

## **Informed Consent for Telemedicine Services**

Progressions: Developmental and Behavioral Pediatrics  
Brad D Berman, MD

### **Introduction:**

Telemedicine involves the use of electronic communication to enable health care providers to improve the delivery of patient care. As a shift in this practice, Progressions and Dr. Berman are offering patients and their parent(s) with the opportunity of providing telemedicine for selective and limited purposes.

Telecommunication is not intended to replace physical face-to-face communication between physician and patient, when needed. The communication may be used for limited purposes including follow-up care of existing patients, developmental consultation or questions that may arise including patient/parent education, communication with medical and/or professional care providers, schools, and approved/consented others, but not limited to the following:

- Patient/parent specific data medical information
- Live two-way audio and video teleconferencing
- E-mail
- Medical images
- Documents

### **Expected Benefits:**

Improved access to Dr. Brad Berman, MD for developmental consultation and potentially benefit patient outcome by enabling a patient to remain in his/her home (or at another location) while discussing clinical and neurodevelopmental information with Dr. Berman.

This may also reduce the need to have face-to-face appointments for follow-up care.

### **Possible Risks:**

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

1. In rare cases, information transmitted may not be sufficient to allow for appropriate medical decision-making;
2. Deficiencies or failures in equipment, such as an unexpected power outage or interruption of the audio/video link, may delay a telemedicine appointment and may result in the patient having to be seen in person;
3. In very rare instances, security protocols could fail, causing unauthorized access or a breach of privacy of personal medical information;

By signing this form, I (patient/parent) understand the following:

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies my child/parent will be disclosed to any persons or entities without my/parent's consent.
2. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my or my child's care at any time, without affecting my right to future care or treatment.
3. I understand that I have the right to inspect all information obtained and recorded in the course of a telemedicine interaction, and that I may receive copies of this information for a reasonable fee.
4. 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. Dr. Brad Berman has explained the alternatives to my satisfaction.
5. I understand that it is my duty to inform Dr. Brad Berman of electronic interactions regarding care that I/my child may have with other healthcare providers.
6. I understand that I may expect the anticipated benefits from the use of telemedicine in my or my child's care, but that no results can be guaranteed or assured.

I have read and understand the information provided above regarding telemedicine, have discussed it with Dr. Brad Berman and all of my questions have been answered to my satisfaction. I hereby give my authorized consent for the use of telemedicine with Dr. Brad Berman in the course of my or my child's ongoing medical care.

Patient/Guardian Name: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please initial after reading this page: \_\_\_\_\_

I have been offered a copy of this consent form (patient/parent's initials) \_\_\_\_\_