

INTRODUCTION

Telemedicine involves the use of electronic communications to enable healthcare providers at SouthEast Alaska Regional Health Consortium (SEARHC) to share individual patient medical information for the purpose of improving patient care. Providers may include primary care practitioners, specialists, and/or subspecialists. The information may be used for diagnosis, therapy, follow-up, test screening and/or education, and may include any of the following:

- Patient medical records
- Medical images
- Live two-way audio and video
- Output from medical devices

Electronic systems used will protect the confidentiality of patient identification and data and will include measures to ensure its integrity against intentional or unintentional corruption.

EXPECTED BENEFITS

- Improved access to medical care by enabling a patient to remain at home or clinic while the physician provides service through a telemedicine visit.
- More efficient medical evaluation and management.
- Safety precaution for patients during COVID-19 public health emergency.

POSSIBLE RISKS

As with any medical procedure, there are potential risks associated with the use of telemedicine. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the physician and consultant(s).
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information. Connecting with your provider from your home or a public area could cause a breach of patient confidentiality that is beyond the control of your provider.
- In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reaction or other judgment error.

I Attest to and Understand the Following:

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine.
2. 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 or treatment.
3. I understand that a variety of alternative methods of medical care may be available to me, and that I may choose one or more of these at any time. Alternatives have been explained to my satisfaction.
4. I understand that telemedicine may involve electronic communication of my personal medical information to other medical practitioners within SEARHC.
7. I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.
8. I attest that I am located in the state of Alaska and will be present in the state of Alaska during all telehealth encounters with SEARHC healthcare providers.
9. I understand that telemedicine visits will be billed in the usual manner to my insurance, if applicable.

Patient Consent to the Use of Telemedicine

I understand the information provided above regarding telemedicine, have discussed it with my physician or such assistants as may be designated, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my medical care.