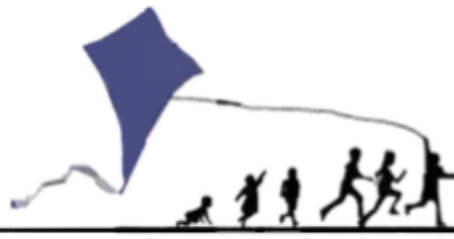


Broussard / Lafayette

401 Youngsville Hwy , Ste 100, Lafayette, LA 70508
Phone: (337) 330-0031 ; Fax: (337) 330-0059
Specialty: Allergy, Asthma, & Immunology, Pediatrics
****Night & Evening Hours****



New Iberia-IMC Location

2308 E. Main – Suite G, New Iberia, LA 70560
Phone: (337) 367-2001 ; Fax: (337) 365-3050
Specialty: Pediatrics, Allergy, Asthma, & Immunology
****Night & Evening Hours****

Pediatric Group of Acadiana, LLC

CONSENT TO PARTICIPATE IN A TELEMEDICINE APPOINTMENT

- I understand that my healthcare provider wishes me to engage in a telemedicine consultation using doxy.me.
- My healthcare provider has explained to me how the doxy.me video conferencing technology will be used to affect such a consultation will not be the same as a direct patient/healthcare provider visit due to the fact that I will not be in the same room as my healthcare provider.
- I understand there are potential risks to this technology including interruptions, unauthorized access, and technical difficulties. I understand that my healthcare provider or I can discontinue the telemedicine consult/visit if it is felt that the doxy.me video conferencing connections are not adequate for the situation.
- I understand that if others are present during the consultation other than my healthcare provider, they will maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of my medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the telemedicine examination room; and or (3) to terminate the consultation at any time.
- I have had the alternatives to a telemedicine consultation explained to me, and in choosing to participate in a doxy.me telemedicine consultation.
- In an emergency, I understand that the responsibility of the telemedicine consulting specialist is to advise my local practitioner, and that the specialist's responsibility will conclude upon the termination of the doxy.me video conference connection.
- I have had a direct conversation with my healthcare provider during which I had the opportunity to ask questions in regards to this procedure. My questions have been answered and the risks, benefits, and any practical alternatives have been discussed with me in a language in which I understand.

BY SIGNING THIS FORM, I CERTIFY

- THAT I HAVE READ OR HAD THIS FORM READ/AND OR HAD THIS FORM EXPLAINED TO ME

PATIENT NAME _____ PATIENT DOB _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____