



## Kennedy Eye Clinic Telemedicine Consent Form

**Telemedicine (or teleoptometry) is the provision of an optometric diagnosis, consultation, education, intervention and monitoring by digital/electronic means.** It is important to note that the patient and optometrist are in different locations. Currently, we will only be providing telemedicine services to Saskatchewan residents only. As such, the patient agrees to stay in Saskatchewan while the teleoptometry services are provided.

**Telemedicine is not a substitute for in-person comprehensive care; insufficient exchange of information through video/email/phone/messaging may be possible as well as misunderstanding of visual clues presented.** The exchange of personal medical information in this manner is also not as secure as an in-office visit and although our best efforts are given to maintain encrypted communications, we cannot guarantee it one hundred percent. Despite this, the patient agrees to communicate with the doctor and/or the doctor's staff using with a full understanding of the risk(s). The patient should also take steps to not use an employer or someone else's computer as personal information may be accessible that way.

**In the event that a call is dropped or technical issues arise, the patient must call Dr. Kennedy directly at 306-382-2021. In the event that Dr. Kennedy cannot be reached and the medical situation dictates emergency care, the patient is advised to call 811, their family doctor, or consult the Eye Centre at City Hospital.** The patient also acknowledges that a telemedicine consult does not substitute an Emergency Department visit if urgent care is needed. If telemedicine cannot resolve your concern, an in-office visit will be recommended and if the patient cannot make this examination, they are absolving the Kennedy Eye Clinic from all medical repercussions that may occur from not having an in-office visit to either our clinic or an ophthalmologist.

The consultation fee will be covered through Saskatchewan Health and in the event that the patient's health care is invalid, the fee will be \$75.00 initially and \$50.00 for follow-up visits. Fees must be paid prior to the appointment.

By signing this consent form, I, the patient, acknowledge that I have read and understand Kennedy Eye Clinic's policies regarding telemedicine. I understand and accept the risks and limitations associated with telemedicine. In the event that it is not possible to obtain a signature, verbal consent will be obtained and documented in the file.

**Date:**

**Patient Name:**

**Patient Signature:**