

Telemedicine Informed Consent

Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve patients' health status. Videoconferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education and nursing call centers are all considered part of telemedicine.

I understand the concept of telemedicine, as well as the particular electronic medium to be used.

I understand that multiple health care personnel from Michigan Ear Institute may be involved in the telemedicine encounter.

I understand that there may be limitations to image quality or other electronic problems that are beyond the control of the health care providers.

I understand that although there has been great progress made in technology, this telemedicine encounter may still be in the experimental stage. I am aware that there are no guarantees with telemedicine.

I understand that my physical examination may not be as complete as an in-person face-to-face encounter; for example, the examination of the ear will be limited to what is visible with my phone/computer camera.

I understand that in lieu of this telemedicine encounter, I may seek alternative health care at Michigan Ear Institute where I might have face-to-face contact with the health care provider.

I understand that my telemedicine encounter with the physician is considered a formal patient visit that will be billed to my insurance company. I am responsible for any co-pays, deductibles, or other charges associated with this visit.

Due to the novel Coronavirus (COVID-19) pandemic, the U.S. government is temporarily waiving the enforcement of using HIPAA (Health Insurance Portability and Accountability Act) compliant platforms for telemedicine. Should non-HIPAA compliant platforms including but not limited to Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype be used in your telemedicine encounter, this could potentially introduce privacy risks. I understand this and accept such risks.

The nature and potential risks of this telemedicine encounter have been explained to me.

I certify that I have read and understand this treatment agreement.

_____ Patient or Legal Representative Signature/Date/Time

_____ Print Patient or Legal Representative Name