

PATIENT'S INFORMATION
(Please Stick Label)

TELECONSULTATION CONSENT FORM

I understand that teleconsultation is the use of electronic information and communication technologies by Institut Jantung Negara Sdn Bhd ("IJN") to provide diagnostic or therapeutic advise through electronic means in accordance to applicable laws and regulations of Malaysia.

I hereby fully and unconditionally agree and accept that by signing this consent form I have reviewed, understand and accept the risk and benefits of teleconsultation service and to the terms and conditions of this consent.

I understand that the laws that protect the confidentiality of my medical information also apply to teleconsultation. As such, I understand that the information disclosed by me during teleconsultation session is confidential. I also understand that the dissemination of any personally identifiable images or information from the teleconsultation interaction shall not occur without my written consent.

1. I agree that during teleconsultation:

- a) Details of my medical history and blood laboratory test will be discussed through the use of interactive video, audio, and telecommunication technology;
- b) No physical examination will take place;
- c) Video and/or audio recording is taken for quality improvement purposes;
- d) Relevant information including additional tests, medication or investigation maybe unclear, absent or incomplete at the time of teleconsultation; and
- e) All care plan and treatment will be documented in Patient Medical Record.

2. I understand there are risks and consequences from teleconsultation due to but not limited to:

- a) Delays in medical advice for treatment could occur due to insufficient medical investigation, absence of physical examination and limited supporting investigation;
- b) Language barrier, incomplete understanding of relevant problems and time constraints;
- c) Information transmitted and information provided may limit scope and interpretation for discussion. Technical difficulties or interruption of electronic services may delay evaluation and decision of treatment.

3. I have the absolute right to withhold or withdraw my consent at any time, without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time by contacting 03 – 26178844 / ced@ijn.com.my. As long as this consent is in force (has not been revoked) IJN may provide health care services to me via teleconsultation without the need for me to sign another consent form.

4. Teleconsultation is merely a verbal advice based on the medical history and existing laboratory investigations. In the event when further investigation needed, a face to face consultation is more appropriate.

I hereby further confirm that the above has been explained to me by Institut Jantung Negara Sdn. Bhd. in a language that I understand, and I confirm that I fully understand the nature and consequence of my consent and I sign on this form without any reservation whatsoever.

****Please strikethrough whichever if not applicable***

*PATIENT /PARENT /SPOUSE /NEXT OF KIN /GUARDIAN	IJN DOCTOR
Signature:	Signature:
Name:	Name:
Relation to Patient:	Designation:
NRIC number:	Date & Time:
Date & Time:	