

North Texas OB-GYN Associates

Obstetrics, Gynecology and Infertility

www.northtexasobgyn.com

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Telephone/Virtual Medicine Acknowledgement Form

My Physician/Advanced Practice Practitioner has explained the option of having telephone/online virtual GYN/ OB visits to me as follows:

Telephone/ online virtual visits use interactive audio, video conferencing or other electronic communications that will enable a physician/APP to do a complete assessment on you. At the time of the visit, the physician or APP will order any lab work or test that are required and may refill or order new prescriptions as needed. They may also decide to make an office visit to follow up with this visit and results of testing if ordered.

You and your physician/APP will be able to see each other by webcam, and there will be audio capabilities. The way this works is the morning of your appointment you will be sent a link. Fifteen minutes prior to your appointment you will call our office to "check in" and you will click on the link, it will ask you for your name and you must allow the app, doxy.me, to have access to your camera and microphone. While you are waiting for the physician there are helpful tips in order to have an effective virtual visit.

Only the physician/APP, will be present at the time of the telephone/ virtual visit. You may choose to have other people present with you at the time of the visit. The telephone/ virtual visit system does not allow a third party to join the visit remotely.

Consent for telephone/ online virtual visits: By signing this form, I acknowledge that I have read and understand the information provided above regarding telephone/ online virtual visits, and all of my questions have been answered to my satisfaction. I hereby agree to participate in telephone/ online virtual visits. I understand my participation in telephone/ online virtual visits is voluntary and I may change to the traditional type of visit in my provider's office with my physician/APP at any time.

Release of Liability: I understand that although patient information that is transmitted during telephone/ virtual visit is encrypted and care will be taken by doxy.me to protect my patient information, there is always the risk of inappropriate access by unintended recipients whenever information is sent over the internet. Should this happen, I hereby release from liability my providers and doxy.me from any and all claims or liability of any kind arising out of such access to my patient information.

Signature of Patient or Guardian

Date of Birth

Date