

Informed Consent for Northside Women's Health Telemedicine Services

Interactive video communication to evaluate, diagnose, manage and treat health care problems from a distant location is called "telemedicine" or "telehealth".

By signing this form, I understand the following:

1. I will not be at the same location as the health provider (HCP) conducting my telemedicine visit(s).
2. Under the current COVID-19 pandemic, it has been assessed by my healthcare provider's staff that the safest option for consultation is a telemedicine visit. Should the healthcare provider decide that I need in-person services, I will be advised to seek these services.
3. I understand that a variety of alternative methods of medical care may be available to me, and that I may choose one or more of these at any time.
4. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment.
5. I voluntarily consent to health care services provided by my doctor(s) or a designee, which may include diagnostic tests, drugs, examinations, and medical or surgical treatments considered necessary to treat my health problem.
6. I understand that I have the right to inspect all information obtained and recorded in the course of a telemedicine interaction, and may receive copies of this information for a reasonable fee.
7. I understand that it is my duty to inform my provider of electronic interactions regarding my care that I may have with other healthcare providers.
8. I understand that I may be released before all my medical problems are known or treated and it is my responsibility to make arrangements for follow-up care.

Possible Risks:

As with any medical procedure, there are potential risks associated with the use of telemedicine.

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 medical decision making by the physician and consultant(s)
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information
- In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other judgment errors.

FINANCIAL ASSIGNMENT OF BENEFITS

I and/or my insurance carrier(s) agree to pay, in a timely manner, for emergency health care services provided. I authorize payment directly to Northside Women's Health all benefits payable.

RESPONSIBILITY

In consideration for the telehealth services rendered to me, I agree to pay the charges not covered by any insurer or third party payer, including any deductible or co-payment, or any charges not covered as a result of my failure to provide notification or obtain pre-authorization for treatment as required by any insurer or third party payer to Northside Women's Health. Should my account be referred for collection, I agree to pay Northside Women's Health reasonable attorney fees and collection expenses.

Patient Consent to the Use of Telemedicine

I have read and understand the information provided above regarding telemedicine, have discussed it with my HCP, and all of my questions have been answered to my satisfaction. I hereby give my informed consent to Northside Women's Health for the use of telemedicine in my medical care including diagnosis and treatment.

- I have received and been offered a copy of the NWH Notice of Privacy Practices.
- I have been offered a copy of this consent form.

Signature of Patient/Representative _____

Relationship to patient _____

Patient printed name _____ Date of Birth _____

Date _____