

**Authorization and Consent/Refusal Form for Telemedicine**

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

\_\_\_\_\_  
initials

I understand that telemedicine is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to Airway Alliance ENT providing health care services to me via telemedicine.

\_\_\_\_\_  
initials

I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine. Reasonable and appropriate efforts have been made to eliminate confidentiality risks. As always, your insurance carrier will have access to your medical record for quality review/audit. I agree that any dispute arising from the telemedicine service will be resolved in Texas, and that Texas law shall apply to all disputes.

\_\_\_\_\_  
initials

I understand that I will be responsible for any copayments or coinsurances that apply to my telemedicine visit. I authorize for a credit card payment to be securely stored and payment in full deducted when a telemedicine visit has occurred.

\_\_\_\_\_  
initials

I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care of treatment. I may revoke my consent orally or in writing at any time by contacting Airway Alliance ENT. As long as this consent is in force (has not been revoked) Airway Alliance ENT may provide healthcare services to me via telemedicine without the need for me to sign another consent.

\_\_\_\_\_  
initials

In order to qualify for telemedicine, I understand that I must have a face-to-face visit within the preceding 12 months if determined appropriate by my provider (waived during COVID crisis). I understand that I may expect the anticipated benefits from use of telemedicine in my care, but that no results can be guaranteed or assured.

**\*\*\*Computer or Cell phone must have audio and visual capability\*\*\***

\_\_\_\_\_  
initials

I have read and understand the information provided above regarding telemedicine, and all of my questions have been answered to my satisfaction. I hereby give my consent for the use of telemedicine in my medical care.

\_\_\_\_\_  
Print Name (note if Parent or Guardian)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date/Time

I DO NOT wish to participate in the telemedicine service as described above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date/Time

## Authorization and Consent/Refusal Form for Telemedicine

### What is Telemedicine?

Telemedicine, as it would be used at Airway Alliance ENT, involves the use of electronic communications to enable your healthcare provider(s) to evaluate you and manage your care plan without having a direct in-person visit at the office. During a telemedicine “visit” your provider(s) will be able to do any of the following and more:

- Review outside medical records
- Review scans/images and lab results
- Video examination of postoperative incision sites
- Evaluate your concerns via live two-way audio and video
- Provide virtual face-to-face advice or evaluation during off-hours

Telemedicine consultation will be similar to a routine medical office visit, except interactive video technology will allow you to communicate with your provider at a distance. The use of video technology to deliver healthcare and educational services is a new technology and may not be equivalent to direct patient-to-physician contact. During telemedicine consultation, your provider may recommend a visit to a hospital for further or urgent evaluation.

### What about privacy?

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 ensure its integrity against intentional or unintentional corruption. At times, nonmedical technical personnel may need to be present in the telemedicine studio to aid in video transmission – reasonable efforts will be made to avoid disclosure of your personal health information in their presence.

All existing laws and office policies regarding your access to medical information and copies of your medical records apply to telemedicine consultation.

### Expected benefits:

Improved access to medical care: enables patient to obtain imaging/lab results directly from provider while being at a distant site (not in-office)

Enables provider to free up valuable clinic time to focus on treating patients

Enables provider to communicate directly with you and/or your primary care provider (if you set up a visit that takes place at your PCP’s office – you would have to determine details of this with your PCP)

### Possible risks:

Information transmitted electronically may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making. Patient may be advised to make in-person appointment and/or present for urgent evaluation

Delays in medical evaluation and treatment could occur due to deficiencies or failures of equipment  
In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information.

Rarely, lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other judgement errors. This is the same as for any office visit.