



## Telemedicine Consent Form

1. The type of service to be provided by via telemedicine is: Reproductive Health Care.
2. I understand that this service is not the same as a direct patient/healthcare provider visit, because I/the patient will not be in the same room as the healthcare provider performing the service. I understand that parts of my/the patient's care and treatment which require physical tests or examinations will not be addressed during this visit. Any physical tests or examinations will be completed at a later date during an in-person appointment by the providers and staff at OCO's The Centers for Reproductive Health.
3. My/the patient's provider has fully explained to me the nature and purpose of the videoconferencing technology and has also informed me of expected risks, benefits and complications (from known and unknown causes), attendant discomforts and risks that may arise during the telemedicine session, as well as possible alternatives to the proposed sessions, including visits with a physician in-person. The attendant risks of not using telemedicine sessions have also been discussed. I have been given an opportunity to ask questions, and all my questions have been answered fully and satisfactorily.
4. I understand that there are potential risks to the use of this technology, including but not limited to interruptions, unauthorized access by third parties, and technical difficulties. I am aware that either my/the patient's healthcare provider or I can discontinue the telemedicine service if we believe that the videoconferencing connections are not adequate for the situation.
5. I understand that the telemedicine session will not be audio or video recorded at any time.
6. I agree to permit my/the patient's healthcare information to be shared with other individuals for the purpose of scheduling and billing. I agree to permit individuals other than my/the patient's healthcare provider to be present during my/the patient's telemedicine service to operate the video equipment, if necessary. I further understand that I will be informed of their presence during the telemedicine services. I acknowledge that if safety concerns mandate additional persons to be present, then my or guardian permission may not be needed.
7. I acknowledge that I have the right to request the following:
  - a. Omission of specific details of my/the patient's medical history/physical examination that are personally sensitive, or
  - b. Asking non-medical personnel to leave the telemedicine room at any time if not mandated for safety concerns, or
  - c. Termination of the service at any time.
8. It is the responsibility of the telemedicine provider to conclude the service upon termination of the videoconference connection.
9. I/the patient understand(s) that my/the patient's insurance will be billed by the telemedicine healthcare provider for telemedicine services. I/the patient understand(s) that if my insurance does not cover telemedicine services I/the patient will be billed directly by the telemedicine healthcare provider for the provision of telemedicine services.

10. My/the patient's consent to participate in this telemedicine service shall remain in effect for the duration of the specific service identified above, or until I revoke my consent in writing.
11. I/the patient agree that there have been no guarantees or assurances made about the results of this service.
12. I confirm that I have read and fully understand both the above and the *Telemedicine: What to Expect* form provided. All blank spaces have been completed prior to my signing. I have crossed out any paragraphs or words above which do not pertain to me.

\_\_\_\_\_  
**Patient/Relative/Guardian Signature\***

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Relationship to Patient (if required)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Interpreter (if required)**

\_\_\_\_\_  
**Date**

\* The signature of the patient must be obtained unless the patient is unable to give consent or otherwise lacks capacity.

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I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to (including no treatment) the proposed procedure, have offered to answer any questions and have fully answered all such questions. I believe that the patient/relative/guardian fully understands what I have explained and answered.

\_\_\_\_\_  
**Provider's Signature**

\_\_\_\_\_  
**Date**

## Telemedicine: What to Expect

### What is Telemedicine?

Telemedicine is the exchange of medical information from one site to another via electronic communications. The telemedicine service offered to you will allow you to have a medical appointment with your provider via secure and interactive video equipment. You will be able to speak in real-time with your provider during your telemedicine appointment.

### Is Telemedicine Safe?

Yes, all telemedicine sessions are safe, secure, encrypted, and follow the same privacy (i.e., HIPAA) guidelines as traditional, in-person medical appointments. Your telemedicine appointments will always be kept confidential. In addition, telemedicine appointments are NEVER audio or video recorded without the patient's consent.

### Can I Choose Not to Participate?

Of course, with this program you have been offered the option of seeing your provider via secure and interactive video equipment within your primary care office.

### Things to Remember about Your Telemedicine Appointment:

1. You will schedule your telemedicine appointments the same way you currently schedule an appointment with your provider by calling 315-598-4740.
2. As with your traditional, in-person medical appointments it is your responsibility to call OCO's The Centers for Reproductive Health at 315-598-4740 to cancel an appointment if you are unable to attend your telemedicine appointment. When possible, cancellations should be made at least 24 hours prior to the appointment time.
3. On the day of your appointment you will check-in via a phone call from OCO's The Centers for Reproductive Health no more than 15 minutes before your scheduled appointment time.
4. The *Telemedicine New Patient Packet* must be completed prior to scheduling your first telemedicine appointment. You must complete these forms in order to schedule your first appointment:
  - *Telemedicine Consent* form
  - Any other forms/consents OCO's Centers for Reproductive Health require, including the *Notice of Privacy Practices, Patient Rights and Responsibilities* form and the *HealthConnections Consent* form.
5. If you are prescribed medication(s) by the specialist you will be able to pick it up directly at your pharmacy of choice as the specialist will either phone in or electronically prescribe your medication(s).
6. If you miss a telemedicine appointment and need a prescription refill or you have any questions about your medication, you must contact OCO's The Centers for Reproductive Health directly at 315-598-4740. Please be sure to call at least 72 hours prior to running out of medication.

**If you have any questions or concerns after reading this form, please contact  
OCO's The Centers for Reproductive Health at 315-598-4740**