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Informed Consent: Legal Procedure for Approval of Medical Action in Telemedicine

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Abstract

As technology continues to evolve, health services are increasingly integrating telemedicine into their practices. With the enactment of Law Number 17 of 2023 concerning Health, further study is required to address the legal issues arising from the provision of telemedicine services, particularly those relating to informed consent. This article aims to analyse the regulation of informed consent in telemedicine under Law Number 17 of 2023 concerning Health. The research employs a normative juridical method, drawing on legal materials such as legislation, legal literature, journal articles, and other relevant sources. The findings indicate that, despite the enactment of Law Number 17 of 2023 concerning Health and its implementing regulations, Indonesian positive law does not yet provide a specific procedural framework for informed consent in telemedicine services. This regulatory gap creates legal uncertainty and fails to provide adequate preventive legal protection. This article concludes that a telemedicine-specific regulatory framework, incorporating the six-stage procedural model developed in this study, is required to ensure legal certainty, strengthen legal protections for patients, medical professionals, and healthcare professionals, and establish clear procedural guidance for implementing informed consent in telemedicine services.

INTRODUCTION

In the health service process, before medical action is carried out, there is an important stage: informed consent. Informed consent is the agreement given by the patient to undergo medical treatment after receiving clear and open information from the medical and healthcare professionals involved (Mayor et al., 2023). Previously, informed consent in Indonesian was referred to as 'consent to medical action'. However, after the amendment to the Health Law, this

term changed to 'consent to health service actions'. This is because providing information to obtain patient consent before taking further action is done not only by doctors (medical professionals) but also by other healthcare professionals, such as midwives and nurses (Mayora & Yusuf, 2024). The legal basis governing informed consent was previously regulated in Law Number 29 of 2004 concerning Medical Practice and Regulation of the Minister of Health Number 290 of 2008 concerning Consent to Medical Actions. After receiving information about the health problems experienced, the patient can agree or refuse further action. When the patient agrees to have the action taken on him, indirect informed consent constitutes the initial agreement and the basis of the legal relationship between the patient and the medical and healthcare professionals.

The patient's consent may be given in written or oral form. All health care actions that may carry high risk must be performed with written consent. At the same time, verbal consent is given for actions that are considered routine and pose no high risk. If the patient is deemed not legally competent to give consent, they may be represented by a family member or relative. In this case, the requirement to obtain informed consent may be waived for emergency actions requiring immediate assistance. Informed consent is part of the standard operating procedure that must be carried out by medical and healthcare professionals (Anwar, 2013). Providing information before this action is intended to protect the patient's rights against the misuse of health care actions without their consent. This is because patients have autonomous rights over their own bodies (Sutamaya et al., 2022). In addition, informed consent aims to protect medical and healthcare professionals in their practice. This includes protection against lawsuits from patients when unavoidable health risks arise, even when medical professionals have made every effort.

Health actions carried out by medical professionals and healthcare professionals do not only include treatment. The scope of actions taken is divided into preventive, diagnostic, therapeutic or rehabilitative actions (Sutamaya et al., 2022). Meanwhile, health services are delivered not only directly but also online through telemedicine. The provision of health services via telemedicine does not involve therapeutic actions, but rather diagnostic actions and recommendations for patients only (Mustikasari, 2020). Although in telemedicine the actions taken are only diagnostic, informed consent is still needed because, based on these actions,

medical recommendations will be given to patients, which may result in side effects and errors (Haris et al., 2021).

According to the Indonesian Telemedicine Association (ATENSI), in mid-2022, 10,052,955 telemedicine service users were not COVID-19 patients (Nurfaizah, 2022). This figure shows that many people have used mobile health-based services in Indonesia. In line with this, a 2022 survey of online health services published by Digitising Indonesia's Health Care Sector (Deloitte) found that 98% of users were satisfied with the availability of telemedicine (ANTARA, 2022). Based on this data, it is undeniable that telemedicine use in Indonesia will continue to grow.

However, the increasing use of telemedicine raises challenges that require clear, specific regulations and provisions. One of them is the implementation of informed consent between patients and medical professionals and healthcare professionals who serve. The implementation of online telemedicine requires clearer guidelines on the stages and procedures for obtaining informed consent. In addition, it is necessary to examine the differences between informed consent obtained via telemedicine and that obtained directly under Law Number 17 of 2023 concerning Health and its implementing regulations.

