

# Telemedicine Consent

Melody Medical Group P.C. provides psychiatric services using interactive video conferencing tools in which the psychiatrist and the patient are not at the same location. This service is called telemedicine and will allow the patient to receive medical care without the need to visit the office or travel long distance. Potential risks include, but may not be limited to: information transmitted may not be sufficient (poor resolution of video); delays in medical evaluation and treatment due to deficiencies or failures of the equipment; security protocols can fail, causing a breach of privacy; and a lack of access to all the information available in a face to face visit may result in errors in medical judgment. Alternatives to telemedicine include traditional face to face sessions.

## **MY RIGHTS:**

1. I understand that the laws that protect the privacy and confidentiality of medical information also apply to telemedicine.
2. I understand that the telemedicine platform is known to incorporate network and software security protocols to protect the confidentiality of information and audio/visual data. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.
3. I have the right to withdraw my consent to the use of telemedicine during the course of my care at any time.
4. I understand that Melody Medical Group P.C. has the right to withhold or withdraw consent for the use of telemedicine during the course of my care at any time.
5. I understand that all rules and regulations that apply to the practice of medicine in the State of Georgia also apply to telemedicine.

## **MY RESPONSIBILITIES:**

1. I will log in to my provider's virtual waiting room at or before my scheduled appointment time. There is not a prompt or invitation to log in. Failure to log in during the appointment time will be considered a no-show to the appointment and charged accordingly. I will ensure that I have an adequate internet connection and equipment to do the video visit before the appointment.

2. I will conduct the visit from a safe, secure location that meets my personal needs for privacy of the visit. If I am in a vehicle, it will be stationary (parked) and I will inform my provider of my location at the start of the visit.

3. I will not record any telemedicine sessions without the prior written consent of my provider and I understand that my provider will not record telemedicine sessions without my consent.

4. For privacy protection, I will inform my provider if any other person can hear or see any part of our session before the session begins. Likewise, my provider will inform me if any other person can hear or see any part of the session before the session begins.

5. I understand that I must be physically located in the state of Georgia to be eligible for telemedicine services from Melody Medical Group P.C. My signature below indicates that I have read and understand the information provided above regarding telemedicine, and that I authorize all my providers from Melody Medical Group P.C. to use telemedicine for diagnosis and treatment.