

Informed Consent for Telemedicine Services

Introduction

Telemedicine involves the use of electronic communications to enable healthcare providers to share medical information with patients in order to improve patient care. The information may be used for diagnosis, therapy, monitoring, and/or education, and may include any of the following:

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

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

Expected Benefits:

- More efficient medical assessment and management.

Possible Risks:

- Improved access to healthcare by allowing a patient to remain in their remote location while the physician can obtain results from medical examinations and provide consultations to allow for greater coverage of care.

- Obtaining a medical opinion from a health professional remotely.

As with any medical procedure, there are potential risks associated with the use of telemedicine. These risks include, but are not limited to:

- In rare cases, the transmitted information may not be sufficient (e.g., poor resolution of images) to allow for appropriate medical decisions by the physician and consultants;
- Delays in medical evaluation and treatment may occur due to equipment deficiencies or failures;
- In very rare cases, security protocols may fail and cause a breach of privacy of personal medical information.

INITIALS _____

Tips for a Successful Telemedicine Video Visit:

- Check your internet connection.
- Ensure that your audio and video are working.
- Find a quiet and private place if possible.
- Check that you have adequate lighting.
- Write down your issues and questions in advance.
- Dress appropriately for the visit.
- Consider using headphones.
- Consider using a computer instead of your smartphone.
- Have easy access on your computer to any images or medical reports you wish to share with the doctor or provider.
- Check your vital signs.
- Have your other medical devices ready for use.
- Be an active participant in the medical examination.
- Have a trusted assistant if necessary.

Scheduling Your Telemedicine Appointment:

- You must contact us first to coordinate the date and time of the appointment.
- After making your appointment you'll receive a call from Iriamar Vélez Quiñones Medical Office to confirm that your appointment will be telehealth, rather than in-person.
- You'll be asked to sign a consent form prior to your visit. You will also receive instructions to log in. If you have any questions, you can contact our office.
- Ensure that your microphone and webcam are enabled and working when logging in.

In addition to the Doximity App, if necessary, we will use other video and voice alternatives that comply with legal requirements. The patient will receive written instructions on how to access this system.

INITIALS _____

This service may not be appropriate for all conditions or diseases. This service is not appropriate in emergency situations. If it is an emergency, call 911 or go to the nearest emergency room.

Informed Consent for Telemedicine Services

Patient Name: _____

Date of Birth: _____

1. OBJECTIVE: The purpose of this form is to obtain your consent to participate in an online telemedicine consultation.

2. NATURE OF TELEMEDICINE CONSULTATION: During the telemedicine consultation:

a) The details of your medical history, examinations, X-rays, and laboratory tests will be discussed with a health professional through the use of interactive video, audio, and telecommunications technology.

b) A physical examination of you may be performed.

c) A non-medical technician may be present at the telemedicine session to assist in the video transmission.

d) Video, audio, and/or photos may be recorded during the procedure(s) or service(s).

3. MEDICAL INFORMATION AND RECORDS: All existing laws regarding your access to medical information and copies of your medical records apply to this telemedicine consultation. Please note that not all telecommunications are recorded and stored. Furthermore, the dissemination of any identifiable images or information about the patient will not occur without your consent and/or as defined by HIPAA Law.

4. 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 Puerto Rican state law apply to the information disclosed during this telemedicine consultation.

5. RIGHTS: You may withhold or withdraw consent for the telemedicine consultation at any time without affecting your right to future care or treatment.

6. DISPUTES: You agree that any disputes arising from the telemedicine consultation will be resolved in Puerto Rico, and that Puerto Rican law will apply to all disputes.

7. PAYMENT FOR SERVICES: You agree that IRIAMAR VELEZ QUIÑONES, MD reserves the right to bill a telemedicine visit to your respective insurance company. Additionally, you are responsible for any deductible and/or balance remaining for the telemedicine consultation if applicable.

INITIALS _____

8. RISKS, CONSEQUENCES, AND BENEFITS: You have been informed of all potential risks, consequences, and benefits of telemedicine. Your healthcare provider has discussed the information provided above with you. I have had the opportunity to ask questions about the information provided in this form and the telemedicine consultation. All of my questions have been answered, and I understand the written information provided.

I agree to participate in a telemedicine consultation.



Signature

Date