

### Consent for Telemedicine Services

Child's Name		Date of Birth	
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I understand that telemedicine is the use of video communication and other technologies by a healthcare provider at a remote location to deliver services to an individual located at a different physical location than the provider. Unlike a traditional in-person medical consultation, the provider at the remote location will not have the ability to use senses such as touch or smell in assessing my child's condition. Our office has contracted with Doxy which uses the state of the art security and encryption protocols to assure that data integrity and privacy is maintained. Doxy.me complies with HIPAA, GDPR, PHIPA/PIPEDA, & HITECH requirements.

I understand that the purpose of telemedicine is to seek medical advice and guidance for the care of my child(dren) from the provider. I also understand that at any time if I feel I cannot wait for a visit or feel my child's condition has become an emergency than I will call 911 and/or seek emergent care.

Providers may include primary care practitioners, specialists, and/or subspecialists. Electronically transmitted information may be used for diagnosis, therapy, follow up and/or patient education, and may include any of the following:

- Patient medical records
- Medical images.
- Interactive audio, video, and/or data communications.
- Output data from medical devices and sound and video files.

The Benefits:

- limitations on the spread of infectious disease to myself, my child, or others.
- improved access to medical care by enabling a patient to remain at home or a site remote from the physician office.
- improved access to specialists and an efficient means of assessment.

The Risks and Limitations:

- delay in care resulting from communication service or equipment failure.
- a lack of access to complete medical records or the insufficient transmission of information (e.g., poor resolution of images) to allow for appropriate medical decision making by the physician and consultant(s) resulting in possible adverse drug interactions or allergic reactions or other medical judgment error.

In addition to these risks, I understand that the remote provider evaluating my child does not have the opportunity to meet with my child in-person and must rely on information provided by me, my child or the on-site provider. I understand and acknowledge that the remote provider cannot be responsible for advice, recommendations and/or decisions based on incomplete or inaccurate information provided by me, my child or others.

Just as with a traditional in-person medical consultation, I understand that I will be financially responsible for any charges for my child's telemedicine visit. I understand that my telemedicine visit may not be covered by my insurance plan and I will be responsible for any fees not covered by my insurance plan. While during the coronavirus health care crisis, John Choi, MD, PC will waive any administrative fee associated with telehealth services, the practice may reinstate this fee when the current crisis abates. This administrative fee does not include the cost of the medical services provided at the visit.

The interactive electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

I have read and reviewed this consent form. By signing this form, I indicate that I have chosen to proceed with the telemedicine visit for my child and consent to the healthcare provider. As long as this consent has not been revoked by me, it remains in effect. The physician may provide healthcare services to my child via telemedicine pursuant to this consent without the need for me to sign another consent form.

Parents' Name	
Parents' Signature	
Date	

