

Appendix
Sample Consent Form for Teleconsultation Consultation
(Version 2)

The doctor / doctor's representative explained to me that a videoconsultation will be used. I understand that as in the face-to-face consultation, I will be asked to give my history, share my lab test and imaging results and other documents pertinent to my concerns. Moreover, I may be asked to show certain body parts as may be considered important to form a diagnosis. This is in view of the fact that my doctor will not be in the same room as I am and would not be able to perform the necessary physical examination on me.

I understand there are potential risks in using this technology, including technical difficulties, interruptions, and poor transmission. All consultations are considered confidential but given the nature of technology, I understand that despite using appropriate measures, my doctor cannot fully guarantee the safety of my personal health data. Therefore, I cannot hold my doctor liable for any data that may be lost, corrupted or destroyed.

I agree not to record in video or audio format nor divulge the details of my consultation in compliance with the Data Privacy Act of 2012.

I have the right to (1) Ask non medical staff to leave the teleconsultation room (2) Terminate the teleconsultation and the physician-patient relationship at any time (3) Be assisted by a family member or caregiver in the set up of the telemedicine at home.

I hereby declare that I have read and understand what is stated here.

Signature of Patient/Legal Representative

Date/time