



## **Telemedicine Consent Form**

*This form is intended to inform you of the risks and the conditions of participation, and that you accept the risks and agree to the conditions of participation.*

Telemedicine uses telecommunications technology to enable health care providers at different locations to remain accessible to patients for improving patient care by being able to see and hear the patient in real time. Village Health Partners offers this service to patients who wish to engage with their provider for medical care delivery; specifically, for the purposes of evaluation, diagnosis, consultation, or treatment. Providers may include primary care physicians, advanced practitioners, and specialists, sub-specialists.

### Nature of Telemedicine Visit

During a telemedicine visit, the following information may be used for diagnosis, treatment, follow-up, and/or education: details of your medical history, examinations, diagnostic imaging, and/or test results. A physical examination of you may take place during the visit. Communication will be through a live two-way audio and video. A non-medical technician may also be present to assist in video setup and transmission. Video, audio, and/or photo recordings may be taken of you during the visit for medical documentation and treatment purposes. Please note, not all telecommunications are recorded and stored.

Telemedicine service is accessible for patients through Village Health Partners' secure patient portal. The patient portal incorporates network and software security protocols to protect confidentiality of patient identification and data. This method of communication and viewing prevents unauthorized parties from being able to access messages while they are in transmission.

### Protecting Your Private Health Information and Risks

All existing laws regarding your access to medical information and records apply to telemedicine visits. Please note, information will only be shared for scheduling and billing purposes. Sharing of any personal health information to other persons or entities outside of Village Health Partners' providers and staff shall not occur without the patient's written consent.

There are potential risks associated to a telemedicine visit. These risks include:

- In some cases, transmitted information may not be adequate (poor resolution, intermittent video feed, etc.) to allow for an appropriate medical decision by the provider.
- Deficiencies or failure of telecommunications equipment may cause lag in medical evaluation and treatment

No transmission system is perfect and we will do our best to maintain electronic security. We need you to make sure we have your correct email address and are informed if it ever changes. You also need to keep track of who has access to your email account so that only you, or someone you authorize, can see the messages you receive from us. Keep unauthorized individuals from learning your password. If you think someone has learned your password, you should promptly go to the Village Health Partners' patient portal web site and change it.



## Patient Acknowledgment and Agreement

1. My health care provider has explained to me how the video conferencing technology will be used and will not be the same as a direct face-to-face visit since I will not be in the same room as my health care provider.
2. If I am below the age of 18 years, a parent/legal guardian must be present during my telehealth visit with my health care provider
3. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the telemedicine visit if it is felt that the telecommunication technology connections are not adequate for the situation.
4. I understand that my healthcare information may be shared with other companies for billing purposes.
5. Certified Medical Assistants may also be present during the visit other than my health care provider to assist with medical care. 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 visit and thus will have the right to request the following:
  - a. Omit specific details of my medical history/physical examination that are personally sensitive to me;
  - b. Ask non-medical personnel to leave the telemedicine examination room;
  - c. Terminate the consultation at any time.
6. I have had the alternatives to a telemedicine visit explained to me, and I am choosing to participate in a telemedicine visit. I understand that some parts of the exam involving physical tests may be conducted by individuals at my location at the direction of the consulting health care provider.
7. I understand that billing and payment for this visit is the same process as billing and payment for an in-person, face-to-face visit.

I acknowledge that I have read and fully understand this consent form and the Policies and Procedures regarding telemedicine. I understand the risks associated with online communications between my provider and me, and consent to the conditions outlined herein. In addition, I agree to follow the instructions set forth herein and including the policies and procedures as set forth in the patient portal, as well as any other instructions that my physician may impose to communicate with patients via online communications.

Electronic Signature & Date

# village PEDIATRICS

Malini Hebbur, M.D.

Julia Hodges, M.D

I. Chioma Okammor, M.D.

Ashley Seitzer, CPNP

## Medical Authorization Form

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

To Whom It May Concern:

I, \_\_\_\_\_, guardian of \_\_\_\_\_ give  
(Parent's Name) (Child's Name)

My permission for \_\_\_\_\_ to seek medical care and make  
(Caretakers Name)

medical decisions for my child as necessary on my behalf from \_\_\_\_/\_\_\_\_/20\_\_ to  
\_\_\_\_/\_\_\_\_/20\_\_.

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Parent's Signature	Print Name	Date
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Witness Signature	Print Name	Date
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