



## Texas Tech Physicians.

### **Informed Consent to Telemedicine/Telepharmacy Consultation**

We are about to initiate a telemedicine/telepharmacy consultation. Let me go through a few points.

Use only for a minor or individual with a legal parent or guardian.

1. You will be asked for your name and relationship to the patient, which will be documented in today's note. You will need to be present during the entire encounter with the patient being treated today.

You understand:

2. The purpose is to assess and treat your medical condition.
3. This consult is done through a two-way communication whereby the physician or other health provider at TTUHSC can see your image on the screen and/or hear my voice. However, unlike a traditional medical consult, the physician or other health provider does not have the use of the other senses such as touch or smell; and it may not be equal to a face-to-face visit.
4. Since we are in different locations, we must rely on information provided by you. TTUHSC and affiliated telemedicine/telepharmacy consultants rely on your accurate and complete information to provide appropriate care.
5. You can ask questions and seek clarification of the procedures and telemedicine technology.
6. You can ask that the telemedicine exam and/or videoconference be stopped at any time.
7. You know there are potential risks with the use of this new technology. These include but are not limited to:
  - Interruption of the audio/video link.
  - Disconnection of the audio/video link
  - A picture that is not clear enough to meet the needs of the consultation
  - Electronic tampering.

If any of these risks occur, the procedure might need to be stopped.

8. The consultation may be viewed, heard or videotaped by medical and non-medical persons for evaluation, informational, research, educational, quality, technical purposes, or as might be required by my health coverage plan.
9. You understand you can make a complaint of your provider to the Texas Medical Board.

Please indicate whether you understand and state whether you agree to the above consents. Do you have any questions before we proceed? A copy of this form will be mailed to you at your home address for your records.

Approved by TTUHSC Billing/Compliance and General Counsel March 24, 2020.