Existing scholarship provides an important foundation, but it leaves a post-2023 doctrinal question unresolved. Mustikasari examined informed consent and medical records in Indonesian telemedicine under the earlier statutory framework (Mustikasari, 2020); Khoirunisa et.al. focused on the digitalization and evidentiary position of electronic consent (Khoirunisa et al., 2023); Widiastuti and Ropii analyzed legal protection for patients and medical professional and healthcare professional (Widiastuti & Ropii, 2024); while Solimini et.al. mapped transnational ethical and legal risks, including privacy, professional liability, data protection, and informed consent (Solimini et al., 2021). These studies converge on the need for safeguards. However, they do not systematically test the general consent provisions of Articles 293-295 of Law Number 17 of 2023 against the operational characteristics of telemedicine after the issuance of Government Regulation Number 28 of 2024.

Accordingly, the state of the art and novelty of this article lie not merely in identifying a legal uncertainty, but in reconstructing the legal standard that should fill it. The analysis combines post-reform statutory interpretation, legal theory, general principles of health law, and

a limited functional comparison to formulate a concrete procedural model that can be translated into a ministerial regulation, professional standard, or enforceable standard operating procedure.

The comparative materials are used as practical reference points to identify procedural safeguards that may inform Indonesian regulation, not as foreign rules to be adopted automatically. In the United States, federal guidance encourages healthcare providers to explain the nature of telehealth services, inform patients of their rights, and appropriately document patient consent. The United Kingdom conceptualises consent as a continuous and individualised process of communication between medical professionals and patients. At the same time, the established standards of safe clinical practice remain equally applicable to remote consultations. Australia similarly emphasises that telehealth services should incorporate identity verification, assessment of clinical appropriateness, disclosure of potential limitations, protection of privacy, informed consent procedures, recordkeeping, and continuity of care. Meanwhile, the European data-protection framework further demonstrates that consent to health service actions and the lawful processing of health data are related but legally distinct questions.

METHOD

The research method used in this article is normative legal research. Normative legal research in this article uses secondary data consisting of primary, secondary and tertiary legal materials. The legal materials used are laws and regulations, journal articles, books, and other internet articles that are relevant to this research (Amiruddin & Asikin, 2014). These legal materials will later be analysed in relation to the legal issues discussed in this article (Ali, 2015). After analysing the existing data, the analysis will be described using the deductive method. First of all, informed consent in health services will be explained, then related to the legal procedures for implementing informed consent via telemedicine and the differences between implementing informed consent directly under Law Number 17 of 2023 concerning Health and its implementing regulations, Government Regulation Number 28 of 2024. To sharpen the normative analysis, this research applies a statute approach to the Indonesian health, telemedicine, electronic-record, and personal-data framework; a conceptual approach to informed consent, legal certainty, preventive legal protection, autonomy, patient safety, and accountability; and a limited comparative approach to selected official guidance from the United States, the United Kingdom, Australia, and the European Union. The comparison is functional; it identifies how each system responds to

common telemedicine risks, without assuming that foreign institutional structures can be transferred directly into Indonesian law.

RESULT AND DISCUSSION

1. Informed Consent in Health Services

Health services begin with an agreement; in health law, this agreement is known as a therapeutic agreement. A therapeutic agreement is an agreement reached between the patient and the doctor, as a medical professional, in which the patient surrenders authority to carry out health care to the doctor based on the doctor's expertise (Ramadhan et al., 2021). The provisions regarding therapeutic agreements based on contract law refer to one type of agreement, namely *inspanning verbintenis* (Indonesian Medical Council, 2009). In this agreement, both parties have agreed to make maximum efforts to achieve the expected result, namely the patient's recovery, so that the object of law in a therapeutic agreement is the maximum effort solely to achieve the patient's recovery (Nasution, 2005).

