

Online Consent for Telehealth Services during COVID-19 Restriction

Introduction: Due to the national emergency with the COVID-19 pandemic, Dr. Nayyar is offering Telemedicine/Videoconferencing instead of in office visits. What this means is that your sessions will be provided via the Internet through a secure, HIPAA-compliant system. The sessions are still private and confidential.

The allows us to practice the very important need for social distancing with disruption in your care and treatment during the current COVID-19 restrictions.

We will make all efforts on our part to minimize the risk but there is always the potential that the system may be hacked or that your privacy and confidentiality will be affected even with all the precautions taken.

Remember to find a private place where you can talk as it will be a video conference and can be seen and overheard by people around you. You can use your computer, tablet or smart phone. No information will be stored with any third-party platform other than the electronic medical record system Dr Nayyar already uses.

Please answer the following questions:

1. Are you able to access a smartphone, tablet or computer? Yes No

If no, do you have a friend or family who could help you in and leave so you have privacy? Yes No

2. Do you have a room that is well lit for the online sessions so Dr. Nayyar can clearly see you? Yes No

If no, where are you planning to talk with Dr. Nayyar?

3. Do you have any questions or concerns about this change in how your care and treatment will be delivered?

Yes No If yes please explain it here:

4. Do I have your consent for Telemedicine/Videoconferencing sessions? Yes No

If no, ask why:

5. How would you like to get the link for your Telemedicine/Videoconferencing sessions

E-mail _____

Text message link: Mobile number _____

Mobile Carrier (ATT, Verizon etc.) _____

You will get a link before the appointment which will take you directly to the virtual waiting room and Dr Nayyar will connect with you once she sees you there and finishes with her previous patient.

I agree- please sign and date below print out your name and DOB

_____ Date _____

Name: _____ DOB: _____