

Informed Consent for Telemedicine Appointments

Client/Patient Name:

UID No.:

This document is an addendum to the University Health Center Consent for Medical Services. This form covers the use of telemedicine services.

Telemedicine is an option for conducting remote sessions over the internet where you will be able to speak to and see your medical provider on a screen. Telemedicine means the use of interactive audio, video, or other telecommunications or electronic media by a medical provider (physician/NP/PA) to deliver services. Telemedicine does not include an audio-only conversation between the medical provider and the patient, an electronic email message between the medical provider and the patient, or a text message or other type of message sent between the medical provider and the patient.

In light of the disruption of services-as-usual at the university due to COVID 19 closures, UHC will now offer telemedicine services. The decision to offer telemedicine will be based on the type of medical concern and or symptoms that you present as well as the type of insurance you have. This will be reevaluated as necessary. In situations in which the registration/ triage nurse /medical provider determines that a telemedicine visit is not recommended, the registration/ triage nurse /medical provider will assist you in identifying appropriate alternative services, including in-person options. At the time of your telemedicine visit, you and your medical provider must be located in the State of Maryland.

At the UHC, we use Zoom, a secure video-conferencing platform approved by the University of Maryland. In keeping with privacy laws and regulations that apply to the UHC, your medical provider will continue to follow UHC procedures for record-keeping and all video records will be discarded as required by applicable law. Maryland is an all-party consent state for audio and video recording; neither you nor your medical provider are permitted to record the video conference.

In case telemedicine becomes an option of service for you, you will be given detailed directions regarding how to log in securely and proceed. The UHC strongly suggests that you only communicate through a computer or device that you know is safe (*e.g.*, has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.). Your medical provider will be using a secure electronic medium in a private location.

You understand that the implementation of telemedicine is innovative at the University, as such, The UHC may experience some challenges. Although telemedicine offers the advantage of continuation of care when in-person services are not possible, there could be some limitations to telemedicine including but not limited to technological failure and miscommunication. Your medical provider will give you instructions on how to proceed in each of those situations and will discuss such instructions with you. You are responsible for securing privacy in terms of the location where you will connect to the session. In case of an emergency, please go to your nearest hospital or dial 911.

You will not be charged any late or cancellation fees if cancelling due to illness.

[SIGNATURE PAGE FOLLOWS]

**Informed Consent for Telemedicine
Signature Page**

I, _____, consent to telemedicine sessions.

Patient Signature*

Date

Acknowledged by Practitioner:

[on file with Health Center]

Practitioner Signature

Date

*This consent may be signed in several counterparts, including a blanket acknowledgement by the practitioner, and all counterparts, combined, shall constitute a valid consent even though all parties have not signed the same counterpart.