INFORMED CONSENT FORM TELEMEDICINE

Personal Information:

Name:	Date of Birth:
E-mail:	Cell Phone:

Telemedicine Procedure

Telemedicine involves the use of electronic communications to enable health care providers at different locations to share individual patient medical information for the purpose of improving patient care. Providers may include primary care practitioners, specialists, and/or subspecialists. The information may be used for diagnosis, therapy, follow-up and/or education, and may include any of the following:

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

Telemedicine Policy

Shahrzad Shareghi MD is Board Certified in Interventional Cardiology .

Visit length: This will be for a cumulative time of 20-min consult with the physician and supporting clinicians/staff. Please remember that reviewing your chart and coordinating care as well as charting today's medical records and calling in prescriptions contribute to this time allotment.

Prescriptions: If a prescription fill is needed, we are able to fill a prescription; however, we do NOT prescribe opioid pain medicines or other medicines that can be addictive such as benzodiazepines (klonopin, xanax, valium) or stimulants (ritalin, amphetamine).

No-shows or Cancellations: No-Shows or cancellations without 24-hrs will be charged at the provider's normal rate with no rescheduling or refunds given.

Forms: Forms or letters requested to be complete will be at an additional charge of $ 40.00 per form. (DMV, missed work, travel letter).

Insurance: To reduce potential exposure to COVID-19 insurances are amending their telehealth benefits emergently. The coverage for this service is being updated daily as new measures come into place. You will have received a notice directly from your insurance to outline the benefits of telehealth. Please check with your insurance for coverage information. We will bill your insurance for this service and charge our Usual & Customary rates.

Alternative Procedures
Schedule an appointment and come to the clinic for a in-person consult.

EXPECTED BENEFITS

Improved access to medical care by enabling a patient to remain in his/her office (or at a remote site) while the physician obtains test results and consults from healthcare practitioners at distant/other sites.

More efficient medical evaluation and management.

Obtaining expertise of a distant specialist.

A safer way to receive medical care without needing to go to a physician's office and risk exposure to other contagious viruses.

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:

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);

Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment;

In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information;

In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reaction or other judgment error;

BY SIGNING THIS FORM, I ATTEST TO AND UNDERSTAND THE FOLLOWING:

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent,

2. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment,

3. I understand that I have the right to inspect all information obtained and recorded in the course of telemedicine interaction, and may receive copies of this information for a reasonable fee,

4. I understand that a variety of alternative methods of medical care may be available to me, and that I may choose one or more of these at any time. Shahrzad Shareghi MD has explained the alternatives to my satisfaction,

5. I understand that telemedicine may involve electronic communication of my personal medical information to other medical practitioners who may be located in other areas, including out of state.

6. I understand that it is my duty to inform Shahrzad Shareghi MD of electronic interactions regarding my care that I may have with other healthcare providers.

7. I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that noresults can be guaranteed or assured.

8. I attest that I am located in the state of California and will be present in the state of California during all telehealth encounters with Shahrzad Shareghi MD.

PATIENT CONSENT TO THE USE OF TELEMEDICINE

I have read and understand the information provided above regarding telemedicine, have discussed it with my physician or such assistants as may be designated, and all of my questions have been answered to my satisfaction.

I hereby give my informed consent for the use of telemedicine in my medical care.

I hereby authorize Shahrzad Shareghi MD and supporting clinicians / staff to use telemedicine in the course of my diagnosis and treatment.

PATIENT'S SIGNATURE: _____ DATE: _____
(OR AUTHORIZED PERSON TO SIGN FOR PATIENT)

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IF AUTHORIZED SIGNER, RELATIONSHIP TO PATIENT