

Consent Form Instructions

1. Please print out and complete the Consent Form on following page.
2. Sign Consent
3. Scan and email signed Consent Form to: cah@chrsitinehamori.com

Help with Scanning

If you do not have dedicated scan to email capability, try:

iPhone:

Open the Notes app (yellow notepad). Tap the icon in lower right to create a new note.

Select the Camera icon.

Select "Scan Documents" and follow the instructions.

Select "Keep Scan" to save the file.

Send file by selecting the Send/Share icon in the top right.
Select the Mail app and email to: cah@christinehamori.com.

Android:

Open the Google Drive app.

In the bottom right, tap Add. Tap Scan.

Take a photo of the document you'd like to scan.

Adjust scan area: Tap Crop. Take photo again: Tap Re-scan current page.

To save the finished document, tap Done.

Send to: cah@christinehamori.com

Christine Hamori, M.D.
Consent to Participate in a Virtual Consultation

Name: _____ **Date:** _____

1. I understand that my healthcare provider, Christine A. Hamori, M.D., has invited me to participate in a virtual consultation.
2. My healthcare provider has explained to me how the virtual consultation will not be the same as a direct consultation due to the fact that I will not be in the same room as my healthcare provider.
3. I understand that there is potential risk with this technology, including interruptions, unauthorized access, and technical difficulties.
4. I understand that my healthcare provider and myself can discontinue the virtual consultation if it is felt that the videoconferencing connections are not adequate for the situation.
5. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes (if applicable). I may request the following: (1) omit specific details of my medical history/physical exam that are personally sensitive to me; (2) terminate the consultation at any time.
6. I have had the alternatives to a virtual consult explained to me, and in choosing to participate in a virtual consult, I understand that a complete consultation may not be performed and I will require an in person exam prior to having surgery, should I choose to do so.
7. In an emergent consultation, I understand that the responsibility of the telemedicine healthcare provider may be to direct my care to a local healthcare provider and the healthcare provider's responsibility will conclude upon termination of the virtual consultation.
8. I understand that with any internet platform there is a risk of HIPAA violation or hacking of content in the unlikely event of internet hacking of a server's content.
9. No recording will be performed without explicit consent by me and my healthcare provider.
10. I have read this document carefully and understand the risks and benefits of a virtual consultation and have had my questions regarding this consult explained and I hereby consent to participate in a telemedicine visit under the terms described herein.

Signed: _____ **Email:** _____

Date of Birth: _____ **Telephone number:** _____

Address: _____