

**CONSENT FOR TELEMEDICINE  
CONSULTATION**  
*(Excluding Email)*

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**REASON FOR / PURPOSE OF TELEMEDICINE CONSULTATION:**

The University of Hawaii, through a grant from the Hawaii Department of Health, has arranged a videoconferencing link so that you may receive a telemedicine consultation from a health care provider. The health care provider is responsible for the recommendations that you receive.

**DESCRIPTION OF TELEMEDICINE CONSULTATION:**

Telemedicine is the delivery of health care services through the use of technology when the health care provider and the patient are not in the same location. Videoconferencing, e-health including patient portals, transmission of still images, remote monitoring of vital signs, continuing medical education, and nursing call centers are all considered part of telemedicine. Providers may include primary care practitioners, specialists, and/or sub-specialists.

The health care provider will communicate with you through videoconferencing. The health care provider will explain to you how to use the videoconferencing technology to communicate. Electronically-transmitted information may be used for diagnosis, therapy, follow-up and/or patient education, and may include any of the following:

- Patient medical records;
- Medical images;
- Live two-way video and audio; and
- Output data from medical devices and sound and video files.

**ANTICIPATED BENEFITS OF TELEMEDICINE CONSULTATION:**

- Improved access to medical care by allowing a patient to remain in a different location from his/her health care provider during a consultation between the two.
- More efficient medical evaluation and management.

**POTENTIAL RISKS OF TELEMEDICINE CONSULTATION:**

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

- The health care provider is not able to provide hands-on medical treatment nor provide or arrange for any emergency care that the patient may require during the telemedicine consultation.
- Security protocols could fail, causing a breach of privacy of the patient's personal medical information.
- Telemedicine equipment may be deficient or fail, causing delays in the patient's medical evaluation and treatment.
- The health care provider may not have access to the patient's complete medical records to allow for appropriate medical decision-making by the health care provider. This may result in the patient experiencing adverse drug interactions or allergic reactions or other medical judgment errors.
- In rare cases, information transmitted may not be sufficient (for example, poor resolution of images) to allow for appropriate medical decision-making by the health care provider.

**CONFIDENTIALITY:**

Your privacy and confidentiality will be protected. During the telemedicine consultation, you will be told who is in the room with the health care provider.

The laws that protect privacy and confidentiality of medical information also apply to telemedicine. No information obtained during a telemedicine encounter that identifies you will be disclosed to researchers or other entities without your consent.

Electronic systems used will have network and software security protocols to protect the confidentiality of your health information. The electronic systems will have measures to safeguard the data and ensure its integrity against intentional or unintentional corruption.

**COSTS OF PROCEDURE**

In accordance with the policies and practices of the provider, the costs of the procedure may be billed to your insurance carrier. You may be responsible for any outstanding balance.

**AVAILABILITY OF ALTERNATIVE TREATMENTS:**

You do not have to agree to this telemedicine encounter. Instead, you may seek health care where you might have face- to-face or telephone contact with the health care provider.

**QUESTIONS:**

For any questions or concerns about the consultation, you may contact your health care provider.

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***CONSENT FOR TELEMEDICINE CONSULTATION:***

I, the Patient, certify that I have read and understand the information on this informed consent form and that all blanks were completed before my signature.

- The telemedicine consultation, benefits, and risks have been fully explained to me, and I understand this explanation.
- I understand that the telemedicine encounter may be a one-time occurrence and that treatment and follow-up will remain the responsibility of my provider.
- I understand that specific procedures may require additional informed consent from me.
- I understand that there are no guarantees with telemedicine.
- I have been given an opportunity to ask questions, and all such questions have been answered to my satisfaction.

Patient consents by checking box online