Mom's Email:	Dad's Email:
Children's Names: 1 2 3 4	
Consent for Telemedicine Services	
Telemedicine is the delivery of healthcare se provider and patient are not in the same phy	ervices through the use of technology when the healthcare ysical location.
Electronically transmitted information may leducation and may include any of the follow	be used for diagnosis, treatment, follow-up, and/or patient ring:
 Patient medical records Medical images Interactive audio, video, and/or data Output data from medical devices a 	
protect the confidentiality of patient identifi	incorporate network and software security protocols to cation and imaging data. It will include measures to y against intentional or unintentional corruption.
Benefits of telemedicine include improved a home or a site remote from the physician's of	ccess to medical care by enabling a patient to remain at office.
Risks of telemedicine include the following:	
appropriate medical decision making	sufficient (i.e. poor resolution of images) to allow for g. are not able to provide medical treatment to the patient
	provide for or arrange for any emergency care that the
 Delays in medical evaluation and tre equipment. 	atment could occur due to deficiencies or failures of the
	g a breach of privacy or personal medical information.
The alternative to telemedicine is to seek in-	person medical care.
I have read the above information and have Children's Clinic of Broken Arrow.	no further questions. I consent to telemedicine with Aspen

Signature:______(Patient, Parent, Legal Guardian) Date: _____

Please read and respond via email to our office as soon as possible so that we may continue with your virtual visit. Thank you

It is absolute important that we have your current active insurance information for us to file correctly. Please give us your insurance name.

If your insurance is changed recently, we will need more detail information about that insurance. please send a copy of front and back of card attached to this email.

Please respond stating who will be present with child along with relationship.

To do Virtual exam better way if you have laptop, Tablet connected to wi-fi. But if you don't have, we can do with phone. we will need an email address to use to send your appointment link. For a Cell phone please let us know your cell number so we can send link there.

By responding via email, you are agreeing that we may communicate about your child's health through a virtual visit and you are agreeing that we file your insurance for today's virtual visit and if insurance should not cover this service. You will be responsible for today's charges.

Co-payment is required before services. You may make a payment through your patient portal. If do not have access to your child's portal you may pay over the phone prior to visit.

To participate in a telemedicine visit, you will need the following:

 Access to a personal computer or tablet with Wi-Fi or a cell phone. In addition, your devices need to be equipped with a camera and microphone and please make sure that it is in working properly.

- To check your microphone and camera with chrome browser or safari. To fix the problem Please Use this website.
 - (To access these links press Control key & click link) or Copy following link and paste in browser that will give you directions how to fix the problem.

https://support.google.com/chrome/answer/2693767?co=GENIE.Platform%3DDesktop&hl=en

https://help.doxy.me/en/articles/2427129-allow-access-to-camera-in-safari

Virtual Visits we currently offer visits through two platforms, Google chrome and Safari

When it's time for your appointment, you will receive a link from our office via email or text

· Click that link to begin your visit

Virtual visits will start after we send you Email or Text.

If you have any question, please call our office 918-455-4140

Thank you.