

## Telemedicine Consent Form

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

The purpose of telemedicine is for a patient and a medical provider, who are at two different locations, to have a medical visit. Through the use of technology, the patient and provider can see and hear each other and have a conversation as if they were in the same room. It is also possible for the provider to conduct a limited physical examination, either by asking the patient, or another health professional who is with the patient, to assist. Telemedicine visits may be scheduled speaking to a staff member from the registration department (by phone or in person) and requesting a telemedicine visit. The health center bills for telemedicine visits using the same processes and amounts as an in-person visit. The benefit of telemedicine is that a patient can receive medical attention without needing to travel and often that means getting the care needed more quickly. In the event of equipment or software failure, the provider will call the patient and either make arrangements for an in-person visit or reschedule the telemedicine visit.

### Provider responsibilities:

1. Sit in a private location in which no one can overhear the conversation.
2. Review the patient's medical record before beginning the visit.
3. Use technology that is secure (cannot be intercepted electronically).
4. Document a thorough note in the medical record after the visit.
5. Ask permission from the patient if anyone else will be in the room.
6. To NOT record the visit.
7. To stop the visit if the patient does not want to continue.
8. Maintain the confidentiality of patient information.

### Patient responsibilities:

1. Cancel telemedicine visits that you cannot attend at least 24 hours in advance. Be on time for your visit.
2. Sit in a private location in which no one else can overhear the conversation.
3. Turn off other electronic equipment (TV, radio) so that you can fully participate in the visit.
4. Let the provider know if someone else is in the room with you.
5. Make sure that the provider has your correct phone number in case the provider needs to call.

### Patient rights:

1. To decline having a visit done with telemedicine or stop a visit that has started.
2. To file a formal complaint regarding any problem that occurred during a telemedicine visit. Please call the main number 732-235-6700 and ask to file a complaint.

I have read (or had read to me) the above information about telemedicine including the purpose of telemedicine, provider and patient responsibilities, my rights, how to file a complaint and what to do if the equipment fails and I agree to participate in telemedicine visits. I may withdraw this consent at any time. A copy of this consent will be filed in my medical record.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If signed by someone other than the patient, indicate relationship: \_\_\_\_\_