



Patient Name: _____

Date of Birth: _____

Informed Consent for Telemedicine Services

Telemedicine is the use of electronic information and communication technologies by a healthcare provider to deliver services to a patient when he/she is located at a different site than the provider. It includes a variety of applications and services using two-way video, email, smart phones, remote patient monitoring devices, wireless tools and other forms of telecommunications technology. The Hale electronic application used by Apple-a-Day Pediatrics providers will incorporate network and software security protocols to protect the confidentiality of patient identifiers and imaging data; and will include administrative, physical and technical safeguards to protect the data from potential risks.

- I understand that the HIPAA laws that protect the privacy and confidentiality of patient information apply to telemedicine services.
- I understand the telemedicine process including the video conferencing technology, and that I may ask the provider any question regarding the telemedicine consultation, including the risks, benefits and alternatives.
- I understand that a limited physical examination will occur during the telemedicine consultation and I may elect to discontinue the consultation at any time without affecting my right to a future telemedicine consultation. I will still be financially responsible for services rendered.
- I understand that there are alternatives to a telemedicine consultation and I may elect, at any time, for a direct consultation by any healthcare provider at any medical office or emergency facility.

I have read this Informed Consent for Telemedicine Services document and I understand the risks and benefits of the telemedicine consultation and have had my concerns addressed in an understandable manner.

Signature

Date

Relationship