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INFORMED CONSENT FOR TELEHEALTH SERVICES

Definition of Telehealth

Telehealth involves the use of electronic communications to enable Digestive Disease Center of New Jersey professionals to connect with individuals using interactive video and audio communications.

Telehealth includes the practice of diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

I understand that I have the rights with the respect to telehealth:

1. The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my sessions is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including but not limited to, reporting child, elder, and dependent adult abuse; expressed threats of violence toward an ascertainable victim; and where I make my mental or emotional state and issue in a legal proceeding. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.
2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care of treatment.
3. I understand that there are risks and consequences from telehealth, including but not limited to, the possibility, despite reasonable efforts on the part of the doctor, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. Zoom utilizes secure, encrypted audio/video transmission software to deliver telehealth.
4. I understand the alternatives to counseling through telehealth as they have been explained to me, and in choosing to participate in telehealth, I am agreeing to participate using video conferencing technology. I also understand that at my request or at the direction of my doctor, I may be directed to "face-to-face" office visits.
5. I understand that I may expect the anticipated benefits such as improved access to care and more efficient evaluation and management from the use of telehealth in my care, but that no results can be guaranteed or assured.
6. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. Others may also be present during the consultation other than my doctor in order to operate the video equipment. The above-mentioned people will all maintain

confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of my medical history that are personally sensitive to me, (2) ask non-clinical personnel to leave the telehealth room, and/or (3) terminate the consultation at any time.

7. I understand that my express consent is required to forward my personally identifiable information to a third party.
8. I understand that I have a right to access my medical information and copies of my medical records in accordance with laws pertaining to the state in which I reside.
9. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio/video/computer based office services. If I am in an emergency, I should immediately call 9-1-1 or seek help from a hospital facility in my immediate area.
10. I understand that different states have different regulations for the use of telehealth. In New Jersey telehealth may only be conducted between certified office locations. I understand that in New Jersey, I am not able to connect from alternative location for the provision of audio/video/computer based medical services.

Payment for Telehealth Services

Digestive Disease Center of New Jersey will bill insurance for telehealth services when these services have been determined to be covered by an individual's insurance plan. In the event that insurance does not cover telehealth, the individual wishes to pay out-of-pocket, or when there is no insurance coverage, payment at the time of service is required.

Patient Consent to the Use of Telehealth

I have read and understand the information provided above regarding telehealth, have discussed it with the office staff and all of my questions have been answered to my satisfaction.

I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained. I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein.

By my signature below, I hereby state I have read, understood, and agree to the terms of this document.

Print Name _____ Date _____

Signature _____ Date _____