



PEDIATRIC EPILEPSY & NEUROLOGY SPECIALISTS

Telemedicine HIPAA and Privacy Form

I understand that telemedicine is the use of electronic information and communication technologies by a healthcare provider to deliver services to an individual when he/she is located at a different site than the provider. The information may be used for diagnosis, therapy, treatment follow up and/or education and may include any of the following:

- Patient Medical Records
- Medical imaging
- Live two-way audio and video

The telemedicine platform used, whether eClinicalWorks Cloud or Healow app, incorporates network and software security protocols to protect the confidentiality of patient identification and imaging data. It will include measures to safeguard the data to ensure integrity against intentional or unintentional corruption.

Risks of participating in a telemedicine visit include, but may not be limited to:

- The connection may fail to work or may be disconnected during an encounter which might result in delays of care.
- If it is felt that the care is not sufficient to provide adequate care, I may be required to see my provider in person
- In very rare circumstances, security protocols could fail, causing a breach of privacy of personal and medical information- in these rare situations, my providers will utilize any and all means necessary to correct the error outlined in the policies related to HIPAA, Privacy, and Terms of Use and will notify me of the status of such a breach and attempts at correction

Benefits of participating in a telemedicine visit include:

- Access to medical providers from home
- More efficient medical evaluation and management reducing overall costs of medicine to patients, insurers and providers
- Decrease risk of transmission of illness from other patients at clinic

I understand that I will be responsible for any copayments or coinsurances that apply to my telemedicine visit.

I understand and agree to participate in telemedicine encounters with Pediatric Epilepsy and Neurology Specialists (PENS), and I understand and agree to the use of the telehealth/telemedicine functionalities in my care.

I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time by contacting PENS at 813-873-7367. As long as this consent is in force (has not been revoked) PENS may provide health care services to me via telemedicine without the need for me to sign another consent form.