

Informed Consent for Telemedicine Services
John Muffoletto, MD

PATIENT NAME: _____	TODAY'S DATE
EMAIL: _____	DATE OF BIRTH:
CELL PHONE: _____	MEDICAL RECORD or PATIENT #
EMERGENCY CONTACT: _____	_____

Introduction

Telemedicine involves the use of electronic communication to enable health care providers improve the delivery of patient care. As an extension of my practice, I am offering select low-risk patients the option to use telemedicine for limited purposes. Telecommunication is not intended to replace face-to-face communication between physician and patient. The communication may be used for limited purposes such as an office visit, follow up care and or patient education and include but is not limited to the following:

- Patient-specific medical information
- Live two-way audio and video
- Medical images

Doxy.me telemedicine platform is an easy to use HIPAA-compliant platform that requires no downloads or installation. Patients will need a camera-ready cellphone, laptop, desktop or tablet in order to participate in telemedicine. Your medical information will be encrypted to provide protection of and prevent unauthorized access to your confidential medical information; however, 100% confidentiality cannot be guaranteed. Dr. Muffoletto will include additional measures to safeguard the data and to ensure its integrity against intentional or unintentional consumption. A chaperone is not available during the telemedicine appointment, which may limit the scope of an examination to ensure patient privacy.

Expected Benefits:

- Improved access to Dr Muffoletto's care and potentially patient outcome by enabling a patient to remain in his/her home (or at another location) while discussing potential surgical problems, post-operative care, test results and other clinical information with Dr. Muffoletto.
- Reduced need to return-to-office for follow-up care.

Possible Risks:

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

- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information;
- An unexpected power outage may delay a telemedicine appointment and may result in the patient having to come into the office.

Please initial after reading this page: _____

I have been offered a copy of this consent form (patient's initials) _____

By signing this form, I understand the following:

1. I understand that 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 any persons or entities without my consent.
2. 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.
3. I understand that it is my duty to inform Dr. Muffoletto of electronic interactions regarding my care that I may have with other healthcare providers.
4. 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 for the Use of Telemedicine

I have read and understand the information provided above regarding telemedicine, have discussed it with Dr. Muffoletto 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 John Muffoletto, MD to use telemedicine in the course of my diagnosis and treatment.

Patient Name: _____ Date: _____

Patient Signature: _____

Responsible party (if other than patient): _____

Witness: _____ Date: _____

Please initial after reading this page: _____

I have been offered a copy of this consent form (patient's initials) _____