



## Teledentistry Acknowledgement & Consent

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Patient's Name (First Name, Last Name)

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Date of Birth

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Date of Service (MM/DD/YYYY)

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Provider's Name (First Name, Last Name)

Teledentistry involves the use of electronic communications to enable health care providers to review and share individual patient medical information for the purpose of improving patient care. The information may be used for diagnosis, therapy, and/or follow up, and may include 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 used 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.

Purpose: The purpose of this form is to get your permission to participate in a teledentistry dental care through video and audio conferencing. The teledentistry system allows a dentist to view your records through the internet. The dentist will then make recommendation about your treatment. The dentist may not see you in person.

### 1. What is a teledentistry consultation?

Teledentistry is a way to provide care for people who do not or cannot go to a dentist's office.

### 2. What happens during teledentistry consultation?

The dentist will review your medical records and/or medical images. The dentist will record what she/he sees. Your medical and dental history and personal health information may be discussed over the video conference call. These discussions will occur through video/phone calls or "store and forward" technology. A teledentistry consultation may require more than one visit.

### 3. What are the risks, benefits and alternatives?

The benefits of teledentistry include having access to a dentist and additional dental information without having to travel to a dental office or clinic. Teledentistry video conference also reduces the waiting time for patient to see the dentist. A potential risk of teledentistry is that a face-to-face consultation with a dentist may still be necessary after the teledentistry appointment. This could be because of your specific medical or dental condition or for other reasons. Recommendations will be made to you about your future dental care after the teledentistry consultation. These could include recommendations about whether or not to see a dentist in a dental office or dental clinic. A visit to a dental office may be needed in the future even if it is not recommended now. The recommendations may change if more information



about your dental needs becomes known. The alternative to teledentistry consultation is a face-to-face visit with a dentist.

4. Confidentiality.

You will be provided with a separate document, which describes how your private information will be handled. This is known as the "Notice of Privacy Practices."

5. Rights.

You may choose not to participate in a teledentistry video consultation at any time before and/or during the consultation. If you decide not to participate, it will not affect your right to future care or treatment. You have the option to seek dental consultation or treatment in a dental office at any time before or after the teledentistry consultation.

I understand that I should ask the health care provider if I have any questions about these policies and procedures. I agree to have records, including electronic versions of X-rays, photographs, charting of conditions and health and other history information, collected from me and shared and used in this study as described in this consent form and in the "Notice of Privacy Practices" I have received. I acknowledge that no guarantee or assurance has been made by anyone regarding the treatment I have requested and authorized.

I give my consent to receive services over the videoconferencing and/or camera equipment. I understand the services I receive will become part of my treatment record. I have read this document and I hereby consent to participate in teledentistry video conferencing under the terms described above.

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Patient's Name (First Name, Last Name)

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Date

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Signature