

## Informed Consent for Telemedicine Services

### Introduction

Telemedicine involves the use of electronic communications to enable health care providers and patients at different locations to share individual patient medical information for the purpose of providing and improving patient care. The information may be used for diagnosis, therapy, follow-up and/or education, and may include, among other things, any of the following:

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

### Expected Benefits:

- Improved access to medical care by enabling a patient to access their doctor from a remote site.
- Obtaining expertise of a distant 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, information transmitted may not be sufficient (e.g., poor resolution of images) to allow for appropriate medical decision making by the physician and consultant(s).
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.
- 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.

**By signing below, I agree that I understand the following:**

1. The laws that protect privacy and the confidentiality of medical information also apply to telemedicine.
2. I have the right to withhold or withdraw my consent to the use of telemedicine during my care at any time, without affecting my right to future care or treatment; however, I understand that if I elect to have in-person care I may have to travel.
3. CNS reserves the right to require face to face in office appointments
4. Telemedicine may involve electronic communication of my personal medical information to other medical practitioners who may be in other areas, including out of state.
5. It is my duty to inform my medical practitioner of electronic interactions regarding my care that I may have with other healthcare providers.
6. No results can be guaranteed or assured regarding my care.
7. Please note that your telemedicine visit(s) may not be covered under your insurance plan.

**Patient Consent to the Use of Telemedicine**

I have read and understand the information provided above regarding telemedicine, have discussed it with my physician and all my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my medical care.

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Patient Name

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Date