



Golden Bamboo Acupuncture
3663 E Sunset Rd, suite 102G, Las Vegas, Nevada 89120
Phone: 725-285-1210
Email: info@gbambooacupuncture.com
Website: gbambooacupuncture.com

TELEMEDICINE SERVICES CONSENT FORM

Name: _____ DOB: _____

Introduction

Telemedicine is the delivery of healthcare services when the healthcare provider and patient are not in the same physical location through the use of technology. Providers may include primary care practitioners, specialists, and/or subspecialists. 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.

The interactive electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Potential Benefits:

1. Improved access to medical care by enabling a patient to remain in his/her physician's office (or at a remote site) while the physician obtains test results and consults with healthcare practitioners at distant/other sites.
2. Obtaining the expertise of a distant specialist.

Potential Risks:

As with any medical procedure, there are potential risks associated with the use of telemedicine.



Golden Bamboo Acupuncture
3663 E Sunset Rd, suite 102G, Las Vegas, Nevada 89120
Phone: 725-285-1210
Email: info@gbambooacupuncture.com
Website: gbambooacupuncture.com

These risks include, but may not be limited to:

1. Information transmitted may not be sufficient (e.g., poor resolution of images) to allow for appropriate medical decision-making by the physician and consultant(s).
2. The consulting physician(s) are not able to provide medical treatment to the patient through the use of telemedicine equipment nor provide for or arrange for any emergency care that I may require.
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 adverse drug interactions or allergic reactions or other medical judgment errors.

Informed Consent for Telemedicine Services

- I understand that telemedicine is the use of electronic information and communication technologies by a healthcare provider used to deliver services to an individual when he/she is located at a different location or site than I am.
- I understand that the telemedicine visit will be done through a two-way video link-up. The healthcare provider will be able to see my image on the screen and hear my voice. I will be able to hear and see the healthcare provider.
- I understand that the laws that protect the privacy and the confidentiality of medical information including (HIPAA) also apply to telemedicine.
- I understand that I will be responsible for any copayments or coinsurances that apply to my telemedicine visit.
- I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment.
- I understand that by signing this form I am consenting to receive health care services via telemedicine.

Signature of Client/Patient _____ Date _____

Printed Name _____

Phone # _____

E-mail Address _____