Then, from the therapeutic agreement, a legal relationship arises, with rights and obligations (Ratman, 2018). The rights and obligations of each patient are regulated in Articles 276-277 of Law Number 17 of 2023 concerning Health, as well as those of medical and healthcare professionals, as regulated in Articles 273-274 of the same Law. According to Soeroso, legal relations are based on legal principles and legal events. Legal relations in the health sector arise when the patient agrees to undergo an action after receiving clear information from a medical professional and a healthcare professional. The consent given by the patient is called informed consent or consent to health service actions.

Consent to health care services serves several functions, such as protecting patients' autonomous rights to determine their own actions, encouraging medical and healthcare professionals to act carefully and professionally, and encouraging patients to make more rational decisions (Sidi, 2020). In addition, informed consent aims to protect patients from health actions undertaken without their consent and to protect medical and healthcare professionals from unexpected and detrimental legal consequences. The legal consequences in question include unavoidable treatment risks, even though the medical and healthcare professionals who handle them have done their best and acted in accordance with their professionalism (Widjaja & Firmansyah, 2021).

An understanding of informed consent can be seen from various perspectives; according to the author, there are four important elements for understanding consent for health service actions: form, substance, scope, and procedure.

a. Forms of Informed Consent

These forms consist of implied consent and expressed consent. Implied consent is an indirect consent given for emergencies and in common situations such as injecting patients. At the same time, expressed consent is consent given directly in writing or verbally. Consent given verbally indicates that the action taken is not high-risk; this consent can also be given through gestures or words of agreement. If the action taken will be high risk to the patient, written consent must be obtained (Ratman, 2018).

b. Substance of Informed Consent

Based on Article 293 paragraph (3) of Law Number 17 of 2023 concerning Health, the informed consent provided contains information consisting of a diagnosis of the disease, indications of the disease experienced, health actions to be taken, risks if the action is taken, alternative actions, risks if the action is not taken and the prognosis after receiving the action (Khoirunisa et al., 2023).

c. Scope of Informed Consent

The scope of informed consent sets limits on what is covered in consent for health care actions. These limitations can be understood by considering the range, from providing information about patients' health problems to obtaining patient consent to take action based on the information in the informed consent (Busro, 2018). In its implementation, consent for health care actions involves two parties: the party providing information and receiving consent (the medical professional or healthcare professional) and the party receiving information and giving consent (the patient) (Sulistyaningrum et al., 2021).

Informed consent is an initial agreement before an action is taken, forming the basis of patient trust in the medical and healthcare professionals who perform it. In this case, medical and healthcare professionals may only carry out actions approved by the patient, based on informed consent. Therefore, medical and healthcare professionals who practice are not entitled to take actions other than those the patient agrees to, based on the information provided in the informed consent.

d. Informed Consent Procedure

The procedures for approving health service actions are set out in Articles 293-295 of Law Number 17 of 2023 concerning Health. After medical and healthcare professionals explain the patient's health problems, the patient then decides whether to refuse or agree to further action (Siregar, 2023). The patient's consent to treatment can be given in writing or verbally, in accordance with existing procedural provisions (Kesuma, 2024). In carrying out health service actions, medical and healthcare professionals must follow professional, service, and operational procedure standards as regulated in Article 291 of Law Number 17 of 2023 concerning Health.

2. Informed Consent in Telemedicine Services According to Law Number 17 of 2023 concerning Health

The preparation of regulations under Law Number 17 of 2023 concerning Health uses the omnibus law method, as does Law Number 11 of 2020 concerning Job Creation. The use of the omnibus law method in Law Number 17 of 2023 concerning Health is intended to ensure that regulations in the health sector are consistent and do not overlap (Rahmawan & Effendi, 2022). The implementation of this change is expected to address various problems in the health sector. It can be seen that, with the very rapid development of technology, health services are increasingly delivered via telemedicine (Solimini et al., 2021). As a result, problems in the health sector become broader, not only conventional health services but also via telemedicine.

The amendments to the Health Law have not yet fully regulated the implementation of telemedicine, especially the process of obtaining informed consent via telemedicine. In fact, the provisions on informed consent are set out in Articles 293-295 of Law Number 17 of 2023 concerning Health. However, the contents regulated in these articles remain the same as those contained in the previous provisions, namely Law Number 29 of 2004 concerning Medical Practice and Regulation of the Minister of Health Number 290 of 2008 concerning Consent to Medical Actions.

