

## Telemedicine Patient Consent/Refusal form

Patient Name \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

1. PURPOSE: The purpose of this form is to obtain your consent to participate in telemedicine consultation in connection with the following procedure(s) and/or service(s)  
\_\_\_\_\_  
\_\_\_\_\_
2. NATURE OF TELEMEDICINE CONSULT: During the telemedicine consultation:
  - a. Details of your medical history, examinations, lab testing, psychological testing will be discussed through the use of interactive video, audio and telecommunication technology.
  - b. You may be asked to have your Vital signs taken including blood pressure, pulse, weight, height and reported during your visit.
  - c. Video, audio, and/or photo recordings may be taken of you during the procedure(s) or services.
3. MEDICAL INFORMATION AND RECORDS: All existing laws regarding your access to medical information and copies of your medical records apply to telemedicine consultation. Please note, not all communications are recorded or stored. Additionally, dissemination of any patient identifiable images or information for this telemedicine interaction to researchers or other entities shall not occur without your consent.
4. CONFIDENTIALITY: Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associates with telemedicine consultation, and all existing confidentiality protections under federal and Nebraska state apply to information disclosed during this telemedicine consultations.
5. RIGHTS: You may withhold and withdraw consent to the telemedicine consultation at any time without affecting your right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
6. DISPUTES: You agree that any dispute arriving from the telemedicine consult will be resolved in Nebraska and that Nebraska law shall apply to all disputes.
7. RISKS, CONSEQUENCES, AND BENEFITS: You have been advised of all potential risks, consequences and benefits of telemedicine. Your health care practitioner has discussed with you the information provided above. You have had the opportunity to ask questions about the information presented on this form and the telemedicine consultation. All your questions have been answered and you understand the written information provided above.

I agree to participate in a telemedicine consultation for the following procedures described above.

Signature: \_\_\_\_\_

If Signed by someone other than the patient, indicate the relationship: \_\_\_\_\_

I **refuse** to participate in a telemedicine consultation for the procedure(s) described above.

Signature: \_\_\_\_\_

If signed by someone other than the patient, indicate relationship: \_\_\_\_\_

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

## INFORMED CONSENT FOR TELEMEDICINE SERVICES

### INTRODUCTION

Telemedicine involved the use of electronic communication to enable health care providers at different locations to share individual patient medical information for the purpose of improving patient care. Telemedicine is especially useful in situations in nature disasters when accessing a medical office is not possible. 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 software security protocols to protect the confidentiality of patient identification and imaging data and will include measure to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

### EXPECTED BENEFITS

- Improved access to medical care enabling the patient to remain in his/or her home while the medical provider provides medical evaluation, assessment and treatment.
- Allows for access to care in emergency situations when traveling to a medical office is not possible.

### POSSIBLE RISKS

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

- In rare cases, information transmitted may not be sufficient (ex. Poor resolution of audio or images) to allow for appropriate medical decision making by the nurse practitioner or consultant.
- 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, or medical assessment may result in adverse drug interactions, allergic reactions or other judgement errors.