

Informed Consent for Pediatric Telemedicine Services

PATIENT NAME: _____	DATE OF BIRTH: _____	CONSENT DATE: _____
LOCATION OF PATIENT DURING TELEMEDICINE VISIT: _____		
PARENT/GUARDIAN NAME: _____:		

Provider Name: _____	Provider Location: _____
Provider Name: _____	Provider Location: _____
Provider Name: _____	Provider Location: _____

- What Is Telemedicine?** Telemedicine involves the use of electronic communication tools to enable health care providers to evaluate, diagnose, consult on, and treat certain health conditions where the patient and the health professional are not in the same physical location. Telemedicine allows your child's health care providers to see and communicate with you and your child in real-time. During a telemedicine consultation, your child's health care providers may include physicians, physician assistants, nurse practitioners, nurses, and other medical and non-medical assistants and technicians (all such individuals are referred to herein as the " **Providers**").
- Information Collected.** During a telemedicine consultation, medical information will be collected using telecommunication tools. This information, along with your child's prior medical records, if and when available, will be used for evaluation, diagnosis, treatment, follow-up, and/or education. Video, audio, and/or photo recordings may be taken of you and your child during the consultation.
- Confidentiality.** Reasonable efforts have been made to eliminate confidentiality risks associated with telemedicine consultations, and all existing confidentiality protections under federal and Georgia state law will apply to information disclosed during each telemedicine consultation. Electronic systems used during a telemedicine consultation will incorporate network and software security protocols to protect confidential patient information and will include measures designed to safeguard data to help prevent intentional or unintentional disclosure or corruption of data.
- Secure and Private Locations.** In an effort to further protect your child's privacy, your healthcare provider will speak with you and your child from a location where only the Providers can hear or watch the consultation with you. It is important, however, that you and your child also be in a private location where only you, your child, and those approved by you, can hear and see the telemedicine consultation. Please understand that it is up to you to be sure that your child's privacy is protected at your location.
- Access to Medical Information and Records.** You will have the same access to your telemedicine visit medical records as you have to records generated during a regular clinic visit. Each telemedicine visit may be recorded; however, not all of your telecommunications with your child's health care Providers are recorded and stored.
- Follow-ups and Emergencies.** The telemedicine services your child receives from Providers are not intended to replace your relationship with other specialist providers involved in your child's care. Please follow-up with your child's other specialty physicians and other caregivers as recommended during your telemedicine visit, and you should always seek emergency help when directed by your Providers or when otherwise needed.
- Risks.** With any telemedicine consultation, there are potential risks. 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 health care decision making by your child's Providers;
 - * delays in medical evaluation or treatment could occur due to failures of the electronic equipment used during the telemedicine consult;

- * in rare instances, security protocols designed and implemented to protect against the improper transmission or distribution of private and confidential information could fail, causing a disclosure of personal health information;
- * a lack of access to all of your child's medical records by Providers during a telemedicine consultation could result in adverse drug interactions, allergic reactions, or challenges that might have been avoided if the consultation had taken place in-person;
- * during a telemedicine consult, your child's health care Providers are not able to do a complete, in person physical evaluation nor is he or she able to discern facts that are often more easily observed in an office visit, and such barriers can impact the care provided through electronic means;
- * for some prescriptions, an in-person clinic visit is required by law, and a telemedicine consultation will not qualify as an in-person visit; and
- * during a telemedicine visit, your Provider might determine that use of telemedicine is not appropriate for your child's circumstances and conditions.

7. **Consent for Treatment.** By signing this **Informed Consent for Telemedicine Services** below, I, on behalf of my child, voluntarily request that the Providers participate in my child's medical care through the use of telemedicine. I understand that Providers (i) may practice in a different location than where my child presents for medical care, (ii) may not have the opportunity to perform an in-person physical examination, and (iii) will rely on information provided by me and my child during my telemedicine consultation. I acknowledge that the Providers' advice, recommendations, and/or decision may be based on factors not within their control, such as incomplete or inaccurate data provided by me or my child or distortions of diagnostic images or specimens that may result from electronic transmissions. I acknowledge that it is my responsibility to provide information about my child's medical history, condition, and care that is complete and accurate to the best of my ability. I understand that the practice of medicine is not an exact science and that no warranties or guarantees are made to me as to result or cure.

I acknowledge that if the Providers determine that telemedicine services do not adequately address my child's medical needs, such Providers may require an in-person medical evaluation. Also, in the event the telemedicine session is interrupted due to a technological problem or equipment failure, alternative means of communication may be implemented or an in-person medical evaluation may be necessary. If my child experiences an urgent matter, such as a bad reaction to any treatment after a telemedicine session, I agree to alert my child's treating physician and in the case of emergencies dial 911 or go to the nearest hospital emergency department immediately.

To facilitate the provision of care and/or treatment through telemedicine, I voluntarily request and authorize the disclosure of all and any part of my child's medical records to the Providers. I understand and agree that the information I am authorizing to be released might include: (i) confidential test results, diagnosis, treatment, and related information; (ii) drug screen results and information about drug and alcohol use and treatment; (iii) mental health information; and (iv) genetic information.

I further understand that the disclosure of my child's medical information to the Providers will be by electronic transmission. Although precautions are taken to protect the confidentiality of this information by preventing unauthorized review, I understand that electronic transmission of data, video images, and audio is new and developing technology and that confidentiality may be compromised by failures of security safeguards or illegal and improper tampering.

I certify that this form has been fully explained to me, that I have read it or have had it read to me, and that I understand its contents.

Signature of Patient/Responsible Party (Relationship to Patient)

Time

Date