Consent to health service actions contained in Articles 293-295 of Law Number 17 of 2023 concerning Health is a provision that is implemented conventionally or directly. So, informed consent via telemedicine cannot yet be addressed in the article because its implementation is different. In this case, the Author has compared the regulation of informed

consent before the omnibus law changes to the Health Law, namely Law Number 29 of 2004 concerning Medical Practice and Regulation of the Minister of Health Number 290 of 2008 concerning Consent to Medical Actions with the regulation of informed consent after the omnibus law changes to the Health Law, namely Law Number 17 of 2023 concerning Health and its implementing regulations Government Regulation Number 28 of 2024 into the following table.

Table 1. Provisions regarding Informed Consent in Telemedicine.

Description	Before the omnibus law changes		After the omnibus law changes	
	Regulation of the Minister of Health Number 290 of 2008 concerning Consent to Medical Action	**Law Number 29 of 2004 concerning Medical Practice**	**Government Regulation Number 28 of 2024**	**Law Number 17 of 2023 concerning Health**
Form	Written or Oral (Article 2 paragraph (2))	Written or Oral (Article 45 paragraph (4))	Not yet regulated	Written or Oral (Article 293 paragraph (4)–(8))
Substance	Diagnosis and procedure; objectives; alternatives, risks and complications; prognosis; and estimated costs. (Article 7 paragraph (3) and Article 8)	Diagnosis and procedures for medical action; objectives; alternatives; risks and complications and prognosis of the action. (Article 45 paragraph (3))	Not yet regulated	Diagnosis; indications; actions taken and risk objectives; alternatives; risks if no action is taken; and prognosis of the action. (Article 293 paragraph (3))
Scope	Explanation by doctors and dentists; Patients understand the information; Explanation contains substance (Article 7 paragraph (3); Consent is given in writing or orally. (Article 2-12)	Explanation by doctors and dentists; Explanation must contain substance (Article 45 paragraph (3)); Patients provide consent either in writing or verbally. (Article 45 paragraph (1) – (5))	Not yet regulated	Explanation by medical personnel and health workers; Explanation contains substance (Article 293 paragraph (3); Patients provide written or oral consent. (Article 293)
Procedure	Starting with the explanation of patient health information, including the form, substance, and scope of informed consent; procedures in special	Starting with the doctor's and dentist's explanation, which outlines the form, substance, and scope of informed consent for medical actions.	Not yet regulated	Starting with the explanation by medical personnel and health workers, including the form, substance, and

	circumstances; and the responsibility for medical actions. (Article 2-16)	(Article 45)	scope, as well as an explanation of the costs. (Article 293-294)

Source: summary from the Author.

From the explanation of the table above, it can be understood that even though it has been changed through the omnibus law method, the provisions regarding the Health Law, especially informed consent contained in Law Number 17 of 2023 concerning Health and its implementing regulations Government Regulation Number 28 of 2024, are not much different from the provisions regulated in the regulations before the omnibus law changes, namely Law Number 29 of 2004 concerning Medical Practice and Regulation of the Minister of Health Number 290 of 2008 concerning Consent to Medical Actions.

The four important aspects, starting from the form, scope, substance and procedure, as explained in the table above, can be concluded that there are no clear provisions governing the implementation of informed consent via telemedicine. This is because, in implementing telemedicine, additional aspects such as the use of electronic systems and data security require clearer regulations (U.S. Department of Health and Human Services, 2023). Thus, informed consent via telemedicine cannot yet be addressed in the article because its implementation differs.

A systematic reading of Indonesian law reveals a fragmented normative architecture. Law Number 17 of 2023 recognises telemedicine as a form of clinical service. It separately regulates consent to health-service actions, but it does not expressly connect those two regimes through a medium-specific consent procedure. Regulation of the Minister of Health Number 20 of 2019 remains relevant to telemedicine between health-service facilities, while Regulation of the Minister of Health Number 24 of 2022 requires electronic medical records, including for facilities providing telemedicine. These instruments regulate important institutional and evidentiary aspects, but neither instrument, by itself, specifies the complete conditions for valid direct-to-patient telemedicine consent.

