

## Informed Consent for Telehealth/Telemedicine Services

By going through with the Televisit, I understand the following:

1. The telehealth visits are not a permanent service and my appointments may revert to in-office, face-to-face visits at anytime by Hawaii Pacific Neuroscience healthcare providers or staff.
2. The purpose is to assess and treat my medical condition.
3. The telemedicine consult is done through a two-way video link-up whereby the physician or other health provider at Hawaii Pacific Neuroscience can see my image on the screen and hear my voice. However, unlike a traditional medical consult, the physician or other health provider does not have the use of other senses such as touch or smell; and it may not be equal to a face-to-face visit.
4. Since the telemedicine consultants' practice in a different location and do not have the opportunity to meet with me face-to-face, they must rely on information provided by me or my onsite healthcare providers or caregivers. Hawaii Pacific Neuroscience and affiliated telemedicine consultants cannot be responsible for advice, recommendations and/or decision based on incomplete or inaccurate information provided by me or others.
5. I can ask questions and seek clarification of the procedures and telemedicine technology.
6. I can ask that the telemedicine exam and/or videoconference be stopped at any time.
7. I know there are potential risks with the use of this new technology. These include but are not limited to:
  - Interruption of the audio/video link.
  - Disconnection of the audio/video link
  - A picture that is not clear enough to meet the needs of the consultation
  - Electronic tampering.
8. If any of these risks occur, the procedure might need to be stopped.
9. The consultation may be viewed by medical and non-medical persons for evaluation, informational, research, educational, quality, or technical purposes.
10. I understand the examination may be videotaped for internal quality review or as might be required by my health coverage plan, however the video images will only be used for those purposes unless I provide further authorization.
11. I will not receive any royalties or other compensation for taking part in this telemedicine consult or associated with any use by Hawaii Pacific Neuroscience.
12. I understand I can make a complaint to management at Hawaii Pacific Neuroscience.
13. I understand I can make a complaint of my provider to the DCCA Regulated Industries Complaints Office by going online at <https://cca.hawaii.gov/rico/file-a-complaint/> or by calling the Consumer Resource Center on Oahu at 808-587-4272.

By continuing with the scheduled televisit, I certify that I understand and agree to the contents of this form. I volunteer to participate in the telemedicine examination. I authorize Hawaii Pacific Neuroscience and the doctors, nurses, and other providers involved to perform procedures that may be necessary for my current medical condition.