

Virtual Care Informed Consent

Patient Name: _____

D.O.B: _____

CPI#: _____

ACCT#: _____

MR#: _____

General Information

- Appointments with the provider will be held via Virtual Care using video conferencing software with audio capability at a Gillette Children's Specialty Healthcare Clinic. A member of the medical team will be present during the appointment to assist the provider.
- Virtual Care establishes the same formal healthcare provider patient relationship used to maintain regular assessment, diagnostics, therapy, and/or prescription as a face to face visit.
- Gillette will be utilizing Health Insurance Portability and Accountability Act (HIPAA) protected software to ensure that your protected health information is secure from unauthorized access and that confidentiality is maintained.
- This document serves as a consent form for treatment via Virtual Care.

Limitations of Virtual Care

- While it is not possible to anticipate all the limitations of any treatment, you should consider the following when consenting to treatment via Virtual Care:
 - o Virtual Care audiovisual equipment may experience technical difficulties.
 - o While every precaution is taken to secure patient data and maintain confidentiality, the nature of electronic appointments results in additional exposure to security breaches.
 - o Virtual Care may not be suitable for certain illnesses that require higher levels of care.
 - o Controlled substances require the signature of the provider/nurse practitioner on the actual prescription and cannot be electronically prescribed (will need to be mailed). Please allow a minimum of 10 business days for refills.

Safety and Alternate Treatment Options

- As Virtual Care is generally conducted remotely, safety protocols and alternate means of seeking help will be addressed in detail in your consultation. You may elect to seek treatment in a more traditional, in office visit with another provider.

Rights and Responsibilities of the Provider and Patient

- Gillette Children's Specialty Healthcare reserves the right to assess suitability and appropriateness of Virtual Care candidates due to the potential limitations of the treatment modality mentioned above.
- Pursuing treatment via Virtual Care is a decision made by you. If you choose to revoke your decision and pursue alternate treatment, you are able to withdraw your consent at any time. Of course, we recommend discussing this decision with your provider first. We also recommend establishing with your next provider prior to termination to eliminate any gaps in treatment.
- In the event of imminent danger, the provider is legally and ethically bound to report information to authorities, family members, or others, to minimize potential harm.
- It is the responsibility of the patient to arrive to the scheduled appointment on time. In the event that the patient is more than 5 minutes late, the appointment may need to be rescheduled. This will be at the discretion of the provider.

Consent

- I understand that I am consenting to evaluation and treatment via Virtual Care.
- I understand that no results can be guaranteed, despite our best efforts to deliver care.
- I understand that I am able to ask questions about Virtual Care or any aspects of the evaluation and treatment at any time.
- I understand that I may discontinue care via Virtual Care at any time.
- I certify that I have read and understand the entirety of this document, titled "Virtual Care Authorization."
- I understand and agree that this consent will remain valid unless I revoke consent in writing.

Patient Signature Date/Time_____
Parent/Legal Guardian Signature Date/Time_____
Time: _____
Verbal consent obtained by (Name, Date, Title)0116-001
7/18, 11/18, 3/20