The same fragmentation appears in data governance. Under Law Number 27 of 2022 concerning Personal Data Protection, health information is a specific type of personal data, and its processing must rest on a lawful basis and comply with the duties imposed on data controllers and processors. This means that consent to a health-service action should not automatically be treated as blanket authorisation for every subsequent use, recording, disclosure, profiling, or

transfer of patient data. A legally sound telemedicine procedure must distinguish the patient's authorisation for clinical action from the separate transparency and lawful-basis requirements applicable to personal-data processing.

Table 2. Comparative Regulatory Benchmarks for Telemedicine-Informed Consent.

Jurisdiction	Authoritative Benchmark	Core Procedural Safeguards	Normative Lesson for Indonesia
United States	U.S. Department of Health and Human Services, Telehealth.HHS.gov	Explain the nature of the remote visit and patient rights; obtain consent when required by applicable law; record written, electronic, or verbal consent in a reliable manner (General Medical Council, 2024).	A telemedicine-specific explanation and a documented consent event should precede the clinical encounter.
United Kingdom	General Medical Council, Decision Making and Consent; Remote Consultations	Consent is an ongoing, individualised dialogue; information must be material to the patient; the medical and healthcare professionals must assess whether remote care is safe and record the decision and follow-up arrangements.	A click-through form cannot replace meaningful disclosure, comprehension, capacity assessment, and professional judgment.
Australia	Medical Board of Australia, Guidelines: Telehealth Consultations with Patients	Confirm identity and location; assess clinical suitability; disclose telehealth limitations; obtain informed consent; protect privacy; maintain records; arrange follow-up or in-person care where needed (Medical Board of Australia, 2023).	The regulation should prescribe a complete workflow from pre-consultation screening to continuity of care.
European Union	Regulation (EU) 2016/679, Article 9	Health data receive enhanced protection; processing requires an applicable legal basis, transparency, purpose limitation, security, and accountability (Regulation (EU) 2016/679, 2016).	Clinical consent and data-processing authorisation must be legally differentiated and documented with appropriate safeguards.

Source: summarised by the Author from official regulatory and professional guidance.

The table above, about comparative, shows two propositions. First, informed consent is a process of supported decision-making, not a single signature, a checkbox, or a recorded word of agreement. Second, the use of a digital medium creates additional material facts that must be disclosed: limits on physical examination; possible communication or platform failure; privacy conditions at both locations; the identity and location of the parties; data recording and transmission; alternatives to remote care; and the circumstances requiring escalation to an in-

person service. The written-or-oral distinction in Article 293 of Law Number 17 of 2023 is therefore necessary but not sufficient.

Based on the statutory, comparative, and principled analysis, telemedicine-informed consent should be structured as a six-stage procedure:

1) **Service- Suitability Screening**

   Before requesting consent, the medical professional and the healthcare professional or health service facility should determine whether the patient's complaint can be safely managed remotely, identify emergencies and red flags, assess the need for a physical examination or diagnostic testing, and confirm that the patient has adequate technology and a sufficiently private environment.

2) **Verification of the Parties and Authority**

   The process should verify the identity and location of the patient and the medical and healthcare professionals; the patient's capacity; the medical and healthcare professionals' authority; and the authority of a parent, guardian, family member, or other representative when consent is not given by the patient personally.

3) **Telemedicine-Specific Disclosure**

   In addition to the information required by Article 293 of Law Number 17 of 2023 concerning Health, disclosure should cover the nature of the remote medium, clinical and technological limitations, reasonably foreseeable risks, available alternatives including face-to-face care, costs, privacy conditions, data collection and transmission, any recording or automated assistance, follow-up arrangements, and emergency contacts.

4) **Confirmation of Understanding and Voluntariness**

   The medical and healthcare professionals should provide an opportunity for questions, use an appropriate comprehension check, such as teach-back, where the risk warrants it, provide language or accessibility support, and confirm that the decision is voluntary and may be withdrawn before the relevant action is performed.

5) **Expression and Auditable Documentation of Consent**

   Consent may be written, electronic, or verbal according to the risk and applicable law. However, the record should identify the parties, the information or form version disclosed, date and time, method of communication, decision made, material questions, and any

separate permission for recording or secondary data use. The record should be integrated into the electronic medical record and protected against unauthorised alteration.

