



Telemedicine Patient Consent Form

Telemedicine involves the use of electronic communications to enable health care providers to interact with patients at a site of the patients choosing, for the purpose of improving patient care, access, and convenience. The information may be used for diagnosis, therapy, follow up and/or education, and may include any of the following:

- Patient medical records
- Medical images
- Live two way audio and video
- Output data from medical devices and sound and video files

Electronic systems used at Advanced Psychiatric Therapeutics (APT) will incorporate network and software security protocols to protect the confidentiality of patient personal medical information, and will include measures to safeguard the data and to ensure its integrity against intention or unintentional corruption. Please note, not all telecommunications are recorded and stored.

Expected Benefits:

- Improved access to medical care by enabling a patient to remain in their home or location convenient to the patient.
- More efficient medical evaluation and management

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, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decisions by the provider.
- 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.
- The choice of location chosen by the patient to interact with the provider may not be secure (e.g. using public wifi, or in a location able to be seen or heard by another person in the physical proximity), which may lead to a breach of personal medical information.

- Please note that APT has no control over choice of the patient's site, and advises the patient to choose an electronically secure, physically isolated location with which to engage in the treatment.

By engaging with APT by Telemedicine, the same HIPAA rights apply to these encounter as were agreed to on your first visit or most recent HIPAA policy agreement, with the exceptions as it conflicts with the information above or below.

Rights: You may withhold or withdraw consent to the telemedicine consultation at any time without affecting your right to future care or treatment, or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

Disputes: You agree that any dispute arriving from the telemedicine consult will be resolved in Hawaii, and that Hawaii law shall apply to all disputes.

You have had the opportunity to ask questions about the information presented on this form and the telemedicine consultation. All your questions have been answered and you understand the written information provided above.

I (the Patient) agree to participate in the ongoing telemedicine consultation.

Signature

Date

Name (Printed)

Witness

Date

Name (Printed)

Please email to ADMIN@apt-hi.com or fax to 808-792-0034.