

Oahu Kidney Care LLC - Informed Consent for Telehealth Services

Information About Telehealth

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

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

Our electronic systems utilize state-of-the-art encryption, firewall protections, and secure data storage solutions in compliance with HIPAA regulations and industry best practices to protect the confidentiality and integrity of patient information. These measures include but are not limited to 256-bit encryption, multi-factor authentication, and regular security audits.

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Expected Benefits

Improved access to medical care by allowing patients to remain at a remote site while receiving care.

Access to medical providers not available in your geographic area.

Enhanced ability for your physician to obtain information from other providers, such as test results and specialty opinions.

More efficient medical evaluation and management.

Possible Risks

Inability to perform certain aspects of a physical examination or evaluation.

Insufficient information (e.g., poor resolution of images) may affect medical decision-making.

Delays in medical evaluation and treatment due to equipment deficiencies or failures.

Rare instances of security protocol failures causing a breach of privacy.

Potential adverse reactions due to lack of access to complete medical records.

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Patient Consent for the Use of Telehealth

I have read and understood the information provided above regarding telehealth and discussed it with my physician or their designee. All of my questions have been answered to my satisfaction.

I understand the following:

1. The laws protecting privacy and confidentiality of medical information apply to telehealth, and no identifying information will be disclosed without my consent.
2. I have the right to inspect all information obtained during a telehealth interaction and may receive copies for a reasonable fee.
3. I have the right to withhold or withdraw consent to telehealth at any time without affecting my right to future care or treatment.
4. Alternative methods of medical care have been explained to my satisfaction, including in-person visits, telephone consultations, and referrals to local specialists or healthcare facilities, and I may choose an alternative method of care at any time.
5. Telehealth may involve electronic communication of my medical information to other medical practitioners, including those out of state.
6. There are inherent risks to telehealth, including but not limited to those explained above.
7. While benefits from the use of telehealth are anticipated, results cannot be guaranteed or assured.

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Acknowledgment

I have read and understood the telehealth policy and consent form provided by Oahu Kidney Care LLC. I acknowledge that I have discussed any questions or concerns with my physician or their designee, and I am satisfied with the answers provided. I agree to the terms and conditions outlined in this document, understanding that my consent can be withdrawn at any time. I also understand that alternative methods of care have been explained to me and are available upon request.

Effective Date: October 8, 2018

Revised Date: July 27, 2024