6) **Continuing Review, Referral, and Emergency Management**

Consent should be reviewed when material circumstances change. The medical and healthcare professionals must provide clear follow-up instructions, arrange a referral or a face-to-face examination when remote care is insufficient, establish an emergency pathway, and ensure continuity and handover of care.

This model should be incorporated into a ministerial regulation implementing Law Number 17 of 2023 and Government Regulation Number 28 of 2024, and supplemented with professional guidance and standard operating procedures at the health service facility level. The implementing instrument should provide a minimum disclosure template, risk-based requirements for written or electronic consent, identity and capacity verification standards, harmonised documentation and retention rules, allocation of responsibility between facilities and platform operators, audit and complaint mechanisms, and proportionate administrative or professional consequences for non-compliance.

In telemedicine, patient autonomy is not satisfied merely by offering a choice to accept or refuse treatment. The patient must have legal and decision-making capacity, receive information in a form that can reasonably be understood, and be given a genuine opportunity to ask questions without coercion or misleading interface design. Where there is a significant change in diagnosis, proposed treatment, platform functionality, recording practices, or use of patient data, renewed disclosure and, where appropriate, renewed consent should be obtained.

The current absence of specific provisions governing the implementation of informed consent for telemedicine services creates legal uncertainty for patients. According to Utrecht, legal certainty is divided into two categories: general rules that regulate what behaviour is permitted and prohibited; and legal security to prevent the government's abuse of power (Wibowo, 2020). Even though the new Health Law has been enacted, there are no provisions that clearly address the implementation of informed consent in telemedicine services. Thus, in the absence of clear regulations, this can fail to create legal certainty in society.

As previously explained regarding the purpose of obtaining informed consent in addition to protecting patient rights, the agreement is very important for providing legal protection for

medical and healthcare professionals from potential lawsuits and medical disputes (Widiastuti & Ropii, 2024). According to Muchsin (2003), legal protection is divided into two categories: preventive and repressive. This can be concluded from the absence of legal procedures for informed consent in telemedicine, indicating that legal protections, especially preventive ones, have not been clearly enforced.

CONCLUSION

The presence of telemedicine offers many advantages, including greater time and cost savings and greater practicality. However, telemedicine-delivered health services also pose new challenges and legal issues in the health sector. The problems that arise become broader because specific regulations are needed to implement telemedicine-based health services. One of them is informed consent in telemedicine. The enactment of Law Number 17 of 2023 concerning Health does not specifically regulate informed consent via telemedicine. In fact, implementing health services via telemedicine requires guidelines that clarify the procedures and stages to be followed, especially the process of obtaining informed consent.

The implementation of informed consent via telemedicine cannot be equated with conventional informed consent. This is because the procedures regulated by Law Number 17 of 2023 concerning Health, including their form, substance, and scope, directly govern only the implementation of informed consent. The absence of regulations regarding this matter creates legal uncertainty in the health sector. In addition, as the purpose of obtaining informed consent is to protect patients as well as medical and healthcare professionals who practice, the absence of regulations regarding informed consent via telemedicine does not provide legal protection for either patients or medical and healthcare professionals.

To overcome this, the government, particularly the Ministry of Health, is advised to establish specific regulations for the implementation of informed consent via telemedicine. Given the widespread use of telemedicine today, it is important for the government to implement preventive measures by establishing regulatory guidelines. In addition, it is recommended that medical and healthcare professionals on duty pay attention to and implement informed consent in health services, as patient consent is part of operational standards in health care.

More specifically, the development of a telemedicine-specific regulatory framework should distinguish consent to healthcare service actions from the lawful basis and transparency

requirements that apply to health data processing, while incorporating the six-stage procedural model developed in this article. By doing so, the principles of autonomy, legal certainty, patient safety and preventive legal protection may be translated into concrete and verifiable obligations. This framework would also support the recognition of electronic consent as valid legal evidence while ensuring that informed consent remains a meaningful process rather than a mere digital formality.

