



Telemedicine Consent

I. Introduction. Telemedicine involves the real-time evaluation, diagnosis, consultation on, and treatment of a health condition using advanced telecommunications technology, which may include the use of interactive audio, video, or other electronic media. As such, telemedicine allows the provider to see and communicate with the patient in real-time.

II. Consent for Treatment. I voluntarily request Child Neurology Consultants of Austin (CNCA) physician(s) and such associates, residents, technical assistants and other health care providers as they may deem necessary (“Child Neurology Consultants of Austin Telemedicine Providers”) to participate in my medical care through the use of telemedicine. I understand that I may end the video visit at any time.

I understand that CNCA Providers (i) may practice in a different location than where I present for medical care, (ii) may not have the opportunity to perform an in-person physical examination, and (iii) rely on information provided by me. I acknowledge that CNCA Telemedicine Providers’ advice, recommendations, and/or decision may be based on factors not within their control, such as incomplete or inaccurate data provided by me or distortions of diagnostic images or specimens that may result from electronic transmissions. I acknowledge that it is my responsibility to provide information about my medical history, condition and care that is complete and accurate to the best of my ability. I understand that the practice of medicine is not an exact science and that no warranties or guarantees are made to me as to result or cure.

If CNCA Providers determine that the telemedicine services do not adequately address my medical needs, they may require an in-person medical evaluation. In the event the telemedicine session is interrupted due to a technological problem or equipment failure, alternative means of communication may be implemented, or an in-person medical evaluation may be necessary. If I experience an urgent matter, such as a bad reaction to any treatment after a telemedicine session, I should alert my treating physician and, in the case of emergencies dial 911, or go to the nearest hospital emergency department.

I understand that I must complete the pre-visit documentation and a co-pay or similar bill may be required before or after the telemedicine visit. I acknowledge that I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my telemedicine sessions, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session, (4) if I decide to keep copies of emails or communication on my computer, it is up to me to keep that information secure.

III. Release of Information. To facilitate the provision of care (including scheduling and billing) and/or treatment through telemedicine, I voluntarily request and authorize the disclosure of all and any part of my medical record (including oral information) to CNCA Providers. I understand and agree that the information I am authorizing to be released may include: 1) test results, diagnosis, treatment, and related information; 2) drug screen results and related information; 3) mental health information; and 4) genetic information.

I understand that the disclosure of my medical information to CNCA Providers, including the audio and/or video, will be by electronic transmission. Although precautions are taken to protect the confidentiality of this information by preventing unauthorized review, I understand that electronic transmission of data, video images, and audio is new and developing technology and that confidentiality may be compromised by failures of security safeguards or illegal and improper tampering.

I certify that this form has been fully explained to me, that I have read it or have had it read to me, and that I understand its contents and agree to engage in telemedicine encounter.

Signature of Patient/Responsible Party

Time

Date

Patient’s Name



Patient Complaint Procedure

While we hope every patient's visit goes smoothly, it is important that we are notified of patient concerns so we can take the appropriate steps to address them.

A patient has the right to communicate a verbal or written complaint or concern regarding any aspect of his/her visit (i.e. medical care, service, conditions, billing) and expect a timely response. If you have comments, questions, or concerns, we recommend that you or your representative speak to the manager of the clinic by calling **512-494-4000**.

Notice Concerning Complaints

Complaints regarding quality of care at a Joint Commission-accredited health care organization may be reported for investigation at the following address:

The Joint Commission, Office of Quality Monitoring One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Assistance in filing a complaint with The Joint Commission is available by calling toll-free: 1-800-994-6610.

Complaints about physicians, as well as other licensees and registrants of Texas medical Board, including physician assistants, acupuncturists, and surgical assistants may be reported for investigation at the following address:

Texas Medical Board Attention: Investigations
333 Guadalupe, Tower 3, Suite 610
P.O. Box 2018, MC-263
Austin, TX 78768-2018

Assistance in filing a complaint is available by calling the following telephone number: 1-800-201-9353. For more information please visit the Texas medical Board website at www.tmb.state.tx.us

If you are with a health maintenance organization and wish to file a complaint, you may do so by contacting the Texas Department of Insurance at 1-800-252-3439.

Complaints about Advanced Practice Providers as well as other licensees and registrants of Texas Board of Nursing, may be reported for investigation at the following address:

Texas Board of Nursing, Enforcement
333 Guadalupe St, Suite 3-460
Austin, Texas 78701

Assistance in filing a complaint is available by calling the following telephone number: (512) 305-7431.

For more information please visit the Texas Board of Nursing website at www.bon.texas.gov