

I have agreed to participate in telemedicine with Ko 'olauloa Health Center, which means that 1) I will be able to attend consultations with my health care proviers at Ko'olauloa Health Center through the use of simultaneous video communication systems; 2) my health care providers will not be in the same room as me during the telemedicine consultation.

The benefits of telemedicine include saving time and money by not having to travel away form home as well as reduced exposure to accident of the risk of catching an infectious disease by allowing me to stay home.

I understand there are also potential risks to this technology, including interruptions due to technical difficulties and the limitations posed by not mbeing in the same room as my health care provider. Either my health care provider or I may choose to discontinue a telemedicine consultation if either of us believe that telemedicine is not adequate to address my concerns and an in person consultation is necessary.

I understand that Ko'olauloa Health Center will at its sole discretion choose the videoconferencing systems, which will be used in telemedicine consultations and will ensure the privacy and security of my consultation.

Ko'olauloa Health Ceter has explained to me how to use the technology that will be used to participate in telemedicine.

I am aware that my healthcare information may be shared with other individuals for telemedicine scheduling and related business purposes such as billing and coordinating my healthcare with business associates but only consistent with the practices set forth in Ko'olauloa Health Center's Notice of Privacy Practices.

In the case of an emergency, I understand that telemedicine is not a substitute for a 911 emergency call or a visit to the emergency room. I understand that if I need to speak with my healthcare provider, I should call them directly at their office using the telephone.

In the course of telemedicine conferences, I agree to: 1) answer questions fully about my condition, my treatment and medicines; 2) Follow the guidelines and instructions given to me regarding the safe use of the telemedicine technoloyg; and 3) If Ko'olauloa Health Center lends telemedicine devices or equipment to me for use at my house, be careful with it, and return it in the same condition as which it was given to me. Furthermore, I agree to pay for any damages, repairs, or replacement of any telemedicine devices or equipment which I fail to return in the same condition as when it was given to me.

Questions that I may have regarding the telemedicine technology or use of the devices and equipment fo rmy healthcar have been answered to my satisfaction.

I have read this consent carefully and understand all the contents of this consent, and hereby consent to participate in Ko'olauloa Health Center's telemedicine program under the terms described herein.

*Updates to this policy: This policy may be updated from time-to-time and it is your responsibility to check our website for updates to this policy.*