	HOSPITAL SULTAN ABDUL AZIZ SHAH **UNIVERSITI PUTRA MALAYSIA** **Kod Dokumen: HSAAS/PSY/BR86**
	PATIENT CONSENT FORM (TELECONSULTATION)

I, _____ the guardian / parent of_____ (if applicable) hereby confirm that I have received the necessary information to sign this form and I agree for myself/my child to take part in teleconsultation session(s) at Hospital Sultan Abdul Aziz Shah with the consulting clinician _____

I understand that:

1) The health centre has access to all necessary technological resources with a view to mitigating the risk of confidentiality breaches and/or information loss during transmission of electronic files containing clinical data.

2) The teleconsultation is private, and all participants are visible on the screen and are exclusively authorized staff members.

3) The teleconsultation will not be recorded under any circumstances. This ensures that no one else will be able to view or listen to the consultation without my knowledge.

4) It may be necessary to share information about me in order to properly guide the required care and services in line with my state of health.

5) I hereby authorize access to this information by the health centre's healthcare professionals for the sole purpose of offering me, via this teleconsultation, the required care in line with my state of health.

6) In light of the teleconsultation, the healthcare professionals involved in caring for me may carry out an assessment and may discuss my case, whether I am present or not, for the sole purpose of providing optimal follow-up.

7) I hereby authorize that in addition to the file kept by the consulting professional, a summary of the teleconsultation will be included in my file at the health centre in order to ensure appropriate follow-up.

8) My consent to the disclosure of information about me shall remain valid while my file remains active in my original health centre or for one year as of the date on which this form is signed.

In witness whereof, I hereby certify that:
- I have read and understand this document.
- I have had an opportunity to ask all my questions and have obtained satisfactory answers.
-I have been able to make a free and enlightened decision with regard to carrying out the teleconsultation.

_____ (Patient/ Parent/ Guardian Signature)

Name:
IC number:
Date:

_____ (Clinician's Signature)

Name:
IC number:
Date