

TELEHEALTH INFORMED CONSENT



**Burlington Pediatrics
Mebane Pediatrics**
By your side for a healthy future

THIS FORM IS FOR YOU AS THE PATIENT OR PARENT/GUARDIAN TO UNDERSTAND THE ADVANTAGES AND RISKS IN PARTICIPATING IN A TELEHEALTH VISIT.

I understand that the benefits of having a video visit can be:

- Reduced waiting time for me to see a physician or advanced provider practitioner (APP) at Burlington Pediatrics/ Mebane Pediatrics.
- Avoiding the need to travel to the clinic location.
- Assisting the team at Burlington Pediatrics/ Mebane Pediatrics in improving my medical care.

I understand that I may not get all of these benefits. The risks of having a telehealth visit can include:

- Video visits will not be the same as a face-to-face visit, and may not be as complete.
- There could be technical problems that affect the video visit.
- Although Burlington Pediatrics/ Mebane Pediatrics uses systems that are HIPAA compliant to protect my/ my child's privacy and security, the practice cannot guarantee total protection against hacking or tapping into the video by outsiders. While the risk is small, it does exist.

If the video visit does not provide the physician/APP adequate opportunity to assess me/ my child, I will be given a choice regarding next steps. I may be asked to schedule a face-to-face visit or a second video visit. I can change my mind and stop the video visit at any time. This will not affect my right to ask for and receive healthcare.

By signing this form, I understand the following:

1. I understand that the laws that protect privacy and confidentiality of medical information also apply to my telehealth visit.
2. I understand that I have the right to withhold or withdraw my consent to use telehealth in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that I have the right to inspect all information obtained in the course of a telehealth encounter, and may receive copies of this information.
4. I understand my obligations for payment of a telehealth visit.
5. I understand that telehealth may involve electronic communication of my personal medical information to other medical practitioners, if other providers are involved in my care.
6. I understand that I may expect the anticipated benefits from the use of telehealth in my care, but that no results can be guaranteed.

I accept the benefits and risks and agree to participate in telehealth visits with the providers at Burlington Pediatrics/ Mebane Pediatrics.

Signature: _____

Patient: _____

Date of Birth: _____

Parent/ Guardian: _____
(if under 18)

Date: _____