Jeff Donovan MD PhD FRCPC

Dermatologist, specializing in hair loss

4370 Lorimer Road, Suite 334 B, Whistler, BC V8E 1A6
Phone: 604.283.1887 Fax: 604.648.9003
Email: office@donovanmedical.com Web: www.donovanmedical.com

CONSENT FOR TELEMEDICINE CONSULTATION WITH DR DONOVAN

In our clinic, we define a "telemedicine consultation" as a type of consultation whereby Dr. Donovan and the patient are in different physical locations throughout the time of the consultation. In other words, the patient and doctor are not meeting together in the office.

Telemedicine consultations have both benefit as well as potential risk and it is important for our patients to understand these issues so that they can make the decision to proceed or not to proceed with a consultation via telemedicine.

What are the benefits of telemedicine?

1. Individuals with concerns about their hair may access the expertise of Dr Donovan without the need to travel to Dr. Donovan's office
2. Physicians with concerns about the care of their own patients may access the expertise of Dr Donovan without the need for his or her patient to travel

What are the main potential risks of telemedicine?

1. Submitted images (photos) may be of poor quality and biased in how they were taken by the patient which ultimately affects interpretation of the patient's diagnosis and/or advice on the patient's treatment plan
2. The patient's scalp cannot be seen up close which may affect some diagnoses.
3. Certain procedures such as biopsies cannot be rendered through telemedicine.
4. Certain treatments, such as steroid injections and PRP therapies cannot be administered through telemedicine.
5. There may be a breach of security measures which leads to a breach of the patient's privacy of personal health information. It is possible that that hacking and tapping into the video is possible by outsiders in some cases even though Dr Donovan has gone to great efforts to choose software that limits this chance.

By signing this form, I understand and agree to the following:

1. I understand that purpose of the telemedicine consultation is to help diagnose and/or treat my hair loss condition.
2. I understand that during the telemedicine consultation Dr. Donovan will see my image on the screen if I choose a video option and hear my voice but no other team members associated with Dr Donovan's office will be present (unless I am otherwise told).
3. To the best of Dr. Donovan's ability, my privacy will be protected. I understand that the laws of privacy and confidentiality apply to telemedicine consultations in the same way that they do with standard office based visits.
4. I understand that my participation in a telemedicine consultation is voluntary. I have the right to refuse to proceed with a telemedicine consultation. This includes the right to refuse beginning a consultation, the right to terminate the consultation early during the course of the consultation before it is completed and the right to refuse additional telemedicine consultations in the future. I understand that in the event I do not wish to proceed with a telemedicine consultation, I have the right to access my care with other physician worldwide but may not be able to access the expertise of Dr Donovan.
5. I understand that telemedicine just like standard traditional office based visits does not come with a guarantee in the field of hair loss – my condition may or may not be improved and in some cases may even get worse.
6. I understand that in some cases Dr Donovan's professional opinion at the end of the telemedicine consultation may be that I have further "tests" (scalp biopsy, blood tests, imaging tests, genetic tests or others). I understand that I will be responsible for seeing my local physician to arrange these tests.
7. I understand that in some cases Dr Donovan's professional opinion at the end of the telemedicine consultation may be that I have further referrals (gynecology, endocrinology, cardiology, respirology, neurology, gastroenterology, psychiatry, psychology, ophthalmology, dentistry, genetics, dermatology, nephrology, urology, surgery, rheumatology, hematology, ENT, plastic surgery, other). I understand that I will be responsible for seeing my local physician to arrange these referrals.
8. I understand that it is recommended that I choose my telemedicine consultation via either:
    a. phone call

       or

    b. using "doxy.me" which is an HIPAA, GDPR, PHIPA/PIPEDA, & HITECH compliant secure software that can be accessed from Dr. Donovan's website at the following address

       https://donovanmedical.com/telemedicine

9. I understand that should it be my preference to use other telemedicine communication services such as Skype, Zoom, FaceTime, WhatsApp that this may be less secure and is not an HIPAA, GDPR, PHIPA/PIPEDA, & HITECH compliant secure software. I understand that Dr Donovan does not recommend that I use Skype, Zoom, FaceTime, WhatsApp for my own protection.

10. I understand that in the event I cannot connect with Dr Donovan via video type options (either due to technology or equipment failure), I have the option of speaking with Dr Donovan via a standard telephone call.

11. I understand that sometimes I will be given the option to review again with Dr Donovan via an additional (future) follow up telemedicine consultation. However, I understand that sometimes I will not be given this option. I understand that sometimes some hair loss cases can only be managed via an in person (office based) examination. If this is the case, or becomes the case, Dr Donovan will advise me that he is no longer able to assist me as the limits of telemedicine has been reached. I understand that Dr Donovan may or may not be able to offer me an in office examination and therefore I would need to see another physician to have such an in person examination.

12. I understand there are fees for all telemedicine consultations both now and in the future and agree to payment of these fees. I understand that every telemedicine consultation is billed a fee which can be found at https://donovanmedical.com/fees. I understand that payment of fees are due prior to the telemedicine consultation.

13. I understand that if I need to cancel my telemedicine appointment either now or in the future, that I am required to give 48 hours' notice. I understand that Dr. Donovan's cancellation policy can be read at the following site:

    https://donovanmedical.com/cancellation-policy

14. I understand that the telemedicine consultation with Dr Donovan and myself cannot be video recorded or audio recorded without Dr Donovan and myself both agreeing to have it video recorded or audio recorded. This includes screen captures and other brief recordings.

15. I understand that all persons physically present in the room who can hear Dr Donovan's voice or my voice must be disclosed – even if such people are off screen

16. I understand that any disputes arriving from the telemedicine consultation will be resolved in Canada in the province of British Columbia entirely under the laws of British Columbia Canada.

I have read all the form page 1, page 2 and page 3 above (or had the form read to me). I understand the information provided on the above 3 pages regarding telemedicine. I understand there are benefits and risks to telemedicine and there is a possibility that a breach of security of information could occur. I have had all my questions answered to my satisfaction as to how telemedicine works in Dr. Donovan's office. I understand that this consent form will remain on file and will be used for additional telemedicine consultations in the future as well.

☐ I hereby CONSENT TO and authorize Dr Jeff Donovan to use telemedicine in the course of my diagnosis and treatment. In the event I do not agree with any of the items numbered 1 to 10 above, I have crossed them out.

☐ I hereby REFUSE to and authorize Dr Jeff Donovan to use telemedicine in the course of my diagnosis and treatment.

_____ _____

SIGNATURE OF PATIENT (or authorized person)

PRINTED NAME OF PATIENT (or authorized person)

_____

DATE (DAY-MONTH-YEAR)