

## Rocky Mountain Movement Disorders Center, P.C.

701 E. Hampden Ave Ste 510 Englewood CO 80113

Phone (303) 357-5455 Fax (303) 357-5459

### Informed Consent for Telemedicine Services

1. **Purpose.** The purpose of this form is to obtain your consent to participate in telemedicine services. Telemedicine is the delivery of medical services and any diagnosis, consultation, treatment, or transfer of medical data using interactive audio, interactive video, or interactive data communication instead of in-person contact.
2. **Nature of Telemedicine Visit:** Telemedicine visits will be similar to an office visit, except that interactive video technology will allow you to communicate with a clinician at a distance. During a telemedicine session:
  - (a) Details of you and your medical history, examinations, and tests will be discussed with you through the use of interactive video, audio, and telecommunications technology.
  - (b) Physical examination of you may take place.
  - (c) Other members of the RMMDC staff may be present to aid in the delivery of medical services. You will be informed of any other people who are present, seen or unseen, and will have the right to exclude anyone from being present during the visit.
3. **Confidentiality.** All confidentiality protections required by law or regulation will apply to your care. Reasonable and appropriate measures have been taken to protect your privacy.
4. **Medical Records and Release of Information.** The information exchanged in the telemedicine visit may become part of your medical record. You will have access to all of the information in your medical record resulting from the telemedicine services that you would have for a similar in-person visit, as provided by federal and state law. All releases of your personal health information collected during the telemedicine visit are subject to the same laws and regulations as in-person visits.
5. **Risks.** There are risks associated with the use of telemedicine. You may find it difficult or uncomfortable to communicate with the clinician at a distance through video images. You may have difficulty using the technology. The equipment or technology could malfunction causing a delay in the delivery of the services. In rare instances, the security protocols could fail, causing a breach of your personal medical information. The use of video technology to deliver healthcare services is a new technology for us and may not be equivalent to direct patient to clinician contact. Following the telemedicine services, your clinician may recommend an in-person office visit for further evaluation.  
**TELEMEDICINE IS NOT FOR MEDICAL EMERGENCIES.** If an emergency occurs during the telemedicine visit, you will need to call 911.
6. **Optimizing the Testing Environment.** It is your responsibility to maintain the privacy on your end of the telemedicine visit. The clinician will take steps to ensure privacy at the clinician's site. Neither the patient nor the clinician will store or record audio or video session data. The exception is that the clinician may take a screen shot in order to save your handwritten information during a formal assessment.  
  
Please make sure you are in a room where you can talk freely and where you will not be disturbed at any time during the telemedicine session, including by pets or family members. Please turn off any instant notifications on your device for the duration of the session.
7. **Right to Refuse.** You have the option to refuse delivery of health care services by telemedicine at any time without affecting your right to future care or treatment, and without risking the loss or withdrawal of any benefits to which you would otherwise be entitled.
8. **Financial Policy.** You will be responsible for any co-payments, deductibles, or other charges from RMMDC that are not covered or paid by your insurance or other third-party payors, except as prohibited by law or any agreement between your insurance company and RMMDC. RMMDC's "Financial Policy/Consent for Payment" applies to your telemedicine visit. If you would have any questions or would like a copy, please call us at (303) 357-5455.

**9. Consent to Communications by E-mail or Text.** Prior to your scheduled telemedicine appointment, RMMDC will send you a weblink via e-mail or text so that you can click on it to access the correct webpage. RMMDC may also send you some forms or other information via e-mail. By providing your e-mail address and/or mobile phone number below, you are consenting to receive these messages from RMMDC via e-mail and/or mobile phone. **If you do not wish to receive e-mail or text messages from RMMDC, please do not provide your e-mail address or mobile phone below.** In such case, RMMDC will call you prior to your scheduled telehealth visit to give you the correct website address and will send you any other information via alternate means of communication. **Please note that e-mail and text messages are not secure methods of communication. This means that there is a risk that your personal information may be intercepted and read by, or disclosed to, unauthorized parties.**

E-mail Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**By signing this form, I acknowledge that I have read and understand the information above and agree to medical treatment by telemedicine. I have been given the opportunity to ask questions about this information.**

Printed Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

***Legally Authorized Representative may sign on behalf of patient, but documentation is required.***

If signing on behalf of the patient, please provide the following information:

Name of Legally Authorized Representative: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_