

**University of Washington
Consent Form
University of Washington Telehealth Program**

Investigators:

PRINCIPAL INVESTIGATOR-

Eric Trupin, Ph.D., Director, Public Behavioral Health and Justice Policy Division;
School of Medicine; Professor and Vice Chair, Dept. of Psychiatry and
Behavioral Sciences. (206) 685-5324

CO-INVESTIGATOR-

Steve Sulzbacher, PhD, Associate Professor, Psychiatry and Behavioral Sciences
and Pediatrics. (206) 526-2164

CO-INVESTIGATOR-

Referring provider's name

Hospital/clinic name & location

Area code & phone number

Investigator's Statement:

PURPOSE AND BENEFITS

One of the problems of living in a rural area is getting access to health care and certain special education services. The purpose of this project is to explore using "telemedicine" to enable rural patients to get medical and educational help from a specialist without the inconvenience and expense of traveling to a city. This new system uses video and phone links so that you and your doctor or educator can talk with a specialist many miles away. If this system works, people in rural areas may be able to get better health care and educational services in the future. We have not tried this system in your area before. This is a research project.

PROCEDURES

If your local provider decides that you should consult with a specialist located in another area, you may choose to "visit" the specialist without leaving your

community by using telemedicine. If you choose to do this, you and your local provider will communicate directly with a clinical specialist from the University of Washington using a video camera, speaker phone, and other equipment. Your voice and image, as well as any other information that could aid the specialist in providing proper care (such as your medical records, x-rays and photographs), will travel over phone lines to a telemedicine station at the University of Washington. Your provider and the specialist will jointly control the transmission of images and other information using a desktop computer.

Your local provider will schedule a time to meet with the specialist. At the scheduled time, you and your provider will be present in a private exam room or office at the rural site. Your provider will then call a telemedicine station at the University of Washington, a communications link will be established, and you will be able to see and hear the consulting specialist. Similarly, the specialist will see and hear you. Your local provider and the consulting specialist will exchange information and opinions about your case, and will come to an agreement about the best course of action. The consultation will take approximately 30 minutes and will generally be scheduled during usual office hours, except in extreme emergencies.

After your telemedicine consultation, you will be asked to complete a patient satisfaction questionnaire. You may choose not to answer any particular question in the questionnaire.

RISKS, STRESS OR DISCOMFORT

The telemedicine consultation will be similar to a routine medical office visit. At first, you may find it difficult or uncomfortable to communicate using video images. However, the only substantial difference between using telemedicine to consult with the specialist and visiting the specialist in person will be the use of the technical equipment which transmits your voice and image to the specialist. Privacy will be assured because the consultation will take place in a private exam room in the rural facility. The telemedicine station at the University of Washington will also be located in a private room separate from other patient care activities.

OTHER INFORMATION

You have the option to consult with the specialist in person if you travel to his or her location. Your medical records will be kept confidential. Information collected from patient questionnaires and other project evaluation activities will be kept confidential and will never be associated with any particular individual. You may refuse to participate in or withdraw from the study at any time without penalty or loss of benefits to which you are otherwise entitled.

Signature of Investigator _____
DATE

Subject's Statement:

The study described above has been explained to me. I voluntarily consent to participate in this activity. I have had the opportunity to ask questions. I understand that future questions I may have about the research or about my rights as a subject will be answered by one of the investigators listed above.

Signature of Subject _____
DATE

Signature of Parent/
Legal Guardian _____
DATE

or
Signature of Subject
Advocate _____
DATE

Relationship of Advocate
to Subject _____
DATE

Copies to: **Subject**
 Investigator's File