

# INFORMED CONSENT FOR TELEMEDICINE SERVICES

LIFE TRANSFORMATION INTEGRATIVE MEDICINE PLLC

## Introduction

Life Transformation Integrative Medicine PLLC operates via a web-based platform (the “Website”) that connects patients to telemedicine services (the “Services”). The Services are provided by providers who are employed by or contracted with Life Transformation Integrative Medicine PLLC. You are required to have a primary care provider prior to establishing care at Life Transformation Integrative Medicine PLLC. Care provided at Life Transformation Integrative Medicine PLLC is in addition to, and not a replacement for, your primary care provider and other health care providers involved in your care. The responsibility for your overall medical care should remain with your primary care provider.

Telemedicine involves the use of electronic communications to enable a health care provider at one location to render clinical Services to a patient located at a separate location. Telemedicine Services may be provided through various modalities, but occur primarily through:

- Live two-way audio and video including video conferencing and telephone calls;
- Asynchronous communications including patient portal messaging; and
- Submission of online questionnaires.

Telemedicine also involves the use of electronic communications to enable health care providers at different locations to share individual patient medical information for the purpose of improving patient care. Providers may include primary care practitioners, specialists, and/or subspecialists. The information may be used for diagnosis, therapy, patient care, follow-up and/or education, and may include any of the following:

- Patient medical records;
- Medical images;
- Live two-way audio and video; and
- Output data from medical devices and sound and video files.

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and patient medical records, and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption and access by unauthorized third-parties.

## Expected Benefits

Telemedicine has many benefits, including the following:

- You can have more efficient medical evaluation and management without travel required to receive a medical consultation.
- You can easily schedule follow-up consultations with your provider from the convenience of your PC or phone.
- You have improved access to medical care from at a remote site while the provider obtains test results and consults from healthcare practitioners, specialists, and/or subspecialists at distant/other sites.

## Possible Risks

As with any medical procedure, there are potential risks associated with the use of telemedicine. These risks include, but may not be limited to the following:

- It may be more difficult for providers to diagnose you without seeing you in person. For example, it may be more difficult for a provider to perform a physical assessment, to check vitals, and/or to perform diagnostic tests.
- In some instances, the provider may determine that the transmitted information is of inadequate quality to allow for appropriate medical decision making; this may necessitate a rescheduled or further telemedicine consultation.
- In some instances, a lack of access by the provider to your complete medical records may result in adverse drug interactions, allergic reactions, or other judgment errors.
- There can be delays in evaluation and treatment in the event of a disruption in communication between you, on the one hand, and the provider, on the other hand, if the online connection is interrupted for some reason, or if either party experiences technical difficulties.
- While the Website includes security features to protect your information, there is a risk that unauthorized access to your information still can occur. In very rare instances, security protocols could fail, causing a breach of privacy of your personal medical information.

### **Attestation**

BY SIGNING THIS FORM, YOU ATTEST TO AND UNDERSTAND THE FOLLOWING:

1. You have read, understand, and accept this Informed Consent.
2. You understand that a variety of alternative methods of medical care may be available to you, and that you may choose one or more of these at any time. You understand the risks and benefits of the Services offered through the Website, and you have determined that telemedicine is a good choice for you. You also understand that none of the benefits of the Services are guaranteed by Life Transformation Integrative Medicine PLLC and Pooja Saigal, M.D., and that the treatment provided may not necessarily improve any of your medical conditions.
3. You understand that it is your duty to inform Life Transformation Integrative Medicine PLLC, and Pooja Saigal, M.D., of any and all electronic and in-person interactions regarding your care that you may have with other healthcare providers. It is your responsibility to provide accurate and complete medical information to your provider, and you acknowledge and agree that your provider will rely on such information in the delivery of the Services to you. The inaccuracy of any information you provide to your provider may impact the efficacy of the Services. Further, your provider may decide you need to seek treatment for your medical condition from a different provider, and that use of the Services is not sufficient or appropriate for your condition.
4. You understand that your Provider will provide you with information related to your diagnosis, treatment, and ongoing care, and that the success of your treatment and care is dependent upon your review of this information. Therefore, you agree to review all such information your provider provides to you.
5. You understand that there is a risk of technical failures during the telemedicine encounter that may be beyond our control. You agree to hold harmless Life Transformation Integrative Medicine PLLC for any delays in evaluation or for information lost due to such technical failures.
6. You understand there may be side effects from certain medications prescribed or supplements recommended, and that your provider will specifically address these risks when prescribing such medications or supplements.
7. You understand that you have the right to inspect all information obtained and recorded in the course of telemedicine interaction, and you may receive copies of this information upon request and for a reasonable fee
8. You understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies you will be disclosed to researchers, other entities, or third-parties without your consent and authorization. You understand that telemedicine may involve electronic communication of your personal medical information to other medical practitioners who may be located in other areas, including out of state. You understand that your health care information may be shared with other individuals for scheduling and billing purposes.

9. You understand this is a telemedicine-based service that is not equipped to handle medical or psychiatric emergencies. **IF YOU HAVE AN EMERGENCY THAT NEEDS IMMEDIATE RESPONSE, YOU AGREE TO CALL 911 OR GO TO YOUR NEAREST EMERGENCY ROOM.**
10. You give your informed consent to telemedicine as an acceptable form of delivering health care services to you, and that this Informed Consent will cover any and all Services provided to you through the Website.
11. You may withdraw your Informed Consent at any time by discontinuing services through the Website.
12. You attest that you will be present in the State of Illinois during all telemedicine encounters with Life Transformation Integrative Medicine PLLC, and Pooja Saigal, M.D.