



## Telemedicine Consent Form

**What is Telemedicine:** Telemedicine involves the use of real-time secured video and audio communication between a patient (including interpreters and other relevant care providers, if necessary) and a health care provider, establishing an appointment (a session scheduled in advance or ad hoc) from different locations to provide clinical services that are the same as a face-to-face session, such as assessment, diagnosis, treatment planning, intervention, monitoring, therapy, medication management and education following New Jersey Law, clinical scope of practice and organizational operating requirements.

Telemedicine uses real-time secured video and audio technology (electronic systems that incorporate network and software security protocols to protect the confidentiality (HIPAA) of patient identification, medical/imaging data, and other relevant treatment information, and will include measures to safeguard the data to ensure its integrity against intentional or unintentional corruption).

The appointment may include, but not limited to:

- Patient medical records
- Medical images, tests, studies, or symptom surveys
- Output data from medical devices, sound, and video files
- Communication of clinical and social information from an on-site or relevant care providers (e.g., interpreter, RN, or social worker)
- Provider communicating introductions (patient and provider), the purpose of the visit, time expectation of the appointment, follow-up instructions between appointments, if the telemedicine visit should be discontinued for a face-to-face or referral to another level of care, mandatory reporting requirements, insurance obligations, and protocol to follow for a delay or discontinuation of the appointment
- If the appointment(s) are recorded for appropriate clinical treatment needs (asynchronous/store and forward), such disclosure shall be conducted and documented

### **Expected Benefits:**

- Improved access to medical or behavioral health care by enabling a patient to remain in his/her remote site (originating site) while the provider is in another site (distant site)
- Improved appointment time compliance (reduction in transportation, social and family barriers)
- Obtaining expertise of a distant specialist
- Availability and flexibility of scheduled and ad hoc appointments

### **Possible Risks:**

As with any medical or behavioral health intervention, there are potential risks associated with the use of telemedicine. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images due to technology bandwidth) to allow for appropriate medical decision making by the provider and/or other relevant care providers/consultant(s)
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment and/or technology connection
- 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 judgment errors

**Informed Consent for Telemedicine:**

I understand and consent to the following:

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use 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 withhold or withdraw my consent to the use of telemedicine in the course of my care at any time (telemedicine is voluntary) without affecting my right to future care or treatment.
3. I understand that I have the right to inspect all information obtained and recorded in the medical record during the course of a telemedicine interaction, and may receive copies of this information for a reasonable fee.
4. I understand that a variety of alternative methods of medical care may be available to me, and that I may choose one or more of these at any time. My provider has explained the alternatives to my satisfaction.
5. I understand that telemedicine may involve electronic communication of my personal medical information to other medical practitioners who may be in other areas (including out of NJ State), yet who are licensed to practice in the State of New Jersey.
6. I understand that it is my duty to inform my provider of other telemedicine appointments regarding my care that I may have with other healthcare providers.
7. 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.
8. I have read and understand the use, benefits, and risk of telemedicine, and all information contained herein.

**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 my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my medical or behavioral healthcare. I hereby authorize Angelic Palliative Care to use telemedicine in the course of my assessment, diagnosis and treatment.