

Telemedicine Consultation Consent Form for Patients (Consent for Videoconferencing)

1. I understand the concept of Telemedicine as the delivery of health care services, where distance is a critical factor, by health care professions using information and communication technologies for the exchange of valid information for diagnosis, treatment, and prevention of disease and injuries, among others. Telemedicine consultations involve a live two-way audio and video conferencing, patient pictures, medical images, patient's medical records and other things that may be pertinent to the consultation.
2. I understand that the doctor who will attend to me in the telemedicine consultation through the Natrapharm-HIP is not the doctor of Natrapharm, Inc. and is not in any way, connected to Natrapharm, Inc.
3. I understand that Teleconsultation refers to the consultation done during telecommunications for purposes of diagnosis or treatment of a patient. Thus, it was explained to me by my doctor that a videoconferencing technology will be used to conduct a telemedicine consultation.
4. I understand that just like a face-to-face consultation, I will be providing my medical history and other related histories, share my laboratory test and imaging results and other documents pertinent to my health 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 will not be able to perform the necessary physical examination on me.
5. I understand that if I sign up for this telemedicine/teleconsultation program, I will be sharing my "Personal Information" to my doctor. In this regard, I fully understand that "Personal Information" is defined under the Data Privacy Act of 2012 as any information from which the identity of an individual may be reasonably and directly ascertained, or when put together with other information would directly and certainly identify an individual, such as, but not limited to, name, gender, date of birth, address, telephone/mobile number, email address and proof of identification. It also includes information about my past, present or future physical or mental health, the provision of health care, medical and health data, and the services provided to me, such as, call and/or SMS details, location information, and certain information as required by law.
6. I understand that my Personal Information may be used to: (a) avail the services of a Licensed Doctor and make appointments for consultation; (b) be the basis for my examination, consultation and treatment; (c) communicate relevant services and/or advisories; (d) comply with any safety, security, and legal requirements and processes; (e) notify me of any software updates available; and (f) any other purposes for which I give consent and which is consistent with the conduct of telemedicine consultation.

7. I understand the limitations of the use of this software. Physical examination as done in the usual face-to-face consultation is not possible and is therefore a restriction to the process of making a diagnosis. The clarity of the images, audibility of the sound, the speed of the internet, and the presence of background noise affect the quality of the teleconsultation.

8. I am conscious and understand the potential risks in using this software including technical difficulties, interruptions, poor transmission of images leading to misdiagnosis and consequently mistreatment, no access to paper charts/medical records, delays and deficiencies due to malfunction of electronic equipment and software, unauthorized access leading to breach of data privacy and confidentiality.

9. Due to these risks and limitations, I understand that despite using appropriate measures, I cannot guarantee the safety of my Personal Information from data hacking. Therefore, I cannot hold my doctor liable for any data that may be lost, corrupted, destroyed or intercepted or the illegal use of my data arising from a breach in security, except if the breach is committed by my doctor. I likewise hold Natrapharm, Inc., its officers and its employees free and harmless from any damage that may arise out of any security breach in the use of this software, except when the damage is directly and solely caused by Natrapharm, Inc.'s fault or gross negligence.

9. That Natrapharm Inc., as a pharmaceutical company, will not have access whatsoever to my "Protected Health Information" and "Sensitive Personal Information", including information about my past, present or future physical or mental health, the provision of health care, medical and health data, the services provided to me, and my medical prescriptions, nor has the right to obtain any copy, electronically or otherwise.

10. If I sign this Form, I understand and agree to the following: (a) the laws that protect the privacy and confidentiality of medical information also apply to telemedicine. No information obtained during a telemedicine encounter which identifies me will be disclosed to entities without my consent; (b) I have the right to inspect all information obtained and recorded during the course of a telemedicine interaction, and may receive copies of this information with the written consent of my doctor, except where the recording of data is for temporary purposes such as videoconferencing consultation; (c) a variety of alternative methods of medical care may be available to me, and I may choose one or more of these at any time. My doctor has explained the alternative care methods to my satisfaction; (d) I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured; (e) to share my personal information with the clinic or hospital staff of my doctor in order to facilitate scheduling of my consultation, either through videoconferencing or face-to-face, and for billing purposes; and (f) any dispute or suit arising from the telemedicine consultation will be resolved in the place where I or my doctor resides, as well as, in Antipolo City or Paranaque City to the exclusion of all other courts.

- I have read and understood the information provided above, as they were shared in a language that I understand, regarding telemedicine, my rights as patient, duties of the doctors, and mandates of the laws. I have discussed it with my doctor, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my medical care, particularly, setting up an appointment for consultation and videoconferencing consultation.

- I hereby consent to and authorize my Doctor to use telemedicine through video conferencing for evaluating, testing, diagnosing and treating my medical condition.