PATIENT NAME_____

MEDICAL RECORD NUMBER_____

CONSENT TO PARTICIPATE IN TELEMEDICINE CONSULTATION

1. PURPOSE. This form is to obtain consent for a telemedicine consultation with _____ _____ [TPMG physician and specialty]. The purpose of this consultation is to assist in the diagnosis or treatment of: _____

_____

2. TELEMEDICINE CONSULTATION DEFINED AND DESCRIBED. Telemedicine involves the use of interactive audio, video or other data communications (not including telephone conversations and electronic mail messages) for real or near real time communications between health care providers and personnel and the patient for the purpose of diagnosis, treatment, follow-up care and/or education. During telemedicine consultations, details of the patient's medical history and personal health information may be discussed with other health professionals, and these discussions may also involve using interactive video, audio and telecommunications technology. Additionally, video, audio and/or photo recordings may be taken.

3. RISKS & BENEFITS. The benefits of telemedicine include having readily available access to doctors, other medical specialists and additional medical information and education without having to travel to a Kaiser Permanente facility for an in-person consultation. However, a face-to-face consultation may still be necessary after the telemedicine appointment in the case of specific medical conditions, when there are questions that cannot be answered through a telemedicine consultation, or when in-person treatment must be provided. A face-to-face consultation may also be required because of technical problems that occurred during the telemedicine consultation. There are additional risks, including the possibility that despite reasonable efforts, the transmission of medical information could be distorted or interrupted, and that the telemedicine examination may not reveal something that would have been identified in a face-to-face examination.

There are also the following additional risks associated with the patient's particular condition:

_____

_____.

4. MEDICAL PRIVACY. All California and federal laws concerning the access to and use of medical records apply to telemedicine, and, except as permitted by law, no patient identifiable images or information from the telemedicine consultation will be disclosed to researchers or other entities without the patient's consent.

5. ACCESS TO INFORMATION. The patient has the right to inspect any medical information that is transmitted during a telemedicine consultation and thereafter is recorded and stored, and may receive copies of such information for a reasonable fee. (In some real-time interactive transmissions video images are not recorded and stored.)

6. WITHHOLDING & WITHDRAWAL OF CONSENT. The patient may withhold or withdraw consent to a telemedicine consultation at any time before and/or during the consult without affecting his or her rights to future care or treatment, or risking the loss or withdrawal of any Kaiser Permanente benefits to which the patient is otherwise entitled.

7. [FOR MEDI-CAL RECIPIENTS OF TELEOPTHALMOLOGY AND TELEDERMATOLOGY] Medi-Cal patients who receive opthalmology and dermatology consultations via telemedicine have the right to an interactive communication with the physician at the time of telemedicine consultation or within 30 days after they receive the results of the consultation.

The physician has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all of my questions have been answered. I have read the above description of telemedicine and agree to the telemedicine consultation.

_____ or _____

Signature of Patient | Signature of Patient's Representative

_____ _____

Name of Representative | Relationship of Representative to Patient

_____

Signature of Witness (required if patient unable to sign)

_____

Date of Signatures