TeleMedicine Informed Consent

Telemedicine is the delivery of medical services using interactive audio and visual electronic systems where the physician and the patient are not in the same physical location. FAST MD LLC allows its Physicians to perform telemedicine evaluation, but only through the telemedicine service provider Doxy.me, LLC. The interactive electronic systems used by Doxy.me incorporate network and software security protocols to protect the confidentiality of patient information and audio/visual data. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption. Potential Telemedicine Benefits: Increased accessibility to psychiatric care. Patient convenience.

Potential Telemedicine Risks: Information transmitted may not be sufficient (e.g., poor resolution of video) to allow for appropriate medical decision-making by Physicians. Delays in evaluation and treatment could occur due to deficiencies or failures of the equipment. Security protocols can fail, causing a breach of privacy of my confidential medical information. In rare cases, a lack of access to all the information that might be available in a face-to-face visit, but not in a Telemedicine session, could result in the omission of care involving other health problems or possible adverse drug interactions.

 If I decide that the benefits outweigh the risks, I may request Telemedicine sessions when I schedule follow-up appointments. If my Physician agrees, I will be scheduled for a telemedicine session, and I will be sent an internet link (to http://Doxy.me) with instructions to log into the “waiting room” immediately prior to my scheduled appointment. My Rights: (1) I understand that all laws protecting the privacy and confidentiality of medical information also apply to telepsychiatry. (2) I understand that all the Georgia rules and regulations which apply to psychiatry also apply to telepsychiatry. (3) I understand that my Physician has the right to withhold or withdraw his consent for the use of Telemedicine at any time during the course of my care. (4) I understand that I have the right to withhold or withdraw my consent for the use of telemedicine at any time during the course of my care, and withdrawal of my consent will not affect any future care or treatment from my Physician. My Responsibilities: (1) I understand that I must be physically within Georgia to be eligible for Telemedicine, and my Dr. can send prescriptions for medications only to Georgia pharmacies or addresses. I will inform my MD as soon as my session begins with my physical location. (2) I will ensure the proper configuration and functioning of all my elect (3)I will not record any Telemedicine sessions without written consent from Fast MD, LLC, and I understand that my MD will not record any of our Telemedicine sessions without my written consent. (4) I will inform my Dr.as soon as my session begins if any other person can hear or see any part of our session. (5) If I lose my connection during a session, I will immediately attempt to log back into the http://Doxy.me “waiting room”. (6) If the audio I am receiving during a Telemedicine session is not complete and clear, I will attempt to let my Physician know or telephone Fast MD, LLC to schedule a new appointment.

Patient Consent to the Use of Telemedicine I have read and understand the information provided above regarding Telemedicine. I hereby give my informed consent for the use of Telemedicine in my medical care and authorize my Physician to use telemedicine in the course of my diagnosis and treatment. I agree to hold Fast MD, LLC and its Physicians, employees harmless from injuries or omissions that may be related to the malfunction or technical failure of equipment or system encryption.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed name …………………..Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of patient (or parent, legal guardian, or conservator) (Relationship to patient)