VIRGINIA BARIATRIC
171 Elden Street • Suite 3B • Herndon, VA 20170
Ph: (703) 709-9771 • Fax: (888) 519-0045
contact@virginiabariatric.com • www.virginiabariatric.com

Informed Consent for Telemedicine Services

Patient Name: Date of Birth: Date:

Introduction

Telemedicine involves the use of electronic communications to enable healthcare providers at a patient's location to interact with patient medical information for the purpose of improving patient care. The 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 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 the data and to ensure it is transmitted without corruption.

Expected Benefits:

- Improved access to medical care by enabling a patient to remain at a remote site while consulting from healthcare practitioners at distant/other sites.
- More efficient medical evaluation and management.
- Obtaining expertise of a distant specialist.

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 appropriate medical decision making by the providers;
- 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, allergic reactions, or other judgment errors.

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 any information obtained in the use of telemedicine which identifies me will be disclosed to researchers only as authorized by law.
2. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine at any time, without affecting my right to future care or treatment.
3. I understand that I have the right to inspect all information obtained and recorded in a telemedicine interaction, and may receive copies for a reasonable fee.
4. I understand that a variety of alternative methods of medical care may be available to me at any time. My provider has explained the alternatives to my satisfaction.
5. I understand that telemedicine may involve electronic communication of my personal medical information to practitioners located in other areas, including out of state.
6. I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that those benefits cannot be guaranteed or assured.
7. I understand that the provider will bill services to my insurance company, and that I am liable for any fees or costs associated with this telemedicine visit.

Patient Consent to the Use of Telemedicine

I have read and understand the information provided above regarding telemedicine, have discussed it with my physician or such assistants as may be designated, and all 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 Virginia Bariatric Surgery Center to use telemedicine in the performance of care.

Signature of Patient (or person authorized to sign): Date:

_____ _____