TELEMEDICINE
(Excluding E-mail)

Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve patients' health status. Videoconferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education and nursing call centers are all considered part of telemedicine..

Patient's
Initials

_____ I understand the concept of telemedicine, as well as the particular electronic medium to be used.

_____ I understand that at least two health care providers may be involved, the referring and the consulting providers.

_____ I understand that although there has been great progress made in technology, this telemedicine encounter may still be in the experimental stage.

_____ I understand that there may be limitations to image quality or other electronic problems that are beyond the control of the health care providers.

_____ The nature and potential risks of this telemedicine encounter have been explained to me.

_____ I understand that in lieu of this telemedicine encounter, I may seek health care elsewhere where I might have face-to-face contact with the health care provider.

_____ I am aware that my referring provider has verified the credentials of the consulting provider and found all to be in order.

_____ I understand that the telemedicine encounter may be a one time occurrence and that treatment and follow-up will remain the responsibility of my referring provider.

_____ I understand that specific procedures may require additional informed-consent process.

_____ I am aware that there are no guarantees with telemedicine.

_____ The doctor has answered all of my questions.

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

_____ _____

Patient or Legal Representative Signature/Date/Time | Relationship to Patient

_____ _____

Print Patient or Legal Representative Name | Witness Signature/Date/Time

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed procedure to the patient or the patient's legal representative. I have

answered all questions fully, and I believe that the ***patient/legal representative*** *(circle one)* fully understands what I have explained.

_____
Physician Signature/Date/Time

_____ copy given to patient
initial

_____ original placed in chart
initial