

Processus DocuSign pour les Visites vidéos rapides pour les patients et familles existants avec les Hôpitaux pour enfants Shriners

1. Recherchez dans votre boîte de réception le courriel le nom de votre planificateur de patients via DocuSign.

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

2. Cliquez sur **Review Documents** (Consulter Documents).



3. Cliquez sur **Continue** (Continuer) en haut à droite.

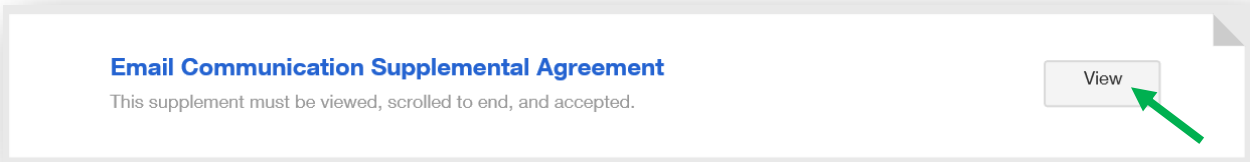
Please review the documents below.

[CONTINUE](#) [OTHER ACTIONS](#) ▼

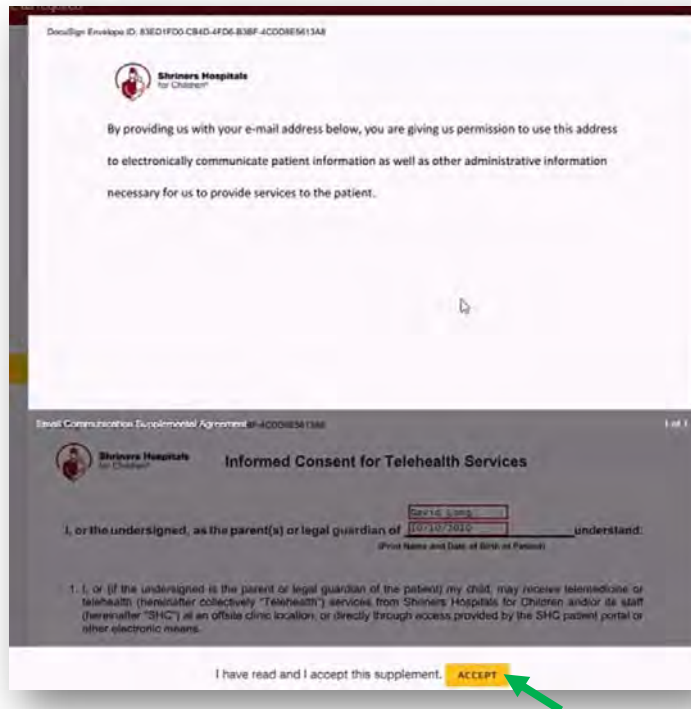
I, or the undersigned, as the parent(s) or legal guardian of _____ understand:
(Print Name and Date of Birth of Patient)

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. Cliquez sur **View** (Afficher) pour consulter l'accord complémentaire sur les communications par courriel.



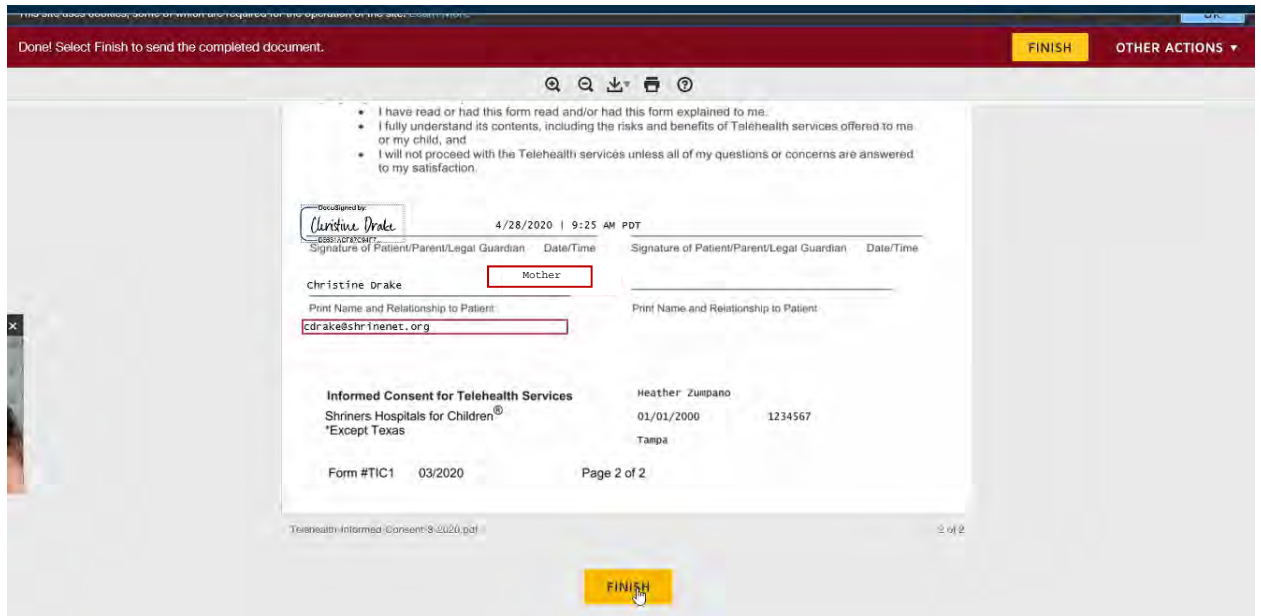
5. Lisez l'accord, puis cliquez sur **Accept** (Accepter).



6. Après avoir rempli l'accord par courriel, vous serez dirigé vers le document Consentement éclairé Télésanté. Remarquez que le nom et la date de naissance du patient sont déjà inscrits. Cliquez sur **Next** (Suivant).



- 1) Cliquez sur **Fill-In** (Remplir). 2) Cliquez sur **Sign** (Signer) et sélectionnez une signature électronique ou écrivez la vôtre à l'aide de la souris de votre ordinateur. 3) Saisissez votre **relation** avec le patient. 4) Saisissez votre **adresse courriel** valide. Cliquez sur **Finish** (Terminer).



8. Vous avez terminé! La fenêtre ci-dessous s'affiche, et vous pouvez simplement cliquer sur **No Thanks** (Non merci).

