



Schoolhouse Pediatrics

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CONSENT TO PARTICIPATE IN A TELEMENTAL HEALTH APPOINTMENT

1. I understand that my health care provider wishes me to engage in a telemedicine consultation using Doxy.me, Google Meets or Zoom.
2. My health care provider has explained to me how the Doxy.me/Google Meets/Zoom video conferencing technology will be used to affect such a consultation will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as my health care provider.
3. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my healthcare provider or I can discontinue the telemedicine consult/visit if it is felt that the Doxy.me/Google Meets/Zoom video conferencing connections are not adequate for the situation.
4. I understand that if anyone is present during the consultation other than my healthcare provider, they will maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following:
 - (a) omit specific details of my medical history/physical examination that are personally sensitive to me
 - (b) ask non-medical personnel to leave the telemedicine examination room
 - (c) terminate the consultation at any time
5. I have had the alternatives to a telemedicine consultation explained to me, and in choosing to participate in a Doxy.me/Google Meets/Zoom telemedicine consultation.
6. In an emergency, I understand that the responsibility of the telemedicine consulting specialist is to advise my local practitioner and that the specialist's responsibility will conclude upon the termination of the Doxy.me/Google Meets/Zoom video conference connection.
7. I had the opportunity to ask questions regarding this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

By signing this form, I certify:

- *That I have read or had this form read and/or had this form explained to me.
- *That I fully understand its contents including the risks and benefits of the procedure(s).
- *That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Signature (if under 18-Parent/Guardian Signature)

Date

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