

MEMORIAL WOMEN'S SPECIALISTS
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Telemedicine Informed Consent

Telemedicine services involve the use of secure interactive videoconferencing equipment and devices that enable health care providers to deliver health care services to patients when located at different sites.

- I understand that the same standard of care applies to a telemedicine visit as applies to an in-person visit. A telemedicine visit, however, is limited in that the physician cannot examine the patient by hand: palpating, using medical equipment, or performing immediate laboratory studies. This can limit some assessments, and I may be asked to follow up in person or seek emergency medical care.
- I understand that I will not be physically in the same room as my health care provider. I will be notified of and my consent obtained for anyone other than my healthcare provider and my health care provider staff present in the room.
- I understand that there are potential risks to using technology, including service interruptions, interception and technical difficulties. If it is determined that the videoconferencing equipment and/or connection is not adequate, I understand that my healthcare provider or I may discontinue the telemedicine visit and make other arrangements to continue the visit.
- I understand that I have the right to refuse to participate or decide to stop participating in a telemedicine visit, and that my refusal will be documented in my medical record. I may revoke my consent to future virtual visits at any time.
- I understand that the laws that protect privacy and the confidentiality apply to telemedicine services.
- I understand that my health care information may be shared with other individuals for scheduling and billing purposes. I understand that my insurance carrier will have access to my medical records for quality review/audit.
- I understand I will be responsible for any out-of-pocket costs such as copayments or coinsurance that apply to my telemedicine visit.
- I understand that health plan payment policies for telemedicine visit may be different from policies for in-person visits.
- I am located in the states of Texas and will be in Texas during my telemedicine visit (s).

I attest that I have personally read this consent (or had it explained to me) and fully understand and agree to its consents.

Signature

Date

Name

Date of Birth