

Northern Colorado Pain Management
1175 58th Avenue, Suite 200
Greeley CO 80634

CONSENT For Telehealth

Telemedicine is the delivery of healthcare services when the healthcare provider and patient are not in the same physical location through the use of technology.

The interactive audiovisual systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Providers caring for you in this clinic, including providers seeing you by telehealth, will have access to your medical record for continuity of care.

Potential Risks associated with the use of telemedicine include, but may not be limited to:

1. Information transmitted may not be sufficient (e.g., poor resolution of images) to allow for appropriate medical decision making by the medical provider.
2. The medical provider is not able to provide medical treatment to the patient through the use of telemedicine equipment nor provide for or arrange for any emergency care that I may require.
3. Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.
4. Security protocols could fail, causing a breach of privacy of personal medical information.

By signing this form, I understand and agree to the following:

1. The laws that protect the privacy and confidentiality of medical information also apply to telemedicine. No information obtained during a telemedicine encounter which identifies me will be disclosed to researchers or other entities without my consent.
2. I have the right to withhold or withdraw my consent to the use of telemedicine during the course of my care at any time. I understand that my withdrawal of consent will not affect any future care or treatment, nor will it subject me to the risk of loss or withdrawal of any health benefits to which I am otherwise entitled.
3. Nothing in this Telehealth Consent modifies any rights that I may have to review or receive copies of my medical records from this clinic, including any information transmitted by Telehealth.

4. A variety of alternative methods of medical care may be available to me, and I may choose one or more of these at any time. Alternate methods of medical care include requesting a face to face visit with a provider on-site or transferring my care to another physician.
5. Telemedicine may involve electronic communication of my personal medical information to other medical providers involved in my care who may be located in other areas, including out-of-state.
6. No results are guaranteed by the use of Telehealth in my care.

I have read and understand the information provided above regarding telemedicine and all of my questions have been answered to my satisfaction. I hereby give my informed consent to the providers of Northern Colorado Pain Management for the use of telemedicine in my medical care.

Patient/Responsible Party	Date/Time	Witness	Date/Time

Medical Provider's Declaration: I have explained the contents of this document to the patient and have answered all the questions to the best of my knowledge and feel the patient has been adequately informed.

Physician Signature	Date	Time