

Dermatology & Dermatologic
Surgery Group of Northern
Virginia, PLLC

CONSENT TO TELE-HEALTH VISIT

- **The purpose of this form is to get your consent for a Tele-Health visit at our practice.**
- **The purpose of this Tele-Health visit is to help in the care of your skin problem.**

How Tele-Health Works

In a Tele-Health visit, you will interact in real time with your dermatologist via a secure, online videoconferencing technology. Alternatively, your dermatologist may give you the option of submitting a photo and chief complaint via secured electronic messaging. Your dermatologist has the right to discontinue or not provide a consult via videoconference or secure electronic messaging should the videoconference connection or the forwarded image be of poor quality. You may be required to make an in-person appointment for further evaluation should this occur. Your dermatologist will look at the patient's skin during the videoconference or review the photos you submitted, then give you advice about your dermatologic condition and how to treat and take care of your condition. The information from your dermatologist will not be the same as a face-to-face visit because the dermatologist is not in the same room.

Pros, Cons and Your Options

With Tele-Health, your dermatologist will advise you based on viewing your condition during a videoconference or based on the photos submitted electronically. Sometimes a face-to-face follow-up visit with your dermatologist may still be needed. If you do not come into the office for an in-person visit, your dermatologist's advice will be solely based on viewing your skin condition during the videoconference or on the information and images provided by you electronically. In the absence of an in-person physical evaluation, your

dermatologist may not be aware of certain facts that may limit or affect her assessment or diagnosis of your condition and recommended treatment. It is possible that there will be errors or deficiencies in the transmission of the images of your skin condition during the videoconference or in the photos submitted electronically that may impede the dermatologist's ability to advise you about your condition. Also, very rarely, security measures can fail to protect your personal information, but the company that is providing the technology for your Tele-Health visit has extensive security measures in place to prevent such failures from happening.

Presence of Others During Tele-Health Visit

People other than your doctor may be a part of the patient's care and be present during a Tele-Health visit. These people may be nurses or medical assistants. Anyone that is part of the Tele-Health team will be supervised by your dermatologist, and the final recommendations about your care will come from your dermatologist. Also, non-medical people may help to set up the Tele-Health equipment. You may ask for persons other than your dermatologist to leave the room if you are uncomfortable having them participate in your Tele-Health visit.

Medical Information and Records

All federal and state laws covering access to your medical records (and copies of medical records) also apply to Tele-Health. No one other than the health care team described above can view your photos or information unless you agree to give them access.

Privacy

All information given at your Tele-Health visit will be maintained by the doctors, other health care providers, and health care facilities involved in your care and will be protected by federal and state privacy laws.

Your Rights

You may opt out of the Tele-Health visit at any time. This will not change your right to future care or health benefits.

Waiver/Release

By signing below, you understand and agree that you solely assume the risk of any errors or deficiencies in the electronic transmission of information during your Tele-Health visit or in the electronic submission of your images to your dermatologist and further understand that no warranty or guarantee has been made to you concerning any

particular result related to your condition or diagnosis. To the extent permitted by law, you also agree to waive and release you dermatologist and her institution or practice from any claims you may have about this advice or the Tele-Health visit generally. The consent provided in this document will expire in one year from the date you sign it, but your waiver and release shall apply indefinitely for any Tele-Health visits that occur during the lone-year period after your signature.

My doctor or medical assistant has talked with me about the Tele-Health visit. I have had the chance to ask questions and all of my questions have been answered. I have read this form, understand the risks and benefits of the Tele-Health visit, and agree to a Tele-Health visit under the terms explained above.

Print Patient Name

Date of Birth

Patient Signature

OR

Signature of Patient's Representative

Relationship of representative to patient

Signature of Witness
(required if patient is a minor or unable to sign)

Date Signed

Refusal: I do not want to be a part of a telehealth visit.

Signature

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