



TELEMEDICINE PATIENT AGREEMENT

A videoconference consultation uses an audio and visual connection between the doctor and the patient/parent by way of a specialised high speed telephone line that is HIPPA compliant where patient Privacy is assured.

This reduces the need for some patients to travel great distances and improves their access to some specialty services. Whilst this technology is gaining increasing acceptance internationally, in some cases face-to-face consultation is necessary, where the doctor can physically examine the patient. Therefore the doctor may request for a direct follow up to be arranged.

We are required to inform you about a number of issues.

These are:

1. The program is voluntary.
2. Before the video consultation begins you must give your consent in writing.
3. Copay is payable per your insurance plan if any and will be billed for , where patient will receive an invoice via email/mail.All Insurance Regulations will apply in Telemedicine sessions.
4. You will be told the role and identity of other people who may need to take part in the consultation. You will be introduced to all health practitioners taking part.
5. If the health practitioners have any doubts about the effectiveness of the session, they will arrange for a face-to-face interview for you as soon as possible.
7. Your rights to confidentiality and privacy will be respected.
8. There will **NOT** be any video or audio recording of the session.

Consent given by patient

I,Agree to participate in a videoconference consultation between myself and.....(name of persons accompanying the patient)
and..... (Physician) on/...../..... using a videoconference link.
Signature :

Details of Consult

Has the patient used videoconferencing before? Yes No

If yes, was the Telehealth consultation used for: Initial consultation Second opinion
Ongoing management Other

Why did this patient use telehealth?

Ease of access

Emergency

Medical reason

Other

Fax this form to 301-552-0098 or email it to fax@mdicare.com