TELEDENTISTRY CONSENT AND NOTICE

Patient Name: _____ Date: _____

On January 1, 2016, New York's Telehealth Parity Law went into effect and it requires private insurance companies to cover telehealth services. This law also authorized the New York Medicaid agency to increase coverage and reimbursement of telemedicine. However, the law does not mandate coverage for "store-and-forward" and "remote patient monitoring" telehealth in New York. In other words, telemedicine is an optional service health care providers, like dentists, may provide.

Except for telepsychiatry, New York does not require that telemedicine-specific informed patient consent is required. Notwithstanding, we believe that it is important that our patients understand what is involved, the limits of teledentistry, what they are consenting to, and what their rights are.

CONSENT TO PARTICIPATE IN A TELEDENTISTRY SYSTEM

PURPOSE: The purpose of this form is to get your permission for you to participate in a system of dental care called "teledentistry." You will be offered an exam and limited dental treatment in a location that may not be at our dental practice offices.

The teledentistry system allows Dr. Horowitz to view your records through the internet. He will then make recommendations about your treatment. Dr. Horowitz may not see you in person. This consent begins on the above date and continues until revoked, in writing, by either Dr. Horowitz or by you.

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. Teledentistry uses electronic dental records such as electronic versions of X-rays, photographs, recordings of the condition of your teeth, health, and other history information. These records may be reviewed at a later time. These records or other electronic communications are known as "store and forward" records. The goal of the teledentistry system is to have the dentist create recommendations for your dental care.

2. WHAT HAPPENS DURING TELEDENTISTRY CONSULTATION? Dr. Horowitz will examine your mouth and collect electronic dental records. he will record what he sees. Your medical and dental history and personal health information may be discussed with other health professionals. These discussions will occur through 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 Dr. Horowitz's dental office. Some of the procedures that you may receive as a result of the consultation include X-rays, cleaning, fluoride treatments, sealants or temporary fillings. Therefore, 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

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your specific medical or dental condition or for other reasons. Dr. Horowitz will make recommendations to you about your future dental care after the tele-dentistry consultation. These could include recommendations about whether or not to see him in his dental office. A visit to Dr. Horowitz's 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. **THE PRACTICE OF DENTISTRY IS NOT AN EXACT SCIENCE.** Therefore, any specific results cannot be guaranteed.

5. **CONFIDENTIALITY.** Current federal and New York laws about confidentiality apply to the information used or disclosed during your teledentistry consultation. 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."

6. **RIGHTS.** You may choose not to participate in a teledentistry 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. If an injury occurs as a result of procedures provided by Dr. Horowitz , notify Dr. Horowitz immediately. He will make arrangements for appropriate treatment of the injury.

Dr. Horowitz has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all of my questions have been answered. 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 may be used anonymously in any study 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.

Signature of Patient	Signature of Patient's Parent/Legal Guardian
Patient Name	Name of Patient's Parent/Legal Guardian

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