Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT TO PARTICIPATE IN TELEMEDICINE APPOINTMENTS**

1. **PURPOSE**. The purpose of this form is to obtain your consent for telemedicine appointments with a midwife. The purpose of these appointments is to assist in the ongoing evaluation of your pregnancy, your postpartum course, and/or your newborn during the COVID-19 pandemic that requires social distancing whenever possible.

2. **NATURE OF TELEMEDICINE APPOINTMENT**. Telemedicine involves the use of audio, video or other electronic communications to interact with you and/or review your medical information for the purpose of diagnosis, therapy, follow-up and/or education. During your telemedicine appointment, details of your medical history and personal health information may be discussed through the use of interactive video, audio and telecommunications technology. Additionally, video, audio, and/or photo recordings may be taken as needed for your medical record. You *may* be asked to collect certain data points such as blood pressure with an automatic cuff, fundal height with a tape measure or possibly fetal heart tones with a Doppler. These would all be done under the supervision and direction of your midwife during your appointment.

3. **RISKS, BENEFITS AND ALTERNATIVES**. The benefits of telemedicine include having access to your midwife without having to travel outside of your local community or even your home and minimizes potential exposure between you and your midwife. A potential risk of telemedicine is that because of your specific medical condition, or due to technical problems, a face-to-face appointment still may be necessary after the telemedicine appointment. It is also possible that certain medical findings could be missed without the hands on portion being performed. Additionally, in rare circumstances, security protocols could fail causing a breach of patient privacy. The alternative to telemedicine consultation is a face-to-face visit with a midwife or other skilled provider to assess certain aspects of your health *when possible*.

4. **STUDENT INVOLVEMENT IN TELEMEDICINE APPOINTMENTS**.

Peninsula Midwives occasionally participates in the clinical teaching of student midwives. During the COVID-19 pandemic, your midwife may also be training other health professionals to care for clients outside of the hospital setting. Midwifery students, students of other health care professions (i.e., nursing, physicians) and post-graduate fellows may participate in telemedicine appointment, under the supervision of the attending midwife, as part of the health care team, unless you do not consent.

5. **MEDICAL INFORMATION AND RECORDS**. All laws concerning patient access to medical records and copies of medical records apply to telemedicine. Dissemination of any patient identifiable images or information from the telemedicine consultation to researchers or other entities shall not occur without your consent.

6. **CONFIDENTIALITY**. All existing confidentiality protections under federal and Washington State law apply to information used or disclosed during your telemedicine appointment.

7. **RIGHTS**. You may withhold or withdraw your consent to a telemedicine appointment at any time before and/or during the visit without affecting your right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

**My midwife has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all of my questions have been answered.**

**I have read and AGREE to participation in telemedicine appointments-**

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Client Signature Date

**I have read and REFUSE participation in telemedicine appointments-**

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Client Signature Date