

AUTHORIZATION AND CONSENT TO PARTICIPATE IN TELEMEDICINE CONSULTATION

The purpose of this form is to obtain your consent to participate in a telemedicine consultation with Irina Grimberg, MD at Internal Medicine Primary Care

- 1) **Nature of Telemedicine Consultation:**
During the telemedicine consultation:
 - a) Details of your medical history, examinations, x-rays, and tests will be discussed with Dr. Grimberg through the use of **HIPAA compliant and encrypted interactive video, audio and telecommunications technology.**
 - b) Nonmedical technical staff may be present to assist with initial technical issues, but will not be present during the actual visit.

- 2) **Medical Information and Records.** All existing laws regarding your access to medical information and copies of your medical records apply to this telemedicine consultation. Additionally, dissemination of any patient-identifiable images or information from this telemedicine interaction to other entities shall not occur without your consent, unless authorized under existing confidentiality laws.

- 3) **Confidentiality.** All existing confidentiality protections under federal law apply to information disclosed during this telemedicine consultation.

- 4) **Risks and Consequences.** The telemedicine consultation will be similar to a routine medical office visit, except interactive video technology will allow you to communicate with the physician at a distance. At first you may find it difficult or uncomfortable to communicate using video images. The use of video technology to deliver healthcare and educational services is a new technology and may not be equivalent to direct patient to physician contact. Following the telemedicine consultation, your physician may recommend a physical follow-up for further evaluation.

Discuss any concerns you may have using telemedicine with our staff by calling 907-929-5151.

*I have been advised of potential risks, consequences and benefits of telemedicine.
I understand the written information provided above.*

Print Name: _____

Signature: _____ **Date:** _____

Fax signed form to 907-339-4808 or email to impcfak@outlook.com