



Informed Consent for Telemedicine Services

Introduction

Telemedicine involves the use of electronic communications to enable health care providers to share individual patient medical information, for the purpose of improving patient care. 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 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 remote site while the physician can obtain medical test results and consults to enable greater coverage of care.
- More efficient medical evaluation and management.
- Obtaining expertise of a distant physician.

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) to allow for appropriate medical decision making by the physician and consultant(s);
- 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.

Tips for a Successful Telemedicine Video Visit

- Check your internet connection
- Make sure your audio and video are working
- Find a quiet, private location if possible
- Check your lighting
- Write down problems and questions ahead of time
- Dress appropriately for the visit
- Consider using headphones
- Consider using a computer instead of your smart phone
- Have easy access on your computer to any pictures or medical reports you want to share with the medical provider
- Check your vital signs
- Have your other medical devices ready to go
- Be an active participant in the exam
- Have a trusted assistant if necessary

Scheduling your Telemedicine Appointment

- Olive Branch Clinic will contact you with an available appointment date and time
- Payment is due at the time of scheduling
- Your provider will contact you through Spruce Health on the date and time of your appointment

Logging In to your Telemedicine Visit

- An invite to Spruce Health will be sent to the phone number on file
- Sign up for your Spruce Health account with appropriate demographics
- Spruce will work from a Smartphone or computer
- Your provider will contact you, via Spruce Health, at the beginning of your appointment



Informed Consent for Telemedicine Services

Patient Name: _____

Date of Birth: _____

1. **PURPOSE:** The purpose of this form is to obtain your consent to participate in a 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, mental health history, examinations, x-rays and labs will be discussed with other health professionals via interactive video, audio, and telecommunication technology.
 - b) Video, audio and/or photo recordings may be taken of you during the procedure(s) or service(s)
3. **MEDICAL INFORMATION & RECORDS:** All existing laws regarding your access to medical information and copies of your medical records apply to this telemedicine consultation. Please note, not all telecommunications are recorded and 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 associated with the telemedicine consultation, and all existing confidentiality protections under federal and Oklahoma state law apply to information disclosed during this telemedicine consultation.
5. **RIGHTS:** You may withhold or withdraw consent to the telemedicine consultation at any time without affecting your right to future care or treatment.
6. **DISPUTES:** You agree that any dispute arising from the telemedicine consult will be resolved in Oklahoma, and that Oklahoma law shall apply to all disputes.
7. **PAYMENT OF SERVICES:** You agree that BWH reserves the right to bill a telemedicine visit to your respective insurance company. As well, you are responsible for any patient portion of the telemedicine consult, before your telemedicine consult will be scheduled.
8. **RISKS, CONSEQUENCES & BENEFITS:** You have been advised of all the 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 procedure(s) described above.

Signature (Patient or Guardian): _____

Date: _____

Relationship: _____