CENTRO PEDIATRICO SAN PATRICIO

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TELEMEDICINE INFORMED CONSENT

PATIENT NAME: ___________________________________ **DATE OF BIRTH:**________________

Telemedicine services involve the use of secure interactive video, audio, and other electronic communications equipment and devices to interact with you for the purpose of providing medical care,diagnosis, therapy,education and/or follow up services.

NATURE OF TELEMEDICINE CONSULT: During the telemedicine consultation:

- Details of your medical history, examinations, x-rays, and tests may be discussed with other health professionals through the use of interactive video, audio, and telecommunication technology.
- A physical examination of you may take place.
- Video, audio and/or photo recordings may be taken.

MEDICAL INFORMATION AND RECORDS: All existing laws that protect the privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies you will be disclosed to researchers or other entities without your consent.

CONFIDENTIALITY: Reasonable and appropriate efforts have been made to eliminate any confidentiality risk associated with the telemedicine consultation, and all existing confidentiality protections under federal and Puerto Rico (PR) law apply to information disclosed during the telemedicine consultation.

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

DISPUTES: You agree that any dispute arriving from the telemedicine consult will be resolved in PR, and that PR law shall apply to all disputes.

RISK, CONSEQUENCES AND BENEFITS: A potential risk of telemedicine is that your specific concerns, or unforeseen technical issues, may still necessitate a face-to-face session as part of your ongoing treatment. In RARE circumstances security protocols could fail causing a breach of patient privacy. The alternative to telemedicine is a face-to-face visit with your clinician. The benefits of telemedicine is having access to medical specialists and additional medical information and education without having to travel outside of your local health care community.

I have read and understood the information provided regarding telemedicine, have discussed it with my healthcare provider, and all my questions have been answered. I hereby give my informed consent for the use of telemedicine in my medical care.

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Patient/Parent/Guardian Name (Print)

___________________________________ ____________
Patient/Parent/Guardian Signature Date