



Dr Howard Zeimer
ENDOCRINOLOGIST
Diabetes - Thyroid - Bone disease
MBBS FRACP

Provider Number 029300KA

Telehealth/Video Consultation Informed Consent Form

Benefits of Telehealth/Video Consultation

Reducing the waiting time to see a specialist or other distant service.

Avoiding your need to travel to the specialist or distant service.

Assisting your local health service to better look after you.

I know and understand that I may not get all of these benefits.

Risks of having a Telehealth/Video Consultation:

A video consultation will not be exactly the same and may not be as complete as a face-face service.

There could be some technical problems that affect the video visit.

This health care provider uses systems that meet recommended standards to protect the Privacy and security of the video visits. However the service cannot guarantee total protection against hacking or tapping into the video visits by outsiders. This risk is small, but it does exist. If the video consult does not achieve everything that is needed, then I will be given a choice about what to do next. This could include a follow up face-to-face visit, or a second video visit. I can change my mind and stop using video consultation at any time, including in the middle of a video consultation. This will not make any difference to my right to ask for and receive health care.

I agree to have video consultations with Dr Howard Zeimer

Name of Patient _____

Signature of Patient X _____

Date _____

Dear _____

Details of Telehealth consultation to be claimed with Medicare

Item number _____ Benefit amount _____

Item number _____ Benefit amount _____

Date and time of consultation _____

Patient Name _____

Provider Name Dr Howard Zeimer

Agreement

If you (the patient) agree to the assignment of the Medicare benefit directly to the specialist (bulk bill), reply to this email including:

- The word “YES” in the body of the reply email
- Your (the patient’s) name

Regards,

Dr Howard Zeimer

Privacy note: Your personal information is protected by law, including the Privacy Act 1988, and is collected for a Social Security, Family Assistance, Medicare, Child Support and CRS purposes, depending on the service or payment concerned. This information may be required by law or collected voluntarily when you apply for services or payments. Your information is used for the assessment and administration of payments and services and may also be used with Human Services: or disclosed to other parties or agencies, where you have provided consent or it is required or authorized by law.

Additional Consent for Recording or Images:

I agree to have this video consultation recorded, or to have photographs taken.

This material will be sent and stored securely and only used to benefit my health care.

I have the right to see the video or images, and to receive a copy for a reasonable fee. I understand that the service cannot guarantee total protection against hacking or tapping into the recording by outsiders.

Signature of Patient _____