Shodair CHILDREN'S HOSPITAL

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TELEMEDICINE INFORMED CONSENT

I understand the following:

- Telemedicine uses electronic communication systems that permit a health care provider at a distant location to provide treatment to me where I am located and/or consult with and advise my local health care provider in making and implementing decisions about the care provided to me.
- My medical history, physical examinations and earlier procedures may be discussed with the distant provider(s).
- My local health care provider may physically examine me while the distant provider watches through the telecommunications equipment. I can limit the examination at any time if it makes me uncomfortable.
- I understand and agree that me session may be interrupted or rescheduled if a more urgent patient care need arises.
- Authorized personnel may be in the room while the telecommunications equipment is in use.
- The telemedicine consultation will not be videotaped unless I have given my written consent to do so.
- If my condition worsens after leaving the hospital or clinic, I should return to my local health care provider or call my emergency medical service.

The main benefit of a video communications consultation is that the local health care provider and I can become quickly connected to medical services at a distant location while I stay near my home. Other benefits of this method of communications may include:

- I do not need to travel long distances to receive medical services
- Allowing a provider at a local site to make the best decision possible regarding my care.
- A distant provider or specialist, who may see me at another location for more treatment, will be familiar with my health history.
- My health care provider may be able to obtain information from a distant provider that may enable me to continue treatment at home.

Risks of telemedicine may include the following:

- Possible communications delay because of difficulty in telecommunications service or the need for an emergency consultation.
- Difficulty sending a clear picture to a distant provider.
- Possible loss of information because of equipment or communication line difficulties at either site.

Other treatment choices: I understand that instead of participating in telemedicine, I may choose:

- To have to travel to the city where the distant health care provider is located.
- Not to receive treatment; or
- Not to obtain or receive the additional or specialized health care advice that the distant health care provider might be able to provide.

Financial Agreement – I assume full responsibility for and agree to pay any charges incurred, regardless of insurance coverage. I agree that if this account is referred to collection, I will be responsible for all costs of collection.

Release of Healthcare Information: I authorize the hospital and anyone who provides services to release medical information to any third party or funding source which may be responsible for the costs of my care. I understand the purpose or need for the disclosure of this information is for the determination of benefits payable for the services provided to me by the hospital or provider.

Questions – I have had an opportunity to ask questions regarding the telemedicine consultation and they have been answered. I am satisfied with my understanding regarding the telemedicine consultation.

Patient: I have read and understand the above information and give my consent.

Patient's Legal Guardian: If the patient is unable to give consent because of mental infirmity, disability, or because the patient is a minor and the parent's consent is required for the telemedicine consultation, the patient's legal guardian should provide consent. As the below-named patient legal guardian, I verify that I have given my informed consent to this telemedicine consultation and that I act in the patient's behalf. I make all representations that the patient would under this form.

_____	_____	_____	_____
Patient / Legal Guardian	Relationship to Patient	Date	Phone Number

_____	_____
Printed Patient Name	Patient DOB