Marisa Messore M.D. FACOG, MSCP, If
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Menopausetelemedicine.com

CONSENT FOR TELEMEDICINE SERVICES

Telemedicine is the delivery of health care services through the use of technology when the health care provider and patient are not in the same physical location. This includes telephones, computers, laptops, iPad and the use of Internet and/or telephone-based portals. The interactive electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and include measures to safeguard the data.

Electronically-transmitted information may be used for the diagnosis, therapy, 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 and output data from medical devices and sound and video files.
Services Provided: Telemedicine offered by The Center for Women's Sexual Health and Medicine, and the Practice's providers may include patient consultation on a condition or results, diagnosis, treatment recommendations, prescriptions, and/or a referral to in-office care, another physician or a hospital/Emergency department.

Potential Benefits:

- Improved and safe access to medical care by enabling you to remain in your preferred location (for example your home or office) while your provider consults with you from a distant/other site.
- Obtaining the expertise of a distant specialist
- More efficient care evaluation and management

Potential Risks or Limitations:

- Information transmitted may not be sufficient to allow for appropriate medical decision-making by the telemedicine provider
- The consulting telemedicine provider is not able to provide medical treatment to the patient through the use of telemedicine equipment nor provide for or arrange emergency care that may be required.
- Delays in medical evaluation and treatment due to deficiencies or failures of the equipment or insufficient information provided
- Security protocols could fail, causing a breach of privacy of personal medical information
- An adverse drug interaction or allergic reaction due to lack of access to complete medical records

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By signing this form, I understand agree to the following:

1. The laws that protect the privacy and confidentiality of medical information also apply to Telemedicine
2. A variety of alternative methods of medical care may be available to me, and I may choose one or more of these at any time. These alternative care methods have been explained to me to my satisfaction.
3. I understand it is my responsibility to provide a complete and accurate medical history and send any pertinent medical records, lab work, and radiology prior to my Telemedicine visit to ensure the most comprehensive and effective visit.
4. I have the right to inspect all information obtained during the course of a Telemedicine interaction, and may receive copies of this information for a reasonable fee.
5. 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 may expect benefits from the use of Telemedicine in my care, but no results can be guaranteed or assured and in some cases a condition may worsen.
7. I have the right to withhold or withdraw my consent to the use of Telemedicine during the course of my care at any time.
8. I understand that I may not be covered under my current health insurance plan for Telemedicine services and will assume financial responsibility for the services rendered.

I have read and understand the information provided above regarding Telemedicine. I have discussed it with my physician or designated provider, and all of my questions have been answered to my satisfaction. I hereby give my informed consent to the use of Telemedicine in my medical care.

Name of Patient: _____Date: _____

Signature of Patient: _____

Parent or Guardian Signature: _____
(If under the age of 18)