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| Patient consent form exampleLast updated: 15 April 2020! This form is intended as a guide only. You will need to tailor this form to meet the needs of your individual practice or clinic.Do I have to use a written consent form? No, you do not need to use a written consent form. A patient’s informed consent can be provided verbally and simply documented in their clinical notes.  |

Patient consent

An online consultation involves the use of electronic communications to allow the patient and Dr XXXXX to have a consultation and a payment of a fee for this service. The information obtained before and during this consultation may be used for diagnosis, treatment and follow up.

The information obtained may include any of the following:

* Patient medical records
* Medical images
* Live two-way audio and video
* Photos and health information obtained before the telephone or video consultation.

Electronic systems used will incorporate network and software security protocols 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.

**Possible risks:** As with any medical procedure, there are potential risks associated with the use of a telephone or video consultation. These risks include, but may not be limited to:

* In a minority of cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for an appropriate diagnosis and treatment plan to be made
* Delays in diagnosis and treatment could occur due to deficiencies or failures of the equipment
* In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information. In particular, if we are communicating with you by email, we cannot guarantee the security of your own email address.

**Your consent**

By signing this form, I acknowledge that I have read and understood it. I also understand the following:

* the procedure for conducting the teledermatology consultation
* that my participation is completely voluntary and I have the right to refuse to participate and may withdraw my consent at any time
* that I am able to have other people e.g. family member/carer/interpreter present and that I may ask any of these people to leave the call or room at any time if I wish to talk privately with my dermatologist
* that health professionals are permitted to take notes during the consultation
* that the aim of this consultation is to gain a diagnosis, understand what it means to me and have a treatment plan discussed
* that it is possible that the telephone or video consultation may not be able to achieve all of these outcomes and that an in-person consultation, biopsy or other investigations may still be required at some stage. I understand a subsequent fee would be required in this situation.
* that I can’t make any recording such as audio, video or screenshots of the digital consultation. Doing so would be against the terms of this service, and sharing any recording with a third party would be a violation of law in all States and Territories of Australia
* the fee that will be payable ….[ [clinic/practice] is a private practice and authorise [clinic/practice] to debit the fee communicated to me in the appointment confirmation email. I understand that my payment details will be held for the duration of the consultation and then deleted once payment is processed.]

I hereby give my informed consent for the use of an online consultation in my medical care.

🞎 By ticking this box (optional), I also consent to:

* use of these unidentified images for educational purposes ensuring my confidentiality; and
* the publication of unidentified diagnostic images in medical papers ensuring my confidentiality.

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| **Patient name:** |  |
| **Signature of patient (or person authorised to sign for the patient):** |  |
| **If authorised signer, please state your relationship to the patient:** |  |
| **Witness:** |  |
| **Date:** |  |