REFERENCES

Achmad Busro. "Aspek Hukum Persetujuan Tindakan Medis (Informed Consent) dalam Pelayanan Kesehatan", Law & Justice Journal, Volume 1 Nomor 1, 2018. Available on https://doi.org/10.14710/ldjr.v1i1.3570.

Ali, Z. (2015). Metode Penelitian Hukum. Jakarta: Sinar Grafika.

Amiruddin dan Zainul Asikin. (2014). Pengantar Metode Penelitian Hukum. Jakarta: RajaGrafindo Persada.

ANTARA. "Survei: 98 Persen Masyarakat Akan Terus Gunakan Telemedisin", 2022. Available on https://www.antaranews.com/berita/3096829/survei-98-persen-masyarakat-akan-terus-gunakan-telemedisin.

Anwar, Arman. (2013). Aspek Hukum Penggunaan Telemedicine. Forum Informatika Kesehatan Indonesia.

General Medical Council. "Decision Making and Consent", 2024. Available on https://www.gmc-uk.org/professional-standards/the-professional-standards/decision-making-and-consent.

General Medical Council. "Remote Consultations". Available on https://www.gmc-uk.org/professional-standards/ethical-hub/remote-consultations.

Haris, Fahni, Kellyana Irawati dan Ferry F. Rahman. "Adaptation of Telemedicine Amidst COVID-19 Towards Indonesia Physicians: Benefits, Limitations, and Burdens", Bali Medical Journal, Volume 10 Nomor 3, 2021. Available on https://doi.org/10.15562/bmj.v10i3.2900.

Kesuma, Satria Indra. "Ulasan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan", JNB: Jurnal Nusantara Berbakti, Volume 2 Nomor 1, 2024. Available on https://doi.org/10.59024/jnb.v2i1.324.

Khoirunisa, Aulia Alya, et al. "Digitalisasi Informed Consent dalam Hubungan antara Dokter dan Pasien", Proceeding of Conference on Law and Social Studies, Madiun, 14 Oktober 2023. Available on https://prosiding.unipma.ac.id/index.php/COLaS/article/view/5144.

Kitab Undang-Undang Hukum Perdata (KUHPerdata), Staatsblad Nomor 23 Tahun 1847.

Konsil Kedokteran Indonesia. (2009). Etika Kedokteran dan Hukum Kesehatan. Jakarta: EGC.

Mayora, Eriska Tiara Rosa dan Hudi Yusuf. "Kebijakan Hukum Penyelesaian Sengketa Medis Melalui Restorative Justice Nonlitigasi Mediasi Pendekatan Win-Win Solution", Jurnal Intelek dan Cendikiawan Nusantara, Volume 1 Nomor 2, 2024. Available on https://jicnusantara.com/index.php/jicn/article/view/276.

Medical Board of Australia. "Guidelines: Telehealth Consultations with Patients", 2023. Available on https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Telehealth-consultations-with-patients.aspx.

Muchsin. (2003). Perlindungan dan Kepastian Hukum Bagi Investor di Indonesia. Surakarta: Disertasi Fakultas Hukum Universitas Sebelas Maret.

Mustikasari, Aidha Puteri. "Informed Consent dan Rekam Medis dalam Telemedicine di Indonesia", Jurnal Pascasarjana Hukum UNS, Volume 8 Nomor 2, 2020. Available on https://jurnal.uns.ac.id/hpe/article/view/49759.

Nasution, Bahder Johan. (2005). Hukum Kesehatan: Pertanggungjawaban Dokter. Jakarta: PT Rineka Cipta.

Nufraizah, Ayu. "Layanan Telemedik Tetap Diminati", 2022. Available on https://www.kompas.id/baca/humaniora/2022/10/04/layanan-telemedik-di-indonesia-masih-perlu-dikembangkan.

Peraturan Menteri Kesehatan Nomor 20 Tahun 2019 tentang Penyelenggaraan Pelayanan Telemedicine Antar Fasilitas Pelayanan Kesehatan, Berita Negara Republik Indonesia Tahun 2019 Nomor 890.

Peraturan Menteri Kesehatan Nomor 24 Tahun 2022 tentang Rekam Medis, Berita Negara Republik Indonesia Tahun 2022 Nomor 829.

