

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:

- o Patient medical records
- o Medical images
- o Live two-way audio and video
- o 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:

- o 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.
- o More efficient medical evaluation and management.
- o 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:

- o 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);
- o Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment;
- o In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information.

Scheduling your Telemedicine Appointment

- o A staff member will contact you with an available appointment date and time
- o An email or text will be sent with the link for access to your telemedicine appointment

Logging In to your Telemedicine Visit

- o **You must use Chrome/Firefox/or Safari.** These browsers allow for your mic and camera to work properly.
- o You will enter this web address: www.doxy.me/drsearles
- o Please ensure your microphone and webcam are enabled and functioning upon logging in
- o Enter your name and click "Check In"
- o You will appear in the providers queue as "Arrived" and your appointment will begin shortly

Tips for a Successful Telemedicine Video Visit

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

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Informed Consent for Telemedicine Services

Patient Name: _____

Date of Birth: _____

1. I understand that my health care provider wishes me to engage in a telemedicine consultation using Doxy.me.
2. I have had the alternatives to a telemedicine consultation explained to me, and in choosing to participate in a telemedicine consultation.
3. I understand that I will **not** be in the same room as my health care provider.
4. I understand that if others are present during the consultation other than my health care provider, they will maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following: (1) ask non-medical personnel to leave the telemedicine examination room and or (2) terminate the consultation at any time.
5. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my healthcare provider or I can discontinue the telemedicine consult/visit if it is felt that the Doxy.me videoconferencing connections are not adequate for the situation.
6. In an emergency, I understand that the responsibility of the telemedicine consulting specialist is to advise my local practitioner and that the specialist's responsibility will conclude upon the termination of the Doxy.me video conference connection.
7. **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, telecommunications are **not** 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.
8. **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 state laws apply to information disclosed during this telemedicine consultation.
9. **RIGHTS:** You may withhold or withdraw consent to the telemedicine consultation at any time without affecting your right to future care or treatment.
10. **PAYMENT OF SERVICES:** You agree that Dr. Searles 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.

By signing this form, I certify:

That I have read or had this form read and/or had this form explained to me. That I fully understand its contents including the risks and benefits of the procedure(s). That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Signature: _____

Date: _____