BRONSON

Affix Patient Label	
Patient Name:	Date of Birth:

Informed Consent: Telemedicine Consultation

I consent to a telemedicine consultation with _____.

Reason and Purpose for Telemedicine

My doctor has explained video conferencing technology to me. I know that this will not be the same as a regular visit to the doctor. I will not be in the same room as the consulting doctor.

Risks of Telemedicine

I know that the potential risks to this technology include:

- Interruptions
- Unauthorized access
- Technical difficulties

Alternative Treatment

- The alternatives to a telemedicine consultation have been explained to me.

General Information

I know that my doctor(s) or I can stop the consult if the videoconferencing connections are not good.

If this is an emergency, I understand that the responsibility of the telemedicine consulting doctor is to advise my doctor.

The responsibility of the consulting doctor will end when the videoconference ends.

I understand that my healthcare information may be shared with other people for scheduling and billing purposes.

I will receive a bill from my doctor, the consulting doctor and the hospital or office where the consultation was done. There may be a difference between Bronson's network coverage and the telemedicine's provider network coverage. I understand that I will be responsible for paying the difference.

I know that staff at my location as ordered by the consulting doctor may do some of the physical tests.

Other people may be in the room to operate the video equipment. These people will not share any information they hear or see. I will be told when they are in the room.

I have the right to request the following:

- Not to share sensitive details of my medical history or physical examination.
- Ask non-medical staff to leave the exam room.
- Stop the consultation at any time.

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- **By signing this form, I agree:**
- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I want to participate in a **Telemedicine Consultation with**: _____

_____

Patient Signature: _____ Date: _____ Time: _____

Relationship: ☐ Patient ☐ Closest relative (relationship) _____ **☐ Guardian**

Interpreter's Statement: I have interpreted the doctor's explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter's Signature: _____ ID #: _____ Date: _____ Time: _____

For Provider Use ONLY:

I have explained the nature, purpose, risks, benefits, and alternative options, of Telemedicine. I have answered questions, and the patient has agreed to Telemedicine Consultation.

Provider signature: _____ Date: _____ Time: _____

Teach Back:

Patient shows understanding by stating in his or her own words:

_____ Reason(s) for the Telemedicine/Consultation: _____

_____ Benefit(s) of the Telemedicine: _____

_____ Risk(s) of the Telemedicine: _____

_____ Alternative(s) to Telemedicine: _____

OR

_____ Patient elects not to proceed: _____ Date: _____ Time: _____
(Patient signature)

Validated/Witness: _____ Date: _____ Time: _____