

MERITUS HEALTH AUTHORIZATION AND CONSENT
TO PARTICIPATE IN TELEMEDICINE

In an effort to expand patient access to care for routine clinical situations, reach those patients who may have barriers reaching their care team or in the event of a public health emergency or natural disaster causing disruption to normal office procedures, this form provides the proper authorization/consent to allow Meritus Medical Center and certain Meritus medical practices (altogether “Meritus Health”) to provide these services to you via telemedicine. There may be circumstances where your insurer allows billing for these services and you authorize Meritus Health to bill for telemedicine services.

What is telemedicine? Telemedicine involves the real-time evaluation, diagnosis, consultation on, and treatment of a health condition using advanced telecommunications technology, including the use of interactive audio, video, and other electronic media. As such, telemedicine allows your health care provider to remotely see and communicate with you in real-time.

1. **Purpose and Benefits:** The purpose of this service is to use telemedicine to enable patients who are symptomatic, as well as those patients living in rural and/or underserved areas to get medical care without the inconvenience and expense of traveling to a city. This service is not for medical emergencies.
2. **Nature of Telemedicine Consultation:** During the telemedicine consultation:
 - a. You will provide information about your medical history, condition and care that is complete and accurate to the best of your ability. Details of your medical history, examinations, x-rays, and tests may be discussed with other health professionals through telemedicine.
 - b. A visual examination may take place. Your provider may not have the opportunity to perform an in-person physical examination, and/or may determine that the telemedicine services do not adequately address your medical needs, and may require an in-person medical evaluation. If a home visit is made, a physical examination may take place, and the results may be transmitted to your care team via telemedicine technology.
 - c. Nonmedical technical personnel may be present in the telemedicine studio to aid in video transmission.
 - d. Video, audio, and/or digital photo may be recorded during the telemedicine consultation visit.
3. **Medical Information and Records:** All existing laws regarding your access to medical information and copies of your medical records apply to this telemedicine service. Additionally, dissemination of any patient-identifiable images or information from this telemedicine interaction to researchers or other entities shall not occur without your consent, unless authorized under existing confidentiality laws.
4. **Confidentiality:** Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telemedicine services. All existing confidentiality protections under federal and Maryland State law apply to information used or disclosed during your telemedicine appointment.

5. **Risks and The Need for Further Evaluation:** The telemedicine service will be similar to a standard medical office visit, except interactive video technology will allow you to communicate with a qualified provider of medical services remotely. The use of video technology to deliver healthcare and educational services is a newer technology and may not be equivalent to direct patient to provider contact and there could be interruptions or technical difficulties. Following the telemedicine consultation, your provider may recommend a visit to a hospital in Hagerstown or another hospital in the area providing specialty care or further evaluation. Additionally, in very rare circumstances, security protocols could fail causing a breach of patient privacy.
6. **Your Rights:** You may withhold or withdraw consent to the telemedicine at any time without affecting your right to future care or treatment. Revocation of this consent does not create a risk, loss of, or withdrawal of any program benefits for which you would otherwise be entitled. If at any time during your Telemedicine appointment you wish to stop and request an in-person visit, you have that option to consult with a provider of medical services in person.
7. **Financial Agreement:** This telemedicine consultation will be paid for by your insurer. However, in the event they refuse payment you may be held financially responsible for any and/or all telemedicine services rendered to you by Meritus Health.

I have been advised of all the potential benefits and/or risks of telemedicine. I have had an opportunity to ask questions about this information and all of my questions have been answered to my satisfaction, and I have read this Consent and agree to its terms.