



Global Travel MEDICINE CONSULTS

TELEMEDICINE PATIENT AGREEMENT

A videoconference consultation uses an audio and visual connection between the doctor

and the patient/parent by way of a specialised high speed telephone line that is HIPPA

compliant where patient Privacy is assured.

This reduces the need for some patients to travel great distances and improves their access to

some specialty services. Whilst this technology is gaining increasing acceptance internationally, in some cases face-to-face consultation is necessary, where the doctor can

physically examine the patient. Therefore the doctor may request for a direct follow up to be

arranged.

We are required to inform you about a number of issues.

These are:

1. The program is voluntary.
2. Before the video consultation begins you must give your consent in writing.
3. You will be told the role and identity of other people who may need to take part in the consultation. You will be introduced to all health practitioners taking part.
4. If the health practitioners have any doubts about the effectiveness of the session, they will arrange for a face-to-face interview for you as soon as possible.



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5. Your rights to confidentiality and privacy will be respected.

6. There will NOT be any video or audio recording of the session.

Consent given by patient

I,Agree to participate in a videoconference consultation between myself

and.....(name of persons accompanying the patient)

and..... (Physician) on/...../..... using a videoconference link.

Signature : E.Mail Address:

Details of Consult

Has the patient used videoconferencing before? Yes No

If yes, was the Telehealth consultation used for: Initial consultation Second opinion

Ongoing management Other

Why did this patient use telehealth?

Ease of access

Emergency

Medical reason

Other

Fax this form to 301-552-0098 or email it to info@vaccinesdoctor.com once received you will be sent an email with instructions on how to proceed with Telemedicine Enrollment.