



Informed Consent and Treatment Authorization for Telemedicine Services

I understand that MANSFIELD PEDIATRICS, PLLC is offering me an opportunity to connect via telephone through Doxy.me (a HIPPA compliant telemedicine site) with one of my child’s providers. MANSFIELD PEDIATRICS, PLLC is offering telemedicine services during the COVID 19 pandemic to help are patients commit to social distancing. This service may or may not be available after the pandemic has subsided.

I understand the purpose for this service is to seek medical advice and guidance for the care of my child who is not experiencing a life-threatening emergency. 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 then I will call 911 and/or seek emergent care.

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. I understand that, 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. The provider is also unable to use instruments that aid in making a diagnosis and unable to do any testing.

I understand that telemedicine has limitations but is one way we can provide care to my child during this time of social distancing. Telemedicine has limitations, which include, but are not necessarily limited to: Interruption or disconnection of the audio/video connection resulting in incomplete or delayed assessment Delay in care resulting from communication service or equipment failure Inadequate visual resolution resulting in incomplete assessment Incomplete communication of medical history resulting in adverse drug interactions, allergic reactions, or other adverse result. Over treatment of a viral conditions with antibiotics 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.

My child and I have had the opportunity to review this information prior to any form of payment being collected. By signing this form, I indicate that I have chosen to proceed with the telemedicine visit for my child.

I understand that the remote provider is a provider at MANSFIELD PEDIATRICS, PLLC. The clinic will maintain a record of this telemedicine visit in my child’s chart which I can access through the patient portal.

I consent to the healthcare provider with whom I am connected to provide healthcare services to my child via telemedicine. If 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. By signing below, I represent and certify that I have the legal authority to consent to medical treatment on behalf of the minor patient.

Child’s name: _____ Date of birth: _____

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Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date _____