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## Telemedicine:

Telemedicine involves the use of electronic communications to enable healthcare providers at different locations to share individual patient medical information for the purpose of improving patient care as well as providing a diagnostic tool for healthcare providers and patients to communicate. Providers may include primary care practitioners, specialists, and/or subspecialists. The information may be used for diagnosis, therapy, follow-up and/or education, and may include any of the following:

- Patient medical records
- Medical images
- Live two-way audio and video
- Output data from medical devices and sound and video files

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

## Expected Benefits:

- Improved access to medical care by enabling a patient to remain in his/her local healthcare site (i.e. home) while the physician consults with the patient and other healthcare providers and obtains test results at distant/other sites.
- More efficient medical evaluation and management.
- Obtaining expertise of a specialist.

## Possible Risks:

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

- In rare cases, the provider may determine that the transmitted information is of inadequate quality, to allow for appropriate medical decision making thus necessitating a face-to-face meeting with the patient, or at least a rescheduled video consult;
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment;

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- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information;

**I understand 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 written consent consistent with HIPAA privacy laws.
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, 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 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 state.
6. I understand that my healthcare information may be shared with other A.M.P. staff members for scheduling and billing purposes. A.M.P. Staff members may also be present during the consultation other than my health care provider if necessary, in order to assist with technology issues. The above-mentioned people will all maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of my medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the telemedicine consultation and or (3) terminate the consultation at any time.
7. I understand that I am responsible for cost of the telemedicine service, and am responsible for any copayments, deductibles or co-insurance as noted by my health insurance plan. Should my insurance carrier not cover telemedicine services under my contract I will be responsible for the telemedicine fee.

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8. My consent to participate in this telemedicine service shall remain in effect for the duration of the specific service identified above, or until I revoke my consent in writing.

9. 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 Consent to The Use of Telemedicine**

I have read and understand the information provided in the AMP Telemedicine Consent regarding telemedicine, have discussed it with my physician or such assistants as may be designated, and all my questions have been answered to my satisfaction.

I have read this document carefully and understand the risks and benefits of the teleconferencing consultation and have had my questions answered and I hereby give my informed consent to participate in a telemedicine visit under the terms described herein.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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