

HEARTLIGHT HEALING ARTS
8975 Guilford Road, Suite 170
Columbia, MD 21046b

TELEMEDICINE CONSENT FORM

PATIENT NAME: _____

DATE OF BIRTH: _____

Definition of telemedicine/telehealth:

Telemedicine involves the use of electronic communications to enable health care providers to connect with individuals and families using interactive video and audio communications. Expected benefits include more efficient medical evaluation and management. During the current Coronavirus public health situation, it provides a safe alternative to in-office care. HeartLight Healing Arts will be using Zoom for Healthcare or doxy.me, both of which are HIPAA-compliant telemedicine platforms.

By signing this form, I 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 will be disclosed to researchers or other entities without my consent.
2. I understand that I have the right to withdraw or withhold my consent for the use of telemedicine in the course of my child's care at any time, without affecting my right to future care or treatment.
3. I understand that there are risks and consequences from telehealth, including but not limited to the possibility that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons.
4. I understand that I may expect the anticipated benefits such as improved access to care and more efficient evaluation and management from the use of telehealth in my child's care but that no results can be guaranteed or assured.

Patient/Parent Consent to the Use of Telemedicine:

I have read and understand the information provided above regarding telemedicine, have had the opportunity to discuss it with my provider, and all of my questions have been answered to my

satisfaction. I hereby give my informed consent to participate in the use of telemedicine in my child's medical care.

Patient Name

Parent/Guardian Name

Patient or Parent/Guardian Signature

Date