



### **INFORMED CONSENT FOR TELEMEDICINE**

**PURPOSE:** The purpose of this form is to obtain your informed consent for a telemedicine consultation with Dr. Laura Kostrzewski, ND. Please read it thoroughly for understanding and ensure all of your questions are answered before signing to give consent. This Informed Consent for Telemedicine is intended as a supplement to the general informed consent for naturopathic medicine and does not amend any of the terms of that informed consent.

Dr. Laura Kostrzewski, ND (“**Dr. Kostrzewski**”) is a licensed naturopathic doctor in the State of California (License CA ND 1097). **Therefore, you must be present in the State of California when receiving telemedicine services from Dr. Kostrzewski.**

Telemedicine is the practice of naturopathic medicine using electronic communications (telephone, computer, live two-way audio and video, etc.) to enable the naturopathic doctor at a different location from the patient to share medical information with that patient for the purpose of improving access to patient care. The information may be used for diagnosis, treatment, follow-up and/or education.

The interactive video connection system and electronic communication systems used during such telemedicine consultation will incorporate network and software security protocols designed to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

**Expected benefits of a telemedicine consultation are:**

- You may not need to travel to the consult location.
- It can help to limit the spread of communicable disease.

**Potential risks associated with the use of telemedicine include, but not limited to:**

- The video connection may not work, or it may stop working during the consultation, or there may be other technical difficulties or failures during the consultation.
- The video picture or information transmitted may not be clear enough to be useful for the consultation or to allow for appropriate care. For instance, certain parameters of the physical examination cannot be assessed or tested remotely. In addition there may be poor resolution of images. This may cause a delay in medical evaluation and treatment.
- Security protocols may fail, causing a breach of privacy of personal medical information and/or unauthorized access to the video connection during the consultation.

If the session is interrupted due to technical complications, attempt to re-connect via the telemedicine platform. If you and Dr. Kostrzewski cannot re-connect via the telemedicine platform within two (2) minutes, then call Dr. Kostrzewski at: (619) 630-9517. **If you are having an emergency, call 9-1-1.**

**By signing this Informed Consent to Telemedicine, you acknowledge and attest that you understand and agree to the following with respect to telemedicine services:**

1. I understand that telemedicine services do not replace the relationship between me and my primary care doctor. Therefore, I understand that Dr. Kostrzewski will not be my



primary care provider and that I must maintain a primary care provider for physical examinations and other diagnostic and screening procedures.

2. I understand it is up to Dr. Kostrzewski to determine whether or not my specific clinical needs are appropriate for a telemedicine encounter. I understand that I may be required to discontinue the telemedicine consult and to go to the location of Dr. Kostrzewski, if possible, or a licensed physician in my area if Dr. Kostrzewski determines in her best judgment that I need to receive a more thorough physical examination or that the videoconferencing connections are not adequate for the situation or to provide appropriate care for any reason.
3. I understand that the federal and state laws that protect the privacy and confidentiality of health information also apply to telemedicine and all medical reports resulting from the telemedicine consultation are part of my medical record. I understand that Dr. Kostrzewski will take steps to make sure that my health information is not seen by anyone who should not see it. I understand that there will be no recording of any of the online session and that all information disclosed within telemedicine sessions and in the written records pertaining to those sessions are confidential and will not be revealed to anyone without my written consent, except where disclosure is required or authorized by law.
4. I understand that I am responsible for information security on my device, including but not limited to, computer, tablet, or phone. I agree to take full responsibility for the security of any communication on my own computer and devices and in my own physical location. I also understand that I am responsible for using this technology in a private location so that others cannot hear my conversation.
5. I understand there is a risk of technical failures during the telemedicine encounter including difficulties with internet connectivity, hardware, software, equipment, and/or services supplied by a third party and that these technical failures are beyond the control of Dr. Kostrzewski. I understand Dr. Kostrzewski cannot make any guarantee that such services will work as expected, and I agree to hold harmless Dr. Laura Kostrzewski Naturopathic, PC for delays in evaluation or for information lost due to such technical failures.
6. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment. I understand that I may suspend or terminate use of the telemedicine services at any time for any reason or for no reason.
7. I understand that alternatives to telemedicine consultation, such as in-person services are available to me, and in choosing to participate in a telemedicine consultation that some naturopathic medical services may not be available.
8. **I attest that I will be present in the state of California during all such telemedicine consultations. I further agree that if I am not located in California, I will immediately notify Dr. Kostrzewski and understand that in such case Dr. Kostrzewski is not legally permitted to conduct such telemedicine consultation with me to provide naturopathic diagnosis and treatment.**

Dr. Laura Kostrzewski Naturopathic



**By signing this Informed Consent for Telemedicine, I confirm and agree that I:**

- I have read this informed consent form, or someone has read it to me.
- I understand the contents of this form including the risks and benefits of the telemedicine consultation and my questions about telemedicine and this consent have been answered.
- I hereby give my informed consent to participate in telemedicine consultations with Dr. Laura Kostrzewski and authorize Dr. Kostrzewski to provide care to me via telemedicine under the terms described herein. I intend this informed consent to cover the entire course of my care with Dr. Kostrzewski via Dr. Laura Kostrzewski Naturopathic, PC.

**PATIENT SIGNATURE:** \_\_\_\_\_

Name of Patient: \_\_\_\_\_

If not signed by Patient, Name/Relationship to Patient:

\_\_\_\_\_

Date \_\_\_\_\_