



**Walter Reed
National Military
Medical Center**

Pediatric Rheumatology Clinic

Walter Reed National Military Medical Center
America Building (19), 4th Floor
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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.



MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE TELEHEALTH CONSENT - Authorization to Receive or Record Telehealth Services

OTSG APPROVED (Date)

For use of this form, see MEDCOM Suppl 3 to AR 40-66; the proponent agency is the Office of The Surgeon General.

(YYYYMMDD)

SECTION I – PATIENT DATA

1. NAME (Last, First, Middle Initial)

2. DATE OF BIRTH (YYYY/MM/DD)

3. E-MAIL ADDRESS:

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:



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

1. 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 as face-to-face care.

SECTION V – POTENTIAL BENEFITS OF USING TELEHEALTH

1. Improved access to specialized medical care that may not be locally available 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 – last, first, middle; grade; date; hospital or medical facility)

 HISTORY/PHYSICAL FLOW CHART OTHER EXAMINATION OR EVALUATION OTHER (Specify) DIAGNOSTIC STUDIES TREATMENT

