



Informed Consent for Media Services

Due to the changing world of healthcare and technology, Children's Oasis Pediatrics is currently participating in **telemedicine** and will soon have the ability to send communication to patients via **email** or **texting** under the following conditions.

Telemedicine involves the use of electronic communications to enable health care providers at different locations to share individual patient medical information for the purpose of improving patient care. Providers may include primary care practitioners, specialists, and/or subspecialists. The information may be used for diagnosis, therapy, follow-up and/or education, and may include any of the following:

- Patient medical records
- Medical images
- Live two-way audio and video
- Output data from medical devices, 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 its integrity against intentional or unintentional corruption.

Emails: We will only use your email for the purpose of communicating with your family more efficiently. This could include confirmation or reminders for upcoming appointments, reminders that a patient is due for a particular appointment, or to communicate results or pertinent offerings from our practice as well as share up to date general medical information or resources for parents. You may discontinue your participation in emails at any time by clicking the "unsubscribe" option at the bottom of every email.

Texts: We will only text for the purpose of confirming an upcoming appointment, remind you to call and schedule an appointment when needed, or to communicate results or essential office information. You may discontinue your participation in receiving texts by replying "Stop" to a text message from us. Standard text messaging rates may apply.

For both Email and Text:

- Email/Text is not appropriate for urgent or emergency situations or for medical questions. There is no guarantee that any particular provider will be able to read a message or respond within any particular time frame.
- Any information sent to us by you will be added to the medical record when appropriate.

Our Commitment to Protecting Your Privacy:

We will only use this information to communicate with you. Our vendors, nor our office, will share names, emails, and/or telephone numbers with any other entity without guardian's written consent or as authorized by the law. Any vendors involved with using telemedicine, email or texting, will agree to a business agreement protecting your Private Health Information, per HIPPA. Children's Oasis Pediatrics cannot guarantee but will use reasonable means to maintain security and confidentiality of email/text information sent and received. We are not liable for improper disclosure of confidential information that is not caused by Children's Oasis

Pediatrics' intentional misconduct. Likewise, Children's Oasis Pediatrics is not liable for breaches of confidentiality caused by a client or any third party.

Possible Risks:

As with any medical procedure, there are potential risks associated with the use of telemedicine, email, or texting. These risks include, but may not be limited to:

- In some cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the physician and consultants(s);
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment or due to limitation of the physical exam by video.
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information.
- Emails/Texts could be circulated, forwarded, stored electronically or on paper, or misaddressed to unintended recipients. They can be intercepted, altered, forwarded, or used without authorization or detection.
- Backup copies of emails and texts could still exist on a server even after being deleted by sender or recipient.
- Employers and on-line services have a right to inspect emails sent through their company systems.
- Emails and Texts can be used as evidence in court.
- Emails and Texts are not guaranteed to be secure and therefore it is possible that the confidentiality of these communications could be breached by a third party.

By signing this consent, I understand the following:

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, email and texts. No information obtained in the use of telemedicine, which identifies me, will be disclosed to other entities without my consent.
2. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine, emailing, and/or texting in the course of my care 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 the course of a telemedicine interaction, and may receive copies of this information for a reasonable fee.
4. Some visits may need to be converted to an in-person doctor visit which at that time it will only be billed as 1 office visit to your insurance if you come in that day.
5. I understand that telemedicine may involve electronic communication of my personal medical information to other medical practitioners who may be 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 no results can be guaranteed or assured.
7. I understand that if my health insurance does not cover the cost of a telemedicine visit, a phone consult, or consult utilizing text or email conversation, I will be responsible for this charge.

v. April 2020



KATHERINE KRIEG, M.D., F.A.A.P. • SHARON NOVY, M.D., F.A.A.P.

1425 W. Elliot Rd., Suite 204 • Gilbert, Arizona 85233 • 480-792-1012 • Fax 480-792-1013

Patient Consent For Media Services

Patient Name: _____ Date Of Birth: _____

Patient Name: _____ Date Of Birth: _____

Patient Name: _____ Date Of Birth: _____

Patient Name: _____ Date Of Birth: _____

I have read, fully understand, and consent to the information provided in the most recent version of the Media Consent. Any questions have been answered to my satisfaction. I hereby give my informed consent for the services I have checked below to be used in my child's medical care and consent to the instructions and conditions outlined above. I agree not to hold the provider liable for any electronic messaging charges/fees by these services. I will inform my provider of any changes in my email or phone number in a timely manner.

☐ I hereby authorize Dr. Krieg/Dr. Novy to use **TELEMEDICINE** in the course of my diagnosis and treatment.

☐ Please **sign me up to receive email** messages at the following email when the service is available. **This will be the same email you use for the portal.**

Email: _____

☐ Please **sign me up to receive text message appointment reminders** and pertinent office notifications when the service is available.

Mobile Number: _____

Signature of Authorized Signer to Patient(s)

Date:

Relationship to Patient(s)