



ROYALKIDS CLINIC CONSENT TO USE TELEMEDICINE

Patient's Name: _____

My Doctor's/Health care provider's Name: _____

I am physically located in California. At the beginning of each telemedicine session, I will help my doctor to complete a check-in to assess the suitability of using telemedicine services by verifying my full name, my current location, my readiness to proceed, and whether I am in a situation conducive to private, uninterrupted communication.

By signing this consent, I understand and agree:

1. My doctor is located in and licensed by the State of California. I understand that I must be residing within the state of California or within the a current location of the state of California with a current California address to be treated through telemedicine with ROYALKIDS CLINIC. My doctor may not be able to prescribe medications for me and/or may not be able to assist me in an emergency situation when I am located in any other state or country. If I require medication, I may contact my doctor. If I require emergency care, I may call 911 or proceed to the nearest hospital emergency room for help. I understand that at NO TIME will narcotics be dispensed through a consult visit through telemedicine.

2. I understand that telemedicine is the use of electronic information and communication technologies by health care providers to deliver services to an individual when he/she(s) location is in a different site than the provider. I am comfortable with using electronic communications technology to communicate with my doctor and understand there are risks and limitations to the technology which may require an in-person consultation. While I may expect anticipated benefits from the use of telemedicine, no specific results can be guaranteed or assured.

3. If my doctor believes at any time that another form of services (for example, a traditional in-person consultation) would be appropriate, my doctor may discontinue telemedicine services and schedule an in-person consultation with my doctor or refer me to a healthcare provider in my area who can provide such services.

4. I agree to have the necessary computer, equipment and internet access for my telemedicine communications. I also agree to arrange for a location with sufficient lighting and privacy and is free from distractions and intrusions during my telemedicine communications. I understand that the laws that protect privacy and the confidentiality of my medical information also apply to



telemedicine. The medical information that is transmitted electronically by my doctor to me will be encrypted during transmission and will be stored only by my doctor or a service provider selected by my doctor. I understand the dissemination of any personally-identifiable images or information from the telemedicine communication to researchers or other healthcare providers will not occur except as required by federal or California state law. HIPAA applies to telemedicine consults, however we cannot control a patient's environment or company they may have while within the visit. This is at the patient's discretion.

5. I understand my risks of a privacy violation increase substantially when I enter information on a public access computer, use a computer that is on a shared network, allow a computer to "autoremember" usernames and passwords, or use my work computer for personal communications. I also understand it is my responsibility to encrypt medical information I transmit electronically to my doctor and my failure to use technical safeguards, such as encryption, increases my risks of a privacy violation.

6. I understand that my insurance carrier will have access to my medical records for quality review/audit. I Authorize ROYALKIDS CLINIC to release information requested by insurance company and/or its representatives. 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 for future care or treatment. I may revoke my consent in writing at any time by contacting ROYALKIDS CLINIC. As long as this consent is in force (has not been revoked) ROYALKIDS CLINIC may provide health care services to me via telemedicine without the need to sign another consent form. I understand that the telemedicine services provided to me will be billed to my health insurance company and that I will be billed for any patient responsibility as per my insurance.

I read and understand the information provided in this Consent To Use Telemedicine. I discussed any questions I had with my doctor and all of my questions were answered to my satisfaction.

I hereby consent to ROYALKIDS CLINIC providing health care services to me via telemedicine
Please Initial ____

Patient/Legal Representative (Print Name): _____

Patient/Legal Representative Signature: _____

Date: _____ Time: _____ AM/PM

Witness: _____ Date: _____ Time: _____ AM/PM