



## **TELEMEDICINE PATIENT INFORMED CONSENT**

By participating in care through the use of telemedicine, you acknowledge and agree to the following:

1. **PATIENT RESPONSIBILITY**- You are an **existing** patient of Carolina Elite Women's Care and are 18 years or older. If you are younger than 18, you have a legal guardian present during the telemedicine appointment. You already have a scheduled telemedicine appointment with Carolina Elite Women's Care.
2. **NATURE OF TELEMEDICINE CONSULT** - 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. The information may be used for diagnosis, treatment, follow-up and/or education, and may include any of the following: medical records, medical images, live two-way audio and video.
3. **MEDICAL INFORMATION/RECORDS** - All laws related to your ability to access copies of your medical records apply to this telemedicine consultation. Additionally, our office will not give any information related to this telemedicine appointment to other entities without your consent.
4. **RISKS, CONSEQUENCES, & BENEFITS** - The potential benefits of telemedicine may include, without guarantee, improved access to medical care by enabling patients to remain in their location. While the likelihood may be low, risks may include the following:
  - a. The quality of service may be impacted by an inability to have direct, physical contact with a provider.
  - b. Limitations of telemedicine services, such as poor video quality may result in an office visit or a delay in medical evaluation and/or treatment.
  - c. Security protocols could fail, causing a breach of privacy of personal medical information.
  - d. Lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other negative outcomes.
5. **CONFIDENTIALITY** - Appropriate efforts have been made to eliminate confidentiality risks associated with your telemedicine appointment.
6. **PAYMENTS** - You are responsible for any co-payment, coinsurance, deductible, or other out-of-pocket costs determined by your insurance carrier. You may be charged by our office before or after your telemedicine appointment. You will be responsible for any billed charges that are not covered by your insurance company. If you do not have insurance, you are responsible for the out-of-pocket costs associated with your telemedicine appointment.
7. **RIGHTS** - You may withhold or withdraw consent to your telemedicine appointment at any time without it affecting your future treatment with our office.

**CONSENT** - I have read and understand the information provided above regarding telemedicine and hereby give my informed consent to participate in telemedicine in the course of my diagnosis and treatment.