

ECONSULT PATIENT CONSENT FORM

For the medical records of: _____
(Last name, First name) Date of Birth _____

I hereby give Southwest Community Health Center, Inc and its Medical providers my consent to consult with specialty providers via electronic consultation services. By signing this agreement, I authorize the electronic transmission of my child's medical information so that it can be viewed by a doctor and other persons involved in my medical or mental health care.

I, _____, agree to participate in econsult/telemedicine consultations.
(name of patient or parent/guardian)

This consultation will help to determine the best course of treatment by your primary care provider. [Note: The likelihood of this transmission being intercepted by persons other than those at the consulting site is extremely small].

I understand the following potential benefits and risks to this process:

Potential Benefits:

- Improving access to specialized medical opinions right from my health care provider's office.
- Obtaining the expertise of a specialist in a timelier manner than would otherwise be possible.

Potential Risks:

As with any medical procedure, there may be potential risks associated with the use of this technology. These risks included, but may not be limited to:

- Information transmitted may not be sufficient (e.g., poor resolution of images) to allow for a conclusive consultation by the specialist.
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.
- Security protocols could fail, causing a breach of privacy of my confidential medical information.
- A lack of access to complete medical records may result in errors in medical judgement.
- There is no guarantee that this tele-consultation will eliminate the need for me to see a specialist in person.

I understand that I may withdraw my permission and cancel the econsult process at any time for any reason without consequence.

Signature of patient (or parent/guardian): _____

Date: _____

Please check here if you do not consent to the use of econsult/telemedicine services.

*consent expires 1 year from date of completion for main sites and expires 2 years from date of completion for SBHCs