



## **Patient Informed Consent for Telemedicine**

### **Introduction**

Certain physical therapy consultation services offered by Vestibular Therapy Specialists are available by two- way interactive video communications and/or by the electronic transmission of information. Referred to as “Telemedicine,” this means the delivery of healthcare services when the healthcare provider and patient are not in the same physical location. Providers are physical therapists that treat vestibular disorders.

Electronically-transmitted information may be used for diagnosis, therapy, follow-up and/or patient education, and may include any of the following:

- Patient medical records
- Medical images
- Interactive audio, video, and/or data communications
- Output data from medical devices and sound and video files.

### **Potential Benefits:**

The expected benefits of a telemedicine consultation include the following:

1. Improved access to medical care by enabling a patient to remain in his/her local site while the physical therapist conducts evaluation and treatment sessions.
2. Obtaining the expertise of a distant specialist in vestibular rehabilitation.
3. More efficient medical evaluation and management.

### **Potential Risks:**

As with any medical procedure, there are potential risks associated with the use of telemedicine. These risks include, but may not be limited to:

1. Information transmitted may not be sufficient to allow for appropriate medical decision making by the physical therapist, thus necessitating a face-to-face meeting with the patient or a rescheduled video consult.
2. The consulting physical therapist is not able to provide hands-on medical treatment to the patient through the use of telemedicine equipment nor provide for or arrange for any emergency care that may be required.
3. Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.

4. Security protocols could fail, causing a breach of privacy of personal medical information.
5. A lack of access to complete medical records may result in medical judgment errors.

**Alternative Treatment:**

Alternative treatments to telemedicine consultations include the patient receiving face-to-face services from a health care provider, or the patient not receiving any treatment. However, the providers who may be able to meet face-to-face with the patient may not have the same specialized expertise as a remote telemedicine provider. Additionally, the patient's choice not to receive any treatment could make the patient's vestibular condition(s) worse.

**By my signature below, I, the patient designated above, understand the above description of the telemedicine consultations, the potential benefits and risks of the telemedicine consultations, and the possible treatment alternatives.**

I further understand that the laws that protect the privacy and confidentiality of medical information also apply to telemedicine. I have the right to refuse the telemedicine consultations or stop participation in the telemedicine consultations at any time. I acknowledge that the health care providers involved with the telemedicine consultations have explained the content of this Informed Consent form, and the details of the proposed consultations with me in a satisfactory manner and that all questions that I have asked about this Informed Consent and the consultations have been answered in a manner satisfactory to me or to my representative. Understanding the above, I hereby give my informed consent for the use of telemedicine in my medical care. I hereby consent to and authorize Vestibular Therapy Specialists to use telemedicine in the course of my diagnosis and treatment.

**Patient signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

IF YOU ARE NOT THE PATIENT: I hereby certify that I am the parent, legal guardian, or personal representative of the person named above and do hereby give my consent and agreement to the foregoing on behalf of this person.

**Guardian signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please contact us if you would like a copy of your consent form. A downloadable version is located on our website [www.vestibularspecialists.com](http://www.vestibularspecialists.com) under Resources -> Patient Files.*