Salud Pediatrics Telehealth Consent Form

Telemedicine involves the use of electronic communications to enable health care providers at different locations to share individual patient medical information to improve patient care.

The information may be used for diagnosis, therapy, follow-up, and education, and may include any of the following:

- Patient medical records
- Medical images
- Live two-way audio and/or video
- Output data from medical devices and sound and video files

Electronic systems used incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data. They will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

I understand that this consultation will not be the same as a direct patient/health care provider visit because I will not be in the same room as my health care provider.

I understand there are potential risks to this technology, including interruptions, and technical difficulties.

I understand that my health care provider(s) or myself can discontinue the telemedicine consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.

I understand that I may not be prescribed medication, such as antibiotics, nor is there any guarantee that I will be given a prescription at all.

I understand that I may be directed to use devices such as a thermometer, weight scale, or other peripheral devices to assist in the provision of telehealth.

I understand that the laws that protect the privacy and the confidentiality of medical information also apply to telemedicine.

Possible Risks:
Potential risks associated with the use of telemedicine include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (i.e., 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 rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other judgment errors.

I understand that I may expect the anticipated benefits from the use of telemedicine in my child's care, but that no results can be guaranteed or assured.

I understand that Not every medical condition can be evaluated or resolved using telemedicine. After the initial consultation, the clinician may recommend the patient to follow-up at the medical office, or an urgent care center or emergency facility.

It is my responsibility to know what providers and telehealth/telemedicine services are covered under my insurance plan. I understand that I may be billed and agree to pay all bills submitted by Salud Pediatrics involved with the provision of telehealth/telemedicine services.

I authorize Salud Pediatrics to file claims for payment of any portion of the patient's bills and assign all rights and benefits payable for healthcare services to the provider or Salud Pediatrics for services.

I agree to be responsible for any co-payments, deductibles, or other charges that are not covered or paid by health insurance or third-party payors.

I have read this document carefully and understand the risks and benefits of the telehealth consultation. I have had my questions regarding the telemedicine consult explained, and I, with this, give my informed consent to participate in a telehealth consultation under the terms described herein.

I consent to telehealth/telemedicine care performed by my pediatrician and all other associated health care providers at Salud Pediatrics. This includes examinations, diagnostic testing, treatment, and other health care services deemed medically necessary in the Providers' professional judgment.

By electronically signing this document, you agree to the above consent for treatment and services through Telehealth/Telemedicine

Patient: {{PATIENTFIRSTNAME}} {{PATIENTLASTNAME}}
Patient ID: {{PATIENTID}}

Electronically signed:
{{PATIENTGUARDIANFIRSTNAME}}

Revised March 20, 2020

{{PATIENTGUARDIANLASTNAME}}
Date: {{TODAY}}