

VALLEY PEDIATRIC ASSOCIATES, L.L.C.

TELEMEDICINE INFORMED CONSENT

Telemedicine (TM) services involve the use of secure interactive video conferencing equipment, platforms & devices that enable health care providers to deliver health care services to patients and locations outside of our medical office.

1. I understand that the same standard of care applies to a TM visit as applies to an in-person visit. This includes laws that protect privacy and confidentiality of health care information, insurance company policies, and payment policies.
2. I understand that I will not be physically in the same room as my clinician.
3. I understand that there are potential risks to using technology including service interruptions, interceptions, and technical difficulties.
 - a. If the connection is not adequate for the visit, my clinician or I may discontinue the TM visit and make other arrangements to continue the visit.
4. I understand I have the right to refuse to participate or decide to stop participating in the TM visit and my refusal will be documented in my medical record. I also understand that my refusal will not affect my right to future care or treatment.
5. I understand that my health care information may be shared with others for scheduling and billing purposes, insurance carrier review, and referrals, as they would for an in-person visit.

Patient Consent To The Use of Telemedicine:

I have read and understand the information provided above regarding telemedicine, have discussed it with my physician or such assistants as may be designated, and all of my questions have been answered to my satisfaction.

I hereby give my informed consent for the use of telemedicine in my medical care. I hereby authorize Valley Pediatrics to use telemedicine in the course of my diagnosis and treatment.

Signature of Patient/Parent/Guardian

Date

Relationship to patient