

Appendix-1

CONSENT TO PARTICIPATE IN E-CONSULTATION SERVICE

Purpose:

This form is intended to obtain your permission to participate in an e-consultation.

Introduction:

E-consultation is the use of video conferencing to enable healthcare providers at a different location to provide advice on your pre existing medical conditions to you and/or consult with you and /or your health care provider about your health care options and decisions. E- Consultations are not the same as direct patient/healthcare provider visits, as you will not be in the same location as the consulting provider.

Process:

By signing this form, you are acknowledging that you understand the following:

- Details of your medical history, including but not limited to, images, x-rays and tests may be shared electronically and discussed with the consulting Doctor;
- As there is no physical examination, the consulting Doctor will not be prescribing any drugs;
- Video, audio, and/or photo recordings may be taken during the procedure to aid in documenting process -.
- Your provider as well as the consulting provider may keep a record of the consultation.

Possible Risks/Limitations of e-consultation Services:

By signing this form, you are acknowledging that you understand the following:

- Your consulting doctor could have physically examined you for your condition in the past but in case of an emergency, it naturally falls outside the scope of an e-consultation and you will not be eligible to undergo an e-consultation
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- Despite our best efforts to protect the privacy of patient information, security protocol could fail causing a breach of privacy of personal medical information.
- Delays in medical evaluation and treatment may occur due to failures of the electronic equipment.
- The e-consultation services are enabled by technology which is implemented by remote transmission of clinical/non clinical information over a network, there could be a possible risk of loss of data which can result in incomplete diagnosis/treatment plan.

Exclusion of Services:

The e-consultation services can be used for medical consultation purposes excluding the following services/departments/specialties.

1. Emergency Services
2. Critical Care/ICU Services
3. During the actual performance of medical procedures/surgical interventions/OT

Consent:

By signing this form, you are consenting to participate in a e- consultation.

You are acknowledging that your health care provider has explained to you how the video conferencing works.

I hereby consent to participation in an e- consultation.