Heuser Hearing Institute
Heuser Hearing & Language Academy

Telemedicine Informed Consent

Patient Name: ______________________ DOB: __________ Client Location: ______________

Provider Name: ______________ Provider Location: ________________________________

Introduction

You are going to have a clinical visit using videoconferencing technology. You will be able to see and hear the provider and they will be able to see and hear you, just as if you were in the same room. The information may be used for diagnosis, therapy, follow-up or education.

Expected Benefits:

- Improved access to care by enabling you to remain in contact within the facility and obtain services from providers at distant sites.
- You remain closer to home where local health care providers can maintain continuity of care.
- Reduced need to travel for both you and the provider.

The Process:

You will be introduced to the provider and anyone else who is in the room with the provider. You may ask questions of the provider or any telemedicine staff in the room with you, if you are unsure of what is happening. If you are not comfortable with seeing a provider on videoconference technology, you may reject the use of the technology and schedule a traditional face-to-face encounter at any time. Safety measures are being implemented to ensure that this videoconference is secure, and no part of the encounter will be recorded without your written consent. The encounter will be documented by the provider and entered into the electronic record, in the same way as if the encounter was face-to-face.

Possible risks:

There are potential risks associated with the use of telemedicine which include, but may not be limited to:

- A provider may determine that the telemedicine encounter is not yielding sufficient information to make an appropriate clinical decision.
- Technology problems may delay medical evaluation and treatment, could fail during a session, be interrupted by unauthorized parties, or stored information could be accessed by unauthorized parties.
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information or general loss of confidentiality related to third parties overhearing a session if not completed in a secure environment, or theft of private, stored data.

By signing this form, I understand the following:

1. I understand that the laws that protect privacy and confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent.
2. I understand that I can expect that my privacy, confidentiality and healthcare information be protected, but criminal, third-party breach, cannot be assured but will be protected against to the extent possible per Heuser procedure and technology protocol.
3. 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.

4. I also understand that if the provider believes I would be better served by a traditional face-to-face encounter, they may, at any time stop the telehealth visit and schedule a face-to-face visit.
5. I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.

Patient Consent to the Use of Telemedicine

I have read and understand the information provided above regarding telemedicine, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my care.

Signature of Client (or parent/guardian): ______________________________ Date: ______________

Witness: ____ Date: ______________