



Telemedicine Consent to Treatment

Telemedicine refers to the provision of healthcare through electronic communications including telephone and video conferencing software. As with any health care consultation or procedure, there are potential risks associated with telemedicine consultations.

Limitations and Risks:

- The inability to perform physical examinations, and the potential for poor quality of transmitted information may prevent appropriate therapeutic decision making. The naturopathic doctor may require a visit in person prior to providing treatment, or refer you elsewhere if proper assessment and treatment cannot be made;
- Delays in evaluation and treatment could occur due to deficiencies or failures of equipment;
- Some therapies cannot be administered by telemedicine, including but not limited to acupuncture, applied substance stress testing, physical manipulations and injection therapies;
- In rare cases, security protocols could fail causing your personal information to be accessed by third parties.

Provision of telemedicine care may be limited in the following instance:

- The provider does not feel it is in the patient's best interest for a telemedicine visit.

Privacy:

SCIMEDICA ensures that your personal information and confidential information is kept securely. Our video-telemedicine software is Personal Health Information Protection Act (PHIPA) compliant and the Naturopathic Doctors are in a private location to conduct all telemedicine visits. Patients should ensure they are in a private location at the time of their scheduled telemedicine visit. Email is used to send telemedicine links, patient instruction and receipts. Email communication may not be secure. Patients may request fax to be used for sending instructions and receipts instead.

Fees

Telemed Visit	Cost
15 min	\$46.00
30 min	\$90.00
45 min	\$134.00
60 min	\$170.00

You have the right to ask questions at any time by informing the Naturopathic Doctor or the **SCIMEDICA** staff.

By signing below, you confirm that you have read and understood the above information regarding provision of telemedicine care, and you are providing your consent.

Name (print): _____ Signature: _____

Date: _____