Peraturan Pemerintah Nomor 28 Tahun 2024 tentang Pelaksanaan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan, Lembaran Negara Republik Indonesia Tahun 2024 Nomor 135, Tambahan Lembaran Negara Republik Indonesia Nomor 6952.

Rahmawan, Aditya Zulmi dan Zaenuriyah Effendi. "Implementasi Society 5.0 dalam Kebijakan dan Strategi Pendidikan Pada Pandemi Covid-19", STRATEGY: Jurnal Inovasi Strategi dan Model Pembelajaran, Volume 2 Nomor 1, 2022. Available on https://doi.org/10.51878/strategi.v2i1.861.

Ramadhan, M. Syahri, et al. "Implementasi Asas Hukum Perjanjian Terapeutik dan Informed Consent", Istinbath: Jurnal Hukum, Volume 18 Nomor 1, 2021. Available on https://doi.org/10.32332/istinbath.v18i1.2850.

Ratman, Desriza. (2018). Aspek Hukum Informed Consent dan Rekam Medis dalam Transaksi Terapeutik. Bandung: CV Keni Media.

Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 (General Data Protection Regulation).

Rospita Adelina Siregar. (2023). Hukum Kesehatan. Jakarta: Sinar Grafika.

Sidi, Redyanto. "Kedudukan Informed Consent pada Layanan Pasien di Rumah Sakit", Iuris Studi: Jurnal Kajian Hukum, Volume 1 Nomor 2, 2020. Available on https://jurnal.bundamediagrup.co.id/index.php/iuris/article/view/182/173.

Solimini, Renata, Busardo F.P., Sirignano A. dan Ricci G. "Ethical and Legal Challenges of Telemedicine in the Era of the COVID-19 Pandemic", Medicina, Volume 57 Nomor 12, 2021. Available on https://doi.org/10.3390/medicina57121314.

Sulistyaningrum, Helena Primadianti, Dian Afrilia dan Theta Murty. "Medical Records: Preventive Efforts in Medical Services for COVID-19 Patients", SOEPRA: Jurnal Hukum Kesehatan, Volume 7 Nomor 2, 2021. Available on https://doi.org/10.24167/shk.v7i2.3684.

Sutamaya, Agus Gede, Dey Ravena dan Chepi Ali Firman Zakaria. "Informed Consent as a Therapeutic Agreement in Health Services", IJKG: Interdental Jurnal Kedokteran Gigi, Volume 18 Nomor 1, 2022. Available on https://doi.org/10.46862/interdental.v18i1.4306.

U.S. Department of Health and Human Services. "Obtaining Informed Consent", 2023. Available on https://telehealth.hhs.gov/providers/preparing-patients-for-telehealth/obtaining-informed-consent.

Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan, Lembaran Negara Republik Indonesia Tahun 2023 Nomor 105, Tambahan Lembaran Negara Republik Indonesia Nomor 6887.

Undang-Undang Nomor 27 Tahun 2022 tentang Pelindungan Data Pribadi, Lembaran Negara Republik Indonesia Tahun 2022 Nomor 196, Tambahan Lembaran Negara Republik Indonesia Nomor 6820.

Wibowo, Basuki Rekso. (2020). Negara Hukum: Kepastian, Keadilan dan Kemanfaatan Hukum (Dalam Sistem Peradilan Pidana Indonesia). Bandung: Pustaka Reka Cipta.

Widiastuti dan Imam Ropii. "Implementasi Telemedis di Indonesia: Analisis Hukum Perlindungan Hak Pasien dan Tenaga Medis", Iuris Studia: Jurnal Kajian Hukum, Volume 5 Nomor 2, 2024. Available on https://doi.org/10.55357/is.v5i2.561.

Widjaja, Gunawan dan Yohanes Firmansyah. "Informed Consent", Cross-Border, Volume 4 Nomor 1, 2021. Available on https://journal.iaisambas.ac.id/index.php/Cross-Border/article/view/851/675.

World Medical Association. "WMA Statement on Digital Health", Revised by the 73rd WMA General Assembly, 2022. Available on https://www.wma.net/policies-post/wma-statement-on-guiding-principles-for-the-use-of-telehealth-for-the-provision-of-health-care.