

CONSENT FOR VIDEO CONFERENCING CONSULTATION

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CONSENT FOR VIDEO CONFERENCING CONSULTATION

1. I understand that my provider wishes me to engage in video conferencing consultations.
2. My provider explained to me that the use of video conferencing technology to conduct the consultation will not be the same as a direct client/provider visit because I will not be in the same room as my provider.
3. I understand that video conferencing consultation has potential benefits, including easier access to care, the convenience of meeting from my home, and a reduced risk of exposure to the novel coronavirus.
4. I understand that there are potential risks to this service, including interruptions, unauthorized access, and technical difficulties. I understand that my provider or I can discontinue the video conferencing consultation if it is felt that the video conferencing connection is not adequate for the situation.
5. I have had a direct conversation with my provider, during which 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 language which I understand.

CONSENT TO USE THE DOXY.ME VIDEO CONFERENCING SERVICE

1. DOXY.ME is not an emergency service. In the event of an emergency I will use a phone to call 911.
2. Though my provider and I may be in direct virtual contact through the DOXY.ME service, neither my provider nor the DOXY.ME service provides any medical or health care services or advice including, but not limited to, emergency or urgent medical services.
3. DOXY.ME facilitates video conferencing and is not responsible for the delivery of any health care, medical advice, or care.
4. I do not assume that my provider has access to any or all the technical information regarding the DOXY.ME service, or that such information is current, accurate or up to date. I will not rely on my health care provider to have technical information regarding the DOXY.ME service.
5. To maintain confidentiality, I will not share my DOXY.ME appointment link with anyone unauthorized to attend the appointment.

BY SIGNING THIS FORM, I CERTIFY:

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

Signed:

_____/_____
Client Date

_____/_____
Parent or guardian if client is a minor Date