



Informed Consent for Telemedicine Services at Dr Ahuja's ID Clinic

Purpose: This form is intended to obtain your permission to participate in a telemedicine consultation.

Introduction: Telemedicine is the use of video conferencing to enable Registered Medical Practitioner (RMP) at a different location to provide health care treatment to you and/or consult with you and your RMP about your health care options and decisions. Telemedicine consultations are not the same as direct patient/RMP visits, as you will not be in the same location as the consulting RMP or patient has limitation for in person visit. Telemedicine allows Dr Ahuja's ID Clinic to provide services to you that may otherwise require you to travel long distances. Your participating in any telemedicine consultation is completely voluntary.

Framework for practicing telemedicine in 4 scenarios** (Tick in the given box):

1. Patient to RMP (____)
2. Caregiver (any family member) to RMP (____)
3. Health Worker (Nurse, Allied Health Professional) to RMP (____)
4. RMP to RMP (____)

(*If the **Dr Ahuja's ID Clinic** feels that the information provided is inadequate, then we shall request for additional information)

Process: By signing this form, you are acknowledging that you understand the following:

- Details of your medical history, including but not limited to, images, x-rays and tests may be shared electronically and discussed with the consulting RMP.
- A physical examination may take place (by your nearby **Registered Medical Practitioner**)
- Non-medical personnel may be present to assist you in operating video conferencing equipment.
- Video, audio, and/or photo recordings may be taken during the procedure to aid in documenting the progress of your treatment.
- The responsibility of the consulting provider regarding your health care will terminate upon conclusion of the teleconference.
- Your RMP as well as the consulting RMP may keep a record of the consultation.

Possible Risks: By signing this form, you are acknowledging that you understand the following:

- Despite our best efforts to protect the privacy of patient information, security protocol could fail causing a breach of privacy of personal medical information.
- Information provided by telemedicine to the consulting RMP may be insufficient to allow for treatment and general medical care decision to be made.
- Delays in medical evaluation and treatment may occur due to failures of the electronic equipment.

Consent: By signing this form, you are consenting to participate in a telemedicine consultation at **Dr Ahuja's ID Clinic**. You are acknowledging that you have read and understand the provisions in this form. If you are unable to read, you are acknowledging that your RMP has read this form to you in your vernacular language. You are acknowledging that your RMP has explained to you how telemedicine video conferencing works.

I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment. I understand that I may suspend or terminate use of the telemedicine services at any time for any reason or for no reason. I understand that if I am (or my patient) experiencing a medical emergency, that I (he/she) will be directed to nearby healthcare facility.

I hereby consent to participation in a telemedicine consultation and I have fully understood the drawbacks of telemedicine over the in person consultation.

Signature of patient

Signature of patient and RMP where consent Form has been read to patient by RMP

Signature of Authorized caregiver

Relationship to Patient

Date