



**DIGESTIVE &
LIVER SURGERY**

☐ **DIGESTIVE & LIVER SURGERY**
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Digestive & Liver Surgery Telemedicine Consent Form

Introduction

Telemedicine involves the use of electronic communications to enable patient and health care providers at different locations to share individual patient medical information for the purpose of improving patient care. Providers may include primary care practitioners, specialists, and/or subspecialists. The information may be used for diagnosis, therapy, follow-up and/or education, and may include any of the following:

- Patient medical records
- Medical images
- Live two-way audio and video
- Output data from medical devices and sound and video files

Electronic systems will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Expected Benefits:

- Improved access to medical care by enabling a patient to remain in his home/office while the physician obtains results and consults from healthcare practitioners at distant/other sites
- More efficient medical evaluation and management
- Obtaining expertise of a distant specialist

Possible Risks:

As with any medical procedure, there are potential risks associated with the use of telemedicine. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images transmitted, not being able to carry out a physical examination of consulting patient which may be required in certain conditions/situations) to allow for appropriate medical decision making/diagnosis by the physician.
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information
- In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other judgement errors

By submitting this form, I understand the following:

1. The consulting health care provider or specialist will be at a different location from me.



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2. I may be required to transmit or share electronically details of my medical history, examinations, x-rays, tests, photographs or other images with the provider who is at a different location
 3. I understand that the laws that protect privacy and the confidentiality of medical information in Singapore also applies to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to, for example, reporting of illegal drug use (in Singapore) to the relevant authorities, notification of certain infectious diseases like HIV (in Singapore) to the relevant authorities.
 4. I understand that I have the right to withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment.
 5. I understand that telemedicine may involve electronic communication of my personal medical information to other medical practitioners who may be located in other areas.
 6. A record of the consultation (video and or audio) may be kept in my medical record
 7. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties.
 8. I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.
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