

DocuSign Process for Established Patients and Families Fast Track Video Visit With Shriners Hospitals for Children

1. Look for the email in your inbox from your patient scheduler's name via DocuSign.

Heather Zumpano via DocuSign
[Ext] Please DocuSign: Shriners Hospitals for Children... 12:13 PM

2. Click **Review Documents**.



3. Click **Continue** in the upper right corner.

Please review the documents below.

CONTINUE OTHER ACTIONS ▾

I, or the undersigned, as the parent(s) or legal guardian of _____ understand:
(Print Name and Date of Birth of Patient)

1. I, or (if the undersigned is the parent or legal guardian of the patient) my child, may receive telemedicine or telehealth (hereinafter collectively "Telehealth") services from Shriners Hospitals for Children and/or its staff (hereinafter "SHC") at an offsite clinic location, or directly through access provided by the SHC patient portal or other electronic means.
2. I understand that video conferencing technology will be used and that Telehealth services will not be the same as a direct patient-health care visit because the health care provider will not be in the same room with me, or my child, as applicable.
3. A record of the Telehealth services will be included in my or my child's medical record. I understand it is my right as the patient, parent or legal guardian, to obtain a copy of my or my child's medical record, including the record of the Telehealth services.
4. I understand that the benefit of receiving Telehealth services include a more efficient medical treatment and management, and obtaining a health care provider's expertise even when he or she is not in the same room (therefore saving travel time and expense for all).
5. I understand that potential risks with the use of Telehealth technology include interruptions, insufficient information submission, low-resolution images, delays in treatment due to equipment deficiencies, unauthorized access to transmitted data by unauthorized third parties, and technical difficulties. SHC has taken steps to address these potential risks to reduce the likelihood of occurrence, and staff is available to address technical issues that occur during the delivery of any Telehealth services.
6. In case of a medical emergency or adverse reaction to treatment during Telehealth services provided at an offsite clinic, the patient presenter (who will be there in person at the same site as the patient) will follow that site's protocol for such medical emergencies. In case of a medical emergency or adverse reaction to treatment during Telehealth services provided directly through the SHC patient portal or other electronic means, the patient or his or her parent or guardian shall call 911 to receive emergency care.
7. If video functionality is lost or distorted during Telehealth services in such a manner to make transmission inadequate, then the Telehealth services shall be terminated and rescheduled. If audio functionality is lost during Telehealth services, the session may be continued through the use of a telephone.
8. Details of the patient's healthcare information may be discussed with those medical and administrative personnel at an offsite Telehealth clinic who require such information for treatment, scheduling or billing purposes.


4. Click **View** to Review the Email Communication Supplemental Agreement.

Email Communication Supplemental Agreement
This supplement must be viewed, scrolled to end, and accepted.

[View](#)


5. Read the agreement, then click **Accept**.

DocuSign Envelope ID: 83ED1F00-C84D-4FD6-B3BF-4CDD8E5613A8

 **Shriners Hospitals for Children®**

By providing us with your e-mail address below, you are giving us permission to use this address to electronically communicate patient information as well as other administrative information necessary for us to provide services to the patient.

Email Communication Supplemental Agreement SF-4CDD8E5613A8 1 of 1

 **Shriners Hospitals for Children®** **Informed Consent for Telehealth Services**

I, or the undersigned, as the parent(s) or legal guardian of David Long understand:
(Print Name and Date of Birth of Patient)

1. I, or (if the undersigned is the parent or legal guardian of the patient) my child, may receive telemedicine or telehealth (hereinafter collectively "Telehealth") services from Shriners Hospitals for Children and/or its staff (hereinafter "SHC") at an offsite clinic location, or directly through access provided by the SHC patient portal or other electronic means.

I have read and I accept this supplement. [ACCEPT](#)

6. After the Email Agreement is completed, you will be taken to the Telehealth Informed Consent document. Notice the patient's name and date of birth are already completed. Click **Next**.

[NEXT](#) **Email Communication Supplemental Agreement** ✓ ACCEPTED [VIEW](#)
This supplement must be read and accepted to complete signing.

DocuSign Envelope ID: 604E9F85-9A0C-4857-B191-E367067AD980

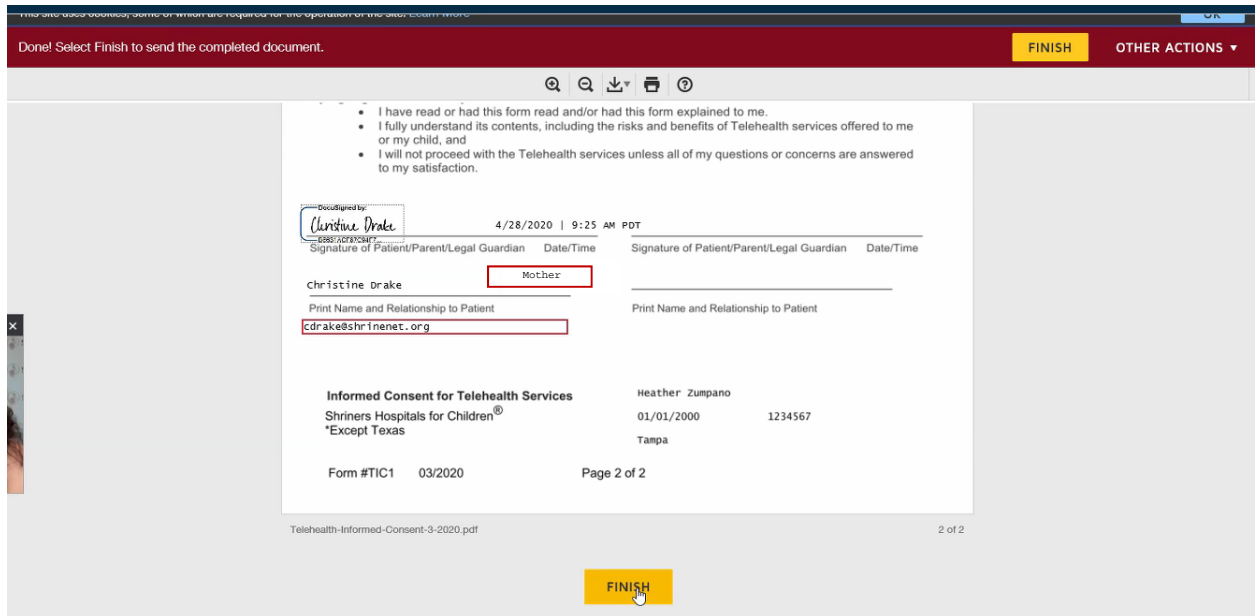
 **Shriners Hospitals for Children®** **Informed Consent for Telehealth Services**

Heather Zumpano
I, or the undersigned, as the parent(s) or legal guardian of 01/01/2000 understand:
(Print Name and Date of Birth of Patient)

1. I, or (if the undersigned is the parent or legal guardian of the patient) my child, may receive telemedicine or telehealth (hereinafter collectively "Telehealth") services from Shriners Hospitals for Children and/or its staff (hereinafter "SHC") at an offsite clinic location, or directly through access provided by the SHC patient portal or other electronic means.

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7. 1) Click **Fill-In**. 2) Click **Sign** and either select an electronic signature or draw your own using your computer mouse. 3) Enter your **relationship** to the patient. 4) Enter your **valid email address**. Click **Finish**.



8. You are finished! The window below will appear, and you can simply click **No Thanks**.

