

Cedar Valley Medical Specialists, P.C.
Information and Informed Consent for Telemedicine

Your health care provider believes that telemedicine may be an appropriate part of your care and treatment. This document is intended to provide you with information about what telemedicine is, what you can expect, and what are the most likely risks and benefits of telemedicine.

“Telemedicine” means using electronic systems to allow communication and sharing of health information between a patient and a healthcare provider in different locations.

Using telemedicine, a CVMS provider can provide care to you when not physically present at your location. Providers using telemedicine may include primary care practitioners or specialists. The systems and equipment under CVMS control will incorporate security protocols to protect the confidentiality of your information. If a patient chooses to use electronic communications outside of CVMS control, such as Facebook Messenger, Skype, Facetime or another unsecure platform outside of CVMS’s control, the security of the communications cannot be guaranteed.

Expected Benefits:

- You may remain in your local healthcare site while the CVMS health care provider consults and obtains test results.
- More timely medical evaluation and management.
- Increased Patient Engagement
- Specialist expertise without having the specialist present physically.
- Very rarely, security protocols could fail, causing a breach of the privacy of your medical information
- I may provide feedback regarding the quality of the telemedicine service provided by writing to or calling the Cedar Valley Medical Specialists Compliance Officer at 4150 Kimball Ave, Waterloo, IA 50701 or 319-235-5390.

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, the information transmitted may be of inadequate quality. In these cases, a face-to-face meeting with you may be necessary, or at least a rescheduled video consult may be required.
- If the equipment is not working properly, there could be delays in medical evaluation and treatment.
- In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other medical judgment errors.

By signing below, you acknowledge that you have read, understood, and agree to the terms of this document, including the following.

1. The laws that protect privacy and the confidentiality of medical information also apply to telemedicine..
2. I may decide not to consent, and I may withdraw my consent, to the use of telemedicine at any time, without affecting my right to future care or treatment.
3. The alternatives to telemedicine have been explained to me. I understand that some parts of the exam involving physical tests may be conducted by individuals at my location, or at a testing facility, at the direction of the consulting healthcare provider.
4. As with any medical consultation or procedure, specific results cannot be guaranteed or assured.
5. My healthcare information may be shared for scheduling and billing purposes. Individuals other than my healthcare provider and consulting healthcare provider may be present during my consultation in order to operate the video equipment. These individuals will maintain confidentiality of the information obtained. I will be informed of their presence in the consultation and will have the right to ask non-medical personnel to leave the telemedicine examination room; and/or terminate the consultation at any time.

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Patient Consent to The Use of Telemedicine

I have read this document carefully, and understand the risks and benefits of the telemedicine consultation and have had my questions answered. I hereby give my informed consent to participate in a telemedicine visit under the terms described.

Sign: _____ Print: _____ Date: _____

If signed by someone other than the patient:

Sign: _____ Print: _____ Date: _____

Relationship to the Source Person: _____

Witness:

Sign: _____ Print: _____ Date: _____