PATIENT CONSENT FOR A TELEMEDICINE ENCOUNTER

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
HUMAN SERVICE CENTERS
SFN 833 (12-2021)

1. I hereby consent to take part in Telemedicine Encounters. A telemedicine encounter is delivery of health care services over two-way interactive video. I understand that I may be evaluated and treated by a health care provider or specialist who is at a different and possibly distant location. I understand that other people may assist that provider or specialist with this encounter.

2. It has been explained to me and I understand that:

   A. The consulting health care provider or specialist will be at a different location from me. A case manager or other health care provider ("presenter") may be at the same location as I am to assist in the consultation. There may also be a technical person to operate the equipment.
   B. The presenter or another individual who will operate the equipment may transmit or share electronically details of my medical and clinical history, evaluations, or other clinical documents with the provider or specialist who is at a different location.
   C. I will be informed if any additional personnel are to be present other than: myself, individuals accompanying me, the provider or specialist, the presenter, and the technical person. I will be required to give my verbal permission prior to the entry of additional personnel.
   D. The health care provider or specialist in a different location may request that I visit that provider or specialist in person to further evaluate my condition.

3. I understand that I have the right to:

   A. Refuse or stop participation in the telemedicine encounter at any time.
   B. Limit any physical examination proposed during the telemedicine consultation, but recognize that a follow-up referral to a local medical or clinical provider may be recommended.
   C. Request that the presenter not transmit my medical information, if I make the request in writing before that information is transmitted.
   D. Request that non-medical personnel leave the room at any time.
   E. Request that all personnel leave the room to allow me a private consultation with the provider or specialist at the different location.

I agree that any questions I have about the telemedicine encounter have been answered in a satisfactory manner. I consent to participating in the telemedicine encounter as described above. While every effort will be made to maintain a good quality audio and video connection, there is some possibility that technology could fail. If the encounter is not successful due to technology failure, a billing for the procedure will not occur.

Patient Name	Location

Signature of Patient	Date

OR

Signature of Legal Representative	Date