is not yielding sufficient information to make an appropriate clinical decision and recommend a face-to-face visit. • Technology problems may delay medical evaluation and treatment for today's encounter. • In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information. 	
<p>By signing this form, I understand the following:</p> <ol style="list-style-type: none"> 1. I understand that the laws that protect privacy and confidentiality of medical information also apply to telemedicine, and that no information obtained in the used 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 withdraw my consent to the use of telemedicine in the course of my or my child's visit any time, without affecting my or their right to future care or treatment. 	

Eastern Oklahoma Medical Center/Family Medical Clinic does not discriminate on the basis of age, sex, marital status, race, creed, color, national origin or the presence of any sensory, mental or physical disability

3. I also understand that if the provider believes I would be better served by a traditional face-to-face encounter, they may, at any time stop the telehealth visit and schedule a face-to-face visit.
4. 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/Guardian Consent to the Use of Telemedicine:

I have read and understand the information provided above regarding telemedicine, and of my questions have been answered to my satisfaction. I hereby give my informed consent to the use of telemedicine in my or my child's care.

Promissory Note and Authorization to Pay:

I understand that I am financially responsible for all charges incurred as a result of the treatment I or my child receives at the telemedicine clinic site.

Patient Rights and Responsibilities:

I further acknowledge I have received a copy of the patient rights and responsibilities

I hereby authorize Family Medical Clinic to use telemedicine in the course of my or my child's diagnosis and treatment.

Signature of Patient (or guardian) _____ Date: _____

If guardian, relationship to patient _____