



ZealthCare Medical Clinic

Internal Medicine/Pediatrics

19121 West Little York, Suite B, Katy, TX 77449

Tel: (713) 955 5200

Email: contact@zealthcaremedicalclinic.com

Fax: (281) 858 1251

Website: www.zealthcaremedicalclinic.com

TELEMEDICINE INFORMED CONSENT

Telemedicine is the delivery of medical services using interactive audio and visual electronic systems where the provider and the patient are not in the same physical location. ZealthCare Medical Clinic allows its providers to perform telemedicine after the initial face-to-face evaluation, and between annual face-to-face re-evaluations.

Potential telemedicine benefits:

- Increased accessibility to medical care.
- Patient convenience.

Potential telemedicine risks:

- Information transmitted may not be sufficient (e.g., poor resolution of video) to allow for appropriate medical decision-making by my provider.
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.
- Security protocols can fail, causing a breach of privacy of my confidential medical information.
- In rare cases, a lack of access to all the information that might be available in a face-to-face visit, but not in a telemedicine session, could result in the omission of care involving other health problems or possible adverse drug interactions.

If I decide that the benefits outweigh the risks, I may request telemedicine sessions when I schedule follow-up appointments. If my provider agrees, I will be scheduled for a telemedicine session.

My Rights:

1. I understand that all laws protecting the privacy and confidentiality of medical information also apply to telemedicine.
2. I understand that all the Texas rules and regulations which apply to traditional healthcare also apply to telemedicine.
3. I understand that my provider has the right to withhold or withdraw his/her consent for the use of telemedicine at any time during my care.
4. I understand that I have the right to withhold or withdraw my consent for the use of telemedicine at any time during my care, and withdrawal of my consent will not affect any future care or treatment from my provider.



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My Responsibilities:

1. I understand that I must be physically within Texas (including offshore State waters) to be eligible for telemedicine, and my provider can send prescriptions for medications only to Texas pharmacies or addresses. I will inform my provider as soon as my session begins of my physical location.
2. I will ensure the proper configuration and functioning of all my electronic equipment prior to my session because the computer, tablet, or mobile telephone I use must have working camera and audio input so that my provider can see and hear me in real time.
3. I will not record any telemedicine sessions without written consent from ZealthCare Medical Clinic /Zealth Care, PLLC, and I understand that my provider will not record any of our telemedicine sessions without my written consent.
4. I will inform my provider as soon as my session begins if any other person can hear or see any part of our session.
5. If I lose my connection during a session, I will immediately attempt to reconnect.
6. If the audio I am receiving during a telemedicine session is not complete and clear, I will attempt to let my provider know or telephone ZealthCare Medical Clinic/ Zealth Care, PLLC to schedule a new appointment.

Patient Consent to the Use of TeleMedicine

I have read and understand the information provided above regarding telemedicine. I hereby give my informed consent for the use of telemedicine in my medical care and authorize my provider to use telemedicine during my diagnosis and treatment. I agree to hold Zealth Care, PLLC/ZealthCare Medical Clinic and its providers harmless from injuries or omissions that may be related to the malfunction or technical failure of equipment or system encryption.

Signature

Name

Date