



Informed Consent for Telemedicine Services

Telemedicine involves the use of electronic communications to enable health care providers at different locations to administer patient care remotely for the purpose of improving patient care and outcomes. With my consent, MindfulGuidance may contact my other providers, including 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
- Images of photo ID or insurance card
- Live two-way audio and video

Electronic systems used 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 private space for remote sessions.
- More efficient evaluation and management.
- 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 some instances, the internet connection or telehealth platform may be faulty or disrupted, requiring a rescheduling or reconnection with or without video, depending on signal strength issues.
- 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;

By agreeing to this form, I understand the following:

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine, which identifies me, will be disclosed to other entities without my consent.
2. I understand that 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.
3. I understand that I have the right to inspect the information I have shared, in the course of a telemedicine interaction, and may receive copies of this information for a reasonable fee. I also understand that my provider's session notes are excluded from this, as they belong to the provider.
4. I understand that a variety of alternative methods of medical care may be available to me, and that I may choose one or more of these at any time. I understand that my provider currently offers telemedicine appointments exclusively and any alternatives to virtual sessions will include switching to another provider.
5. I understand that telemedicine may involve electronic communication of my personal medical information to other medical practitioners who may be located in other areas, including out of state, with my written permission.
6. I understand that it is my duty to inform my provider of electronic interactions regarding my care that I may have with other healthcare providers.
7. I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.

Patient Consent To The Use of Telemedicine

I have read and understand the information provided above regarding telemedicine, have discussed it with my provider, 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.

Name (printed) _____ Date: _____

Signature: _____