



Coffey Health System

801 N 4th Street | Burlington, KS 66839

Phone: 620-364-5395 | Fax: 620-364-8719 | coffeyhealth.org

Informed Consent for Telemedicine Services

Introduction

Telemedicine involves the use of electronic communications to enable healthcare providers at different locations to share individual patient medical information for the purpose of improving patient care. Provider may include primary care providers, specialists, and sub-specialists. The information may be used for diagnosis, therapy, follow-up, and education, and may include any of the following:

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

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard data and to ensure its integrity against intentional and unintentional corruption.

Expected Benefits

- Improved access to medical care by enabling a patient to remain in his/her home (or other remote site) while the provider obtains patient care related information.
- More efficient medical evaluation and management.

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;



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By signing this form, I understand the following:

- 1) I understand the laws that protect privacy and the 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 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.
- 3) 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.
- 4) I understand that a variety of alternative methods of medical care may be available to me, and that I may chose one or more of these at any time.
- 5) I understand that telemedicine may involve electronic communication of my personal medical information to other medical practitioners who may be located in other areas, including out of state.
- 6) I understand that it is my duty to inform my provider of electronic interactions regarding my care that I may have with providers outside of Coffey Health System.
- 7) I understand 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. I hereby give my informed consent for the use of telemedicine in my medical care. I authorize Coffey Health System to use telemedicine in the course of my diagnosis and treatment.

Patient or Patient's Representative Signature

Patient's Name:

Date of Birth:

Date: