

CONSENT FORM FOR TELEMEDICINE/TELECONSULTATION

I (the “Patient” or a “Caregiver”, being a family member of the Patient or authorised by the Patient to represent the Patient) hereby give my informed consent for telemedicine and/or teleconsultation for myself or the Patient I represent, through interactive video, audio connection or through text and other kind of messaging.

I understand that teleconsultation and/or telemedicine is a convenient, time-efficient, and easily accessible mode of receiving medical care, which may improve access to healthcare services, enable timely consultation, and support continuity of care while reducing the need for travel and other arrangements. However, I acknowledge that:

- Teleconsultation and/or telemedicine do not substitute emergency or in-person care. Depending on the patient’s clinical condition, the physician may recommend seeking emergency care, attending an in-person consultation, or arranging a follow-up consultation through telemedicine or in person.
- There are inherent limitations, including, but not limited to, the inability to perform a comprehensive physical examination, which may increase the risk of misdiagnosis or delayed diagnosis.
- The medical advice is based on the information provided by me, which must be complete and accurate.
- There are potential risks related to data privacy and confidentiality, as well as possible technological issues such as connectivity or system failures that may disrupt teleconsultation.
- Certain treatments or prescriptions may be limited, and that lack of appropriate follow-up by the patient may affect continuity of care.
- Audio recording, video recording, photography, screenshots, or any other form of unauthorised capture of the teleconsultation by the patient, caregiver, or any third party is strictly prohibited without prior consent of the consulting physician and/or the Aga Khan University Hospital. I further understand that the Aga Khan University Hospital does not routinely record teleconsultations unless explicitly informed and consented to by the Patient separately.
- The Aga Khan University Hospital will collect, use, store, process, and disclose the patient’s personal information, including sensitive personal health information, solely for the purposes of providing telemedicine services, maintaining the patient’s medical records, facilitating treatment, improving quality and patient experience, meeting legal and regulatory obligations, and other healthcare-related purposes permitted by applicable law.

I understand that this information will be protected through appropriate administrative, technical, and organisational safeguards and may be shared only with authorised healthcare professionals, approved service providers, or other parties where required by law or necessary for my care. The patient's information will be retained in accordance with applicable legal and regulatory requirements, and the patient may exercise their privacy rights, subject to applicable law, by contacting Aga Khan University Hospital through its Data Protection Office.

- The information generated during the patient's encounters may be used in a de-identified or anonymised manner for purposes including research, clinical audit, teaching, quality improvement, analytics, publication, and the development or validation of machine learning and artificial intelligence (AI) systems.
- The patient's personal and medical information may be transmitted, stored, accessed, or processed outside Pakistan. This may occur due to the use of cloud-based systems, external service providers, regional Aga Khan University (AKU) infrastructure, or the geographic location of consulting clinicians, technical teams, or support services. Appropriate safeguards will be applied to protect my data in accordance with applicable laws and institutional policies.

I have read this document and understand the risks and benefits of telemedicine and/or teleconsultation. I hereby give my express consent to participate in the telemedicine and/or teleconsultation under the terms and conditions described in this document.

I further acknowledge that the above information has been given to me in a language that I understand and is sufficient for me to consent to and authorise consultation through telemedicine and/or teleconsultation.

Additionally, I expressly agree to fully indemnify and hold harmless the Aga Khan University Hospital and each of its doctors, surgeons, professionals, officers, directors, employees, agents, advisors, representatives and any person working at the Aga Khan University Hospital (each an **'Indemnified Party'**), from and against any and all claims, damages, losses, liabilities, legal fee, costs and expenses (hereinafter collectively referred to as **'Claim.'**), that may be incurred by or awarded against any Indemnified Party, in each case arising out of or in connection with this telemedicine and/or teleconsultation **pursuant to this Consent Form, including any matters arising therefrom**, whether or not foreseeable.