

WOMAN'S HOSPITAL
CONSENT TO PARTICIPATE IN TELEHEALTH CONSULTATION

1. Telehealth Consultation. I wish to engage in a telehealth consultation with Woman's Hospital. I understand that this consultation will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as my health care provider. I understand my health care provider will recommend a treatment plan. If I choose to not follow the treatment plan, I assume complete responsibility. I release the hospital, staff, and doctors, for all responsibility for any ill effect that may cause. If my health care provider believes I would be better served by in-person care; I will be referred to such services.

2. Nature of Telehealth Consultation. Telehealth involves the use of audio, video or other electronic communications to interact with you, consult with your healthcare provider and/or review your medical information for the purpose of diagnosis, therapy, follow-up and/or education. There are no recordings of the video consult.

3. Potential Risks. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my health care provider or I may discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.

4. Benefits. The benefits of telehealth include having access to specialists and education without having to travel.

5. Alternatives. The alternative to telehealth consultation is a face-to-face visit as an outpatient with a lactation nurse and/or an office visit with a physician.

6. Confidentiality of Health Care Information. I understand that my health care information may be shared with other individuals for scheduling and billing purposes. Other than my health care provider and consulting health care provider, others may also be present during the consultation in order to operate the video equipment. The above mentioned people will all maintain confidentiality of the information obtained. I understand that I will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of my medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the telehealth examination room; and/or (3) terminate the consultation at any time.

7. Privacy and Security. I understand that Woman's Hospital cannot guarantee the confidentiality of my telehealth consultation. I further understand that the telehealth consultation is only as secure as my physical environment during the consultation, and that a private, quiet location is best to ensure the maximum degree of confidentiality.

8. Emergent Consultation. In an emergent consultation, I understand that the responsibility of the telehealth consulting specialist is to advise my local practitioner and that the telehealth consulting specialist's responsibility will conclude upon the termination of the video conference connection.

9. Billing. I understand that I am personally financially responsible for the charges related to the telehealth consult and will render payment prior to the consult. Billing services will occur from Woman's Hospital.

10. Withdrawal of Consent. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment. I may revoke my consent orally at any time by contacting Woman's Hospital Lactation Department (225-924-8239) or during the actual consult.

11. Informed Consent. By proceeding with submission for a request for a consult, I certify that:

- a. I have read this document carefully.
- b. I fully understand the risks and benefits of the telehealth consultation.
- c. I hereby willingly consent to participate in a telehealth consultation under the terms described herein.