

Proceso de DocuSign para que pacientes y familias ya registrados utilicen el sistema de videoconsulta

Fast Track Video Visit con los Hospitales Shriners para Niños

1. Busque el mensaje de correo electrónico en su casilla, enviado por el coordinador de pacientes a través de DocuSign.

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

2. Haga clic en **Review Documents** (Revisar documentos).



3. Haga clic en **Continue** (Continuar), en la esquina superior derecha.

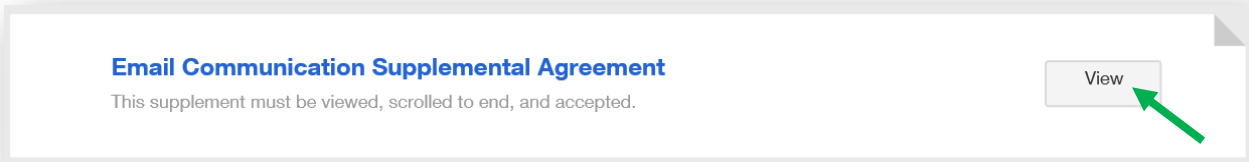
Please review the documents below.

[CONTINUE](#) [OTHER ACTIONS](#) ▼

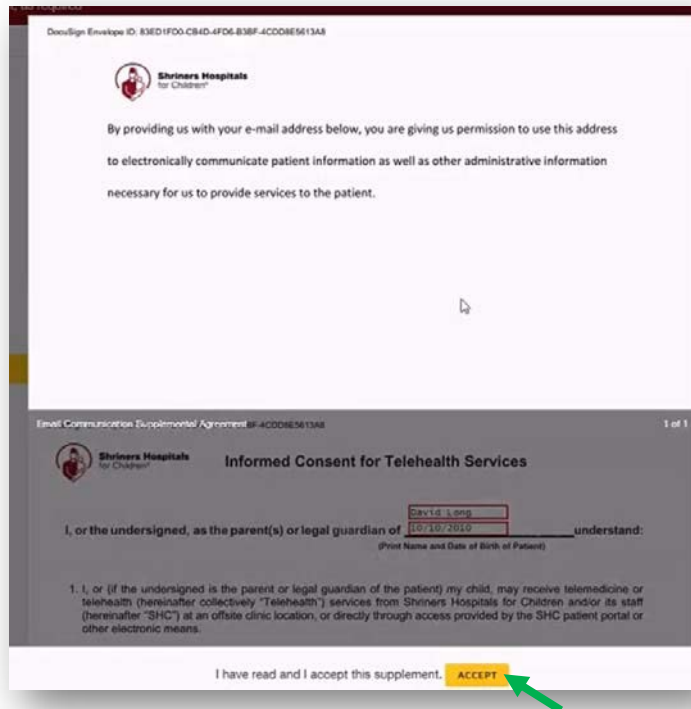
I, or the undersigned, as the parent(s) or legal guardian of _____ understand:
(Print Name and Date of Birth of Patient)

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.

- Haga clic en **View** (Ver) para revisar el Acuerdo complementario de comunicación por correo electrónico.



- Lea el acuerdo y, a continuación, haga clic en **Accept** (Aceptar).



- Una vez completado el acuerdo por correo electrónico, se lo dirigirá al documento de Consentimiento informado para telemedicina. Observe que el nombre y la fecha de nacimiento del paciente ya están completados. Haga clic en **Next** (Siguiente).



7. 1) Haga clic en **Fill-In** (Rellenar). 2) Haga clic en **Sign** (Firmar) y seleccione una firma electrónica o firme usted mismo usando el mouse de la computadora. 3) Indique su **relación** con el paciente. 4) Indique una **dirección de correo electrónico válida**. Haga clic en **Finish** (Terminar).

Done! Select Finish to send the completed document. **FINISH** OTHER ACTIONS ▾

- I have read or had this form read and/or had this form explained to me.
- I fully understand its contents, including the risks and benefits of Telehealth services offered to me or my child, and
- I will not proceed with the Telehealth services unless all of my questions or concerns are answered to my satisfaction.

DocuSigned by:
Christine Drake
4/28/2020 | 9:25 AM PDT

Signature of Patient/Parent/Legal Guardian	Date/Time	Signature of Patient/Parent/Legal Guardian	Date/Time
<i>Christine Drake</i>			

Christine Drake **Mother**

Print Name and Relationship to Patient

cdrake@shrinenet.org

Print Name and Relationship to Patient

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



Heather Zumpano
01/01/2000 1234567
Tampa

Form #TIC1 03/2020 Page 2 of 2

Telehealth-Informed-Consent-3-2020.pdf 2 of 2

FINISH

8. ¡Listo! Aparecerá la ventana que se muestra a continuación, donde simplemente podrá hacer clic en **No Thanks** (No, gracias).

Log in to DocuSign  

A copy of this document has been saved to your DocuSign account. Please log in to view it.

Email
cdrake@shrinenet.org

LOG IN **NO THANKS**