

Pediatric Rheumatology Clinic

Walter Reed National Military Medical Center America Building (19), 4th Floor 8901 Rockville Pike, Bethesda, MD 20889-5600 (301) 295-4959

Instructions for Establishing Video Teleconference Appointments

Thank you for showing interest in utilizing this innovative and convenient technology. Video teleconferencing is one of the most popular virtual health options offered by Walter Reed National Military Medical Center (WRNMMC).

Video teleconference appointments can better facilitate the care of your child by providing easy communication with your child's provider no matter where you are in the world. All you need is an internet connection and a mobile phone or tablet.

There are three things you'll have to do to connect with your child's provider for a video teleconference appointment.

- 1. Fill out, sign and fax the attached Consent Form to our clinic at (301) 319-8568.
- 2. Download the video teleconference application to your mobile device. (More detailed instructions about the application will be sent to you after we receive the completed Consent Form.)
- 3. Schedule a Video Teleconference Appointment by calling us at (301) 400-1769.

After your appointment is scheduled, please go to https://FBCH.acms.com/mydrjones/ to connect at the time of your appointment. Clicking on this link will open your internet browser and direct it to the page where you can begin your Video Teleconference Appointment as scheduled. It's that simple!

We're looking forward to helping you better manage your child's health using Video Teleconference Appointments in the Pediatric Rheumatology Clinic at WRNMMC.



	JPPLEMENTAL MEDICAL DATA onent agency is the Office of The Surgeon Ge	eneral	
REPORT TITLE TELEHEALTH CONSENT - Authorization to Receive or		OTSG APPROVED (Date)	
For use of this form, see MEDCOM Suppl 3 to AR 40-66; the proponent agen		(YYYYMMDD)	
SECTION I – PATIENT DATA			
1. NAME (Last, First, Middle Initial)	2. DATE OF BIRTH (YYYY/MM/DD)		
3. E-MAIL ADDRESS: 4	4. TELEPHONE NUMBER:		
SECTION II – TELEHEALTH OVERVIEW			
Telehealth is the delivery of healthcare services using audio, visual, and/or data communications technology when the treating healthcare provider and patient are not in the same physical location. Electronically transmitted information may be used for diagnosis, treatment, follow-up, consultation between providers, or patient education. For this application it involves interactive audio and/or video communications and/or recording of those communications.			
My provider wishes to engage me in: V Telehealth Video Teleconference (VTC) OR Recording Telehealth VTC (Recording real time communication)			
For receipt of the following medical service(s): Pediatric Telerheumatology with Dr. Olcay Jones			
SECTION III – CONDITIONS FOR THE USE OF TELEHEALTH SERVICES			
The details of your medical history and current condition, including your protected health information (PHI), may be used by or shared with the distant healthcare provider to facilitate telehealth services.			
2. The records that result from examination and care via VTC or store-and-forward telehealth is part of your military medical record and is protected as required by the Health Insurance Portability and Accountability Act (HIPAA).			
3. Security measures have been taken to ensure that your PHI is protected during electronic transmission and not accessed by unauthorized users. These security measures include the use of a private network and an encryption tool.			
4. You are free to choose between a telehealth service and a traditional face-to-face service. Participation in telehealth services is voluntary. You may withdraw your consent to participate in telehealth services at any time without affecting your right to future healthcare treatment and services.			
5. In the unusual circumstance that a healthcare provider wishes to record a telehealth VTC encounter, your permission will be required, and you will be asked to provide written informed consent for the recording. This is provided in Section IX of this form.			
SECTION IV – LIKELY DIFFERENCES BETWEEN RECEIVING CARE USING TELEHEALTH VERSUS FACE-TO-FACE CARE			
Not as many medical services and procedures are available via telehealth			
SECTION V – POTENTIAL BENEFITS OF USING TELEHEALTH			
Improved access to specialized medical care that may not be locally as	vailable otherwise.		
2. Reduced wait time for appointments.			
3. Reduced travel time to appointments.			
4. Less time away from duty.			
PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC	DATE (YYYYMMDD)	
PATIENT'S IDENTIFICATION (For typed or written entries give: Name - first, middle; grade; date; hospital or medical facility)	HISTORY/PHYSICAL OTHER EXAMINATION OR EVALUATION	☐ FLOW CHART ☐ OTHER (Specify)	
	☐ DIAGNOSTIC STUDIE:	S	

SECTION VI – POTENTIAL RISKS OF USING TELEHEALTH SERVICES		
Delays in medical evaluation and treatment could occur due to equipment transmission delays or failure.		
2. Security measures such as the use of a private network and an encryption tool have been taken to ensure that your PHI is protected and not accessed by unauthorized users. Healthcare providers cannot guarantee but will use reasonable means to maintain the security and confidentiality of the information sent and received via telehealth.		
SECTION VII – ADDITIONAL INFORMATION		
LEGALITY OF CONSENT IS DETERMINED BY THE LAW OF THE STATE IN WHICH THE FACILITY IS LOCATED, UNLESS PREEMPTED BY FEDERAL LAW OR AS MODIFIED IN OVERSEAS LOCATIONS. ANY ADDITIONAL STATE-MANDATED LANGUAGE CAN BE PLACED IN AN ATTACHMENT TO THIS DOCUMENT.		
SECTION VIII – COMPLETE THIS SECTION FOR RECORDING OF VTC ENCOUNTER NOT APPLICABLE		
1. On some occasions, certain procedures may be audiotaped, videotaped, or observed. This may include diagnosis, treatment, follow-up, and/or patient education regarding your medical care.		
2. The purpose of this practice is to ensure the provision of high quality services through supervision of the work and/or use in the ongoing program of professional training at this medical center.		
Patient Location (Hospital or Facility Name): N/A		
Referring Provider (Name/Title): N/A Location: N/A		
Telehealth Service Provider (Name/Title): N/A Location: N/A		
SECTION IX – PATIENT ACKNOWLEDGEMENT AND AGREEMENT		
1. I have read and understand the information in this authorization form. I consent to having medical services provided by telehealth.		
2. My healthcare provider has explained the alternative methods of medical care that may be available to me and the likely benefits and risks associated with these alternatives to deliver care in my situation. I have had any additional questions answered to my satisfaction.		
3. By signing this form, I acknowledge the advantages and disadvantages associated with using telehealth services and authorize my health care providers to arrange telehealth services for the purpose of providing medical advice, diagnosis, education, consultation between providers, and/or treatment.		
4. I understand that I have the right to revoke this authorization in writing at any time.		
5. If "Recording Telehealth VTC" is checked in Section II, I consent to, and authorize the production of, auditory recordings, videotape recordings, closed circuit television, or other recorded observations. I understand that all materials and information will be handled strictly in accordance with professionally accepted standards of ethics and confidentiality.		
Patient Signature: Date:		
Relationship of Patient Guardian/Parent (if other than patient):		
Witness Signature: Date:		
Advising Signature: Date:		
(Referring provider or authorized representative)		