

Introduction:

Telemedicine allows patients to access medical care using audio-video interfaces such as video conferencing, phone calls, patient portal communications, and emailing.

HIPAA-compliant electronic systems 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 home or office.
- Ability to access care in situations when unable to attend appointments in person.

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 or audio) to allow for appropriate medical decision making by the healthcare provider.
- 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, allergic reactions, or other judgment errors.

By signing this form, I understand the following:

- The laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and no information obtained in the use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent.
- 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.
- I will find a quiet, secure location and ensure that only I am present for the session to maintain privacy, unless otherwise discussed with my healthcare provider.
- I understand that a variety of alternative methods of medical care may be available to me, and I may choose one or more of these at any time.
- I am a current patient of RejoiceMD and telemedicine services are offered for my benefit.
- I may expect the anticipated benefits from the use of telemedicine in my care, but no results can be guaranteed or assured.
- I will not record any telemedicine sessions without written consent from my provider. I understand that my provider will not record any telemedicine sessions without my written consent.

Patient Consent to The Use of Telemedicine

I have read and understand the information provided above regarding telemedicine, have discussed it with my health care provider or such assistants as may be designated, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my medical care.

I hereby authorize the use of telemedicine in the course of my diagnosis and treatment.