

Tanglewood Family Medical Center, PA  
606 N Mulberry Rd, Derby, KS, 67037  
(316)788-3787

Patient Name:  
DOB:  
Provider Name:

## **Informed Consent to Telemedicine Consultation**

By signing this form, you consent to participate in telehealth/telemedicine (i.e. Virtual Visits, Telephone Visits) between you and your primary care provider or other healthcare individuals in order that they may provide you, or your dependents, patient care services and other clinical services utilizing live, two-way audio/video technology or via telephone only. Services utilizing such technology may be used for the purpose of diagnosis, therapy, follow-up and /or education, assessment, treatment, or other services.

1. **Expected Benefits:**
  - Improved access to health care by enabling a patient to remain at home (or at a remote site) while receiving care from a distance.
2. **Potential Risks:** Risks include but are not limited to:
  - In the event of interruption or disconnection of the audio/video connection, the continuity or completion of a particular telemedicine visit will depend upon whether the information transmitted is sufficient for the patient's condition. If the audio/video connection is inadequate for the purpose or is disconnected, Tanglewood Family Medical Center may require an in-person visit. Your health information will be transmitted electronically by audio and video. The security and confidentiality of information transmitted electronically may be compromised by the failure of security safeguards or illegal or improper tampering.
  - While Tanglewood Family Medical Center has taken reasonable and appropriate efforts to eliminate any confidentiality risks associated with your telemedicine appointment, Tanglewood Family Medical Center cannot control your environment or any company you may have during the telemedicine appointment.
3. **Nature of Telemedicine:**
  - During the telemedicine appointment, details of your medical history and current condition may be discussed by interactive audio/video technology.
  - Tanglewood Family Medical Center and its providers rely on information by you and it is your responsibility to provide information about your medical history, condition, and care that is complete and accurate to the best of your ability.
  - Tanglewood Family Medical Center and its providers' advice, recommendations, and decisions may be based on factors not within their control, such as incomplete or inaccurate data provided by you or distortions of audio/video during the telemedicine visit.
  - Tanglewood Family Medical Center has the right to determine if a telemedicine appointment is appropriate for your needs and may recommend an in-person appointment.
4. **Medical Records:** All existing laws regarding your access to medical information and copies of your medical records apply to this telemedicine visit. Your provider will document the medical information conveyed during the appointment into your medical record the same as if it were an in person visit. Please note, not all telecommunications are recorded and stored.
5. **Payment Agreement:** By signing below you understand that your insurance will be billed for any telemedicine services you receive from Tanglewood Family Medical Center; you may be billed for what your insurance does not cover, including any deductibles, coinsurance and copay; and you have been advised to check with your insurance carrier for coverage of telemedicine visits. If your insurer does not cover telemedicine visits then you will be responsible for the full fees for telemedicine services you received from Tanglewood Family Medical Center. If you have any questions about your billing, you should contact Tanglewood Family Medical Center's billing office.

6. **Data and Devices:** Tanglewood Family Medical Center does not warrant that its telemedicine services will be compatible with any updates to, or prior versions of, your devices' operating systems. To the extent that your telemedicine appointment requires the use of wireless, cellular data, or internet access, you are responsible for securing the necessary data access service. E.g. your mobile phone provider may charge you data access fees in connection with your use of telemedicine services. You are solely responsible for all such charges payable to third parties.
7. **Patient Rights:** You may withhold or withdraw your consent to telemedicine at any time without affecting your right to future care or treatment.

**By signing this form, I understand the following:**

1. I have been advised of the potential risks, consequences, and benefits of telemedicine
2. I have had an opportunity to ask questions about the information presented on this form by contacting Tanglewood Family Medical Center prior to my visit.
3. All my questions have been answered and I understand the information provided above.

**My signature below (or other written acknowledgement of my acceptance to the terms above) indicates my consent to participate in a telemedicine appointment in connection with the service (s) described above. The consent will be documented in my medical record with Tanglewood Family Medical Center.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_