

**Health and Mind LLC/
Tasneem Khan MD
1555 Post Rd E
Westport , CT 06880**

INFORMED CONSENT FOR TELEMEDICINE SERVICES

Introduction:

Telemedicine involves the use of electronic communications to enable healthcare providers at different locations to share individual patient medical information for the purpose of improving patient care. The information may be used for diagnosis, treatment with medications and therapy, follow-up care and education. Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Expected benefits:

1. Improved access to medical care by enabling a patient to remain in his/her home while the physician obtains information necessary for diagnostic evaluation and treatment. This is especially crucial in the current situation due to the coronavirus pandemic.

Possible risks:

As with any medical procedure, there are potential risks associated with the use of telemedicine. These risks include, but may be limited to:

1. In rare cases, information transmitted may not be sufficient (e.g. poor video or audio quality) to allow for appropriate medical decision-making by the physician.
2. Delays in medical evaluation and treatment would occur due to deficiencies or failures of the equipment.
3. In very rare instances, security protocols could fail, causing a breach of privacy or personal medical information.

Please initial this page _____

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Informed Consent for Telemedicine:

- I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information in the use of telemedicine which identifies me will be disclosed to other entities without my consent.
- I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in course of my care at any time, without affecting my right to future care or treatment.
- I understand that a variety of alternative methods of medical care may be available to me, and that I may choose one or more of these at any time. My doctor has explained the alternatives to my satisfaction.
- I understand that telemedicine may involve electronic communication of my personal medical information to other medical practitioners involved in my treatment with my prior separate consent.
- I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but no results can be guaranteed or assured.

I have read the information provided above regarding telemedicine, have discussed it with my physician or such assistants as may be designated, and all of my questions have been answered to my satisfaction.

I hereby authorize Dr. Tasneem Khan/Health and Mind LLC to use telemedicine in the course of my diagnosis and treatment.

Patient's Name: _____ **DOB:** _____

Patient's signature: _____ **Date:** _____

I have been offered a copy of this consent form (patient's initials) _____