

M. N. Shamsi PC
1000 Germantown Pike
Unit H-4
Plymouth Meeting, PA 19462

Informed Consent for Telemedicine/Telehealth Services

Patient Name _____ Date of birth _____

Location of patient _____

Physician/therapist name _____ Location _____

Consultant name _____ Location _____

Introduction:

Telemedicine/telehealth involves the use of electronic communication to enable healthcare providers at different locations to share individual patient medical information for the purpose of improving patient care. The information may be used for diagnosis, therapy, follow-up and/or education, and may include any of the following:

- Patient medical records
- Laboratory tests
- Live two-way audio and video

Expected benefits:

- Improved access to medical care, psychiatric services, psychotherapy, and/or counseling.
- More efficient medical evaluation and management.
- Obtaining expertise of a distant specialist.

Possible risks:

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

- 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.
- In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other judgment errors.

Please initial after reading this page: _____