

Children's Names:

1. _____
2. _____
3. _____
4. _____
5. _____

Birth Dates:

Consent for Telemedicine Services

Telemedicine is the delivery of healthcare services through the use of technology when the healthcare provider and patient are not in the same physical location.

Electronically transmitted information may be used for diagnosis, treatment, follow-up, and/or patient education and may include any of the following:

- Patient medical records
- Medical images
- Interactive audio, video, and/or data communications
- Output data from medical devices and sound and video files

The interactive electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data. It will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Benefits of telemedicine include improved access to medical care by enabling a patient to remain at home or a site remote from the physician's office.

Risks of telemedicine include the following:

- Information transmitted may not be sufficient (i.e. poor resolution of images) to allow for appropriate medical decision making.
- The physician or nurse practitioner are not able to provide medical treatment to the patient through the use of telemedicine equipment nor provide for or arrange for any emergency care that the patient may require.
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.
- Security protocols could fail, causing a breach of privacy or personal medical information.

The alternative to telemedicine is to seek in-person medical care.

I have read the above information and have no further questions.

I consent to telemedicine with Aspen Children's Clinic of Broken Arrow.

Signature: _____ (Patient, Parent, Legal Guardian) Date: _____