Callie Clinic

631 - A

INFORMED CONSENT TO TELEMEDICINE CONSULTATION

I have been asked by my healthcare provider to take part in a telemedicine consultation with Dr. Gene W. Voskuhl, to assist in my medical care through a telemedicine consultation.

I understand the following:

1. The purpose is to assess and treat my medical condition.
2. The telemedicine consult is done through a two-way video link-up whereby the physician or other health provider does not have the use of the other senses such as touch, smell; and it may not be equal to a face-to-face visit.
3. Since the telemedicine consultant's practice in a different location and do not have the opportunity to meet with me face-to-face, they must rely on information provided by me or my onsite healthcare providers. The Callie Clinic and Dr. Voskuhl and affiliated telemedicine consultants cannot be responsible for advice, recommendations and/or decisions based on incomplete or inaccurate information provided by me or others.
4. I can ask questions and seek clarification of the procedures and telemedicine technology.
5. I can ask that telemedicine exam and/or video-conference be stopped at any time.
6. I know there are potential risks with the use of this technology. These include but are not limited to:
   a. Interruption of the audio/video link.
   b. Disconnection of the audio/video link.
   c. A picture that is not clear enough to meet the needs of the consultation.
   d. Electronic tampering.

   If any of these risks occur, the procedure might need to be stopped.
7. The consultation may be viewed by medical and non-medical persons for evaluation, informational, research, educational, quality, or technical purposes.
8. I understand the examination may be videotaped for internal quality review or as might be required by my health coverage plan; however, the video images will only be used for those purposes unless further authorized below.
9. I will not receive any royalties or other compensation for taking part in this telemedicine consult or associated with any use by The Callie Clinic or Dr. Voskuhl.

I certify that this form has been fully explained to me. I have read it or have had it read to me. I understand and agree to its contents. I volunteer to participate in the telemedicine examination. I authorize Dr. Voskuhl and the doctors, nurses, and other providers involved to perform procedures that may be necessary for my current medical condition.

I, the undersigned patient, do hereby understand and state that I agree to the above consents that I have initialed as "Agree" and I do not agree to any that I have initialed as "Decline."

Signature: _____ **Date:**_____

Witness: _____

Interpreter (if applicable): _____

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