



The GW Medical Faculty Associates

INFORMATION ABOUT AND CONSENT FOR PARTICIPATION IN A TELEMEDICINE CONSULTATION

Date of Encounter: _____ Provider name: _____ Credentials: _____
MD/DO/NP/PA

Patient Name: _____
(First) (Middle initial) (Last)

DOB: _____ MRN: _____

What follows are what you should expect and a what makes a telehealth (video) visit different from an in-person encounter. At the end, you will need to give your consent to having a telehealth visit in order to proceed.

- As you will not be in the same room as the health care provider, their examination and evaluation will not be the same as a direct patient/health care provider visit.
- A representative of the GW Medical Faculty Associates (MFA) will explain how to access the video conferencing technology that will be used. As with any technology, there are potential risks to this technology, including interruptions, distortions, and technical difficulties. If you or the provider feels that the videoconferencing connections are not adequate for the situation, either of you can discontinue the telemedicine consult/visit. Similarly, it is possible that parts of some examinations cannot be accomplished via teleconferencing and your provider may let you know you need an in person visit.
- MFA takes protecting our patients' privacy very seriously. Accordingly, we are using an encrypted method of communication and have HIPAA business associate agreements in place with all vendors and contractors required to facilitate the telehealth communication. That said, it is possible, even if very unlikely that our systems, or the systems of the contracted vendors, might be compromised and there is never no risk with electronic data. As always, you retain all HIPAA rights as detailed in MFA's Notice of Privacy Practices.

CONSENT: I have read this document carefully. I have had the risks, benefits and alternatives to teleconferencing consultations explained to me by the representative. I have had all my questions to this point answered to my satisfaction and I understand that I may ask further questions of my provider during the telehealth visit. By my signature below I hereby consent to participate in a telemedicine visit under the terms described herein.

Patient's/parent/guardian signature

Date and Time