



Board Certified Plastic Surgeon

PATIENT INFORMATION				
LAST NAME		FIRST NAME		M.I.
SSN	DATE OF BIRTH	SEX	MRN	
STREET ADDRESS				
STREET ADDRESS CONTD.				
CITY		STATE TX	ZIP CODE	
HOME PHONE	CELL PHONE	EMPLOYER NAME		

Telemedicine Consent

This document explains the purpose of telemedicine - also known as "telehealth" and referred herein, collectively, as "telemedicine" - and outlines the benefits and risks of telemedicine.

It is important that you read the whole document carefully. Signing the consent agreement means that you agree to a telemedicine session with Dr Stephanie Teotia or one of Dr. Teotia's staff members.

GENERAL INFORMATION

Telemedicine is the distribution of health-related services and information via electronic and telecommunication technologies, such as computers and mobile devices, to access and manage health care services remotely. Telemedicine may include technologies you use from home or that your doctor uses to improve or support health care services. Telemedicine allows out-of-office patient and clinician contact, care, advice, reminders, education, intervention, monitoring, and remote admissions. Examples of telemedicine include videoconferencing, teleconferencing, phone calls, transmission of images, patient portals, and remote monitoring.

ALTERNATIVE METHODS OF MEDICAL CARE BESIDES TELEMEDICINE

In-person care is an alternative method of medical care to telemedicine.

BENEFITS OF TELEMEDICINE

The benefits of telemedicine include the following:

- Make health care accessible to people who live in rural or isolated communities.
- Provide long distance clinical care.
- Make services more readily available or convenient for people with limited mobility, time or transportation options.
- Obtain expertise of specialists.
- Improve communication and coordination of care among members of a health care team and patient.
- Provide support for self-management of health care.
- Quick and efficient medical evaluation and management.
- Reduces the risk of illness transmission.

RISKS OF TELEMEDICINE

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

- Information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by physician and assistant(s);
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment;
- Security protocols could fail, causing a potential breach of privacy and/or inadvertent disclosure of personal identifying information and/or protected health information;
- Lack of access to complete medical records may result in adverse drug interactions, allergic reactions or other judgement errors;
- Overuse of medical care;
- Unnecessary or overlapping care.

1. I understand that the purpose of telemedicine is to provide health care services.
2. I permit my doctor and the doctor's assistants to use telemedicine in my care.
3. I understand that telemedicine means using phone and/or video to communicate with my health care team instead of seeing my team in person (face-to-face).
4. I understand that reasonable efforts will be made to protect my privacy, though there may be risk of inadvertent disclosure of my personal identifying information and/or protected health information.
5. I understand that I can ask questions and discontinue the use of telemedicine at any time I choose.
6. I understand that telemedicine does not replace other types of medical assessment and care. If I am not improving and have serious health concerns, I will seek immediate medical attention at an emergency facility.
7. ALL OF MY QUESTIONS REGARDING TELEMEDICINE WERE ANSWERED, AND THE FOLLOWING WAS EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:

- a. THE CONCEPT OF TELEMEDICINE
- b. RISKS AND BENEFITS OF THE USE OF TELEMEDICINE
- c. ALTERNATIVE METHODS OF MEDICAL CARE

I CONSENT TO THE USE OF TELEMEDICINE IN MY MEDICAL CARE AND THE ITEMS THAT ARE LISTED ABOVE (1-7). I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

 Witness Signature

 Patient / Agent / Guardian Signature