

10 Queen Street  
Newtown CT, 06470  
Phone: (203) 426-3267  
Fax: (203) 426-3903



Laura Nowacki, MD  
Jennifer Burns, APRN  
Emilie Koepke Gibbs, PA-C

## TELEMEDICINE CONSENT FORM

**Patient's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

I understand that my health care provider, Newtown Center Pediatrics, has recommended to me that I engage in a telemedicine appointment.

My health care provider has explained to me how the telemedicine technology will be used to connect me with provider. Telemedicine appointments may be conducted by videoconferencing, video images, still (high quality photos) images, or by telephone conference. I understand that this appointment will not be the same as a direct patients/health care provider visit due to the fact that I will not be in the same room as my health care provider. I understand that the health care provider may use devices such as a stethoscope or otoscope or other peripheral devices to assist in the examination.

I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my health care provider or I can discontinue the telehealth appointment if it is felt that the videoconferencing connections are not adequate for the situation. I understand that I can discontinue the telemedicine appointment at any time.

I understand that my healthcare information may be shared with others individuals for scheduling and billing purposes. Others may also be present during the appointment other than my healthcare provider and specialty health care provider in order to operate the equipment. The above mentioned people will all maintain confidentiality of the information obtained. I further understand that I will be informed of their presence during the consultation and thus will have the right to request the following: (1) omit specific details of my medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the telemedicine examination room; and/or (3) terminate the telemedicine appointment at any time.

I have read this document carefully, and understand the risks and benefits of the telemedicine appointment and have had my questions regarding the procedure explained and I hereby consent to participate in a telemedicine appointment visit under the terms described herein.

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**Parent/Legal Guardian**

**Date**