



AZKidsDoc Pediatrics Telehealth Consent Form

1. PURPOSE: The purpose of this form is to obtain your consent to participate in a telehealth consultation in connection with evaluation and potential treatment for your child's symptoms or conditions that are being presented to Dr. St. Jacques for medical care or consultation.

2. NATURE OF TELEHEALTH CONSULT:

During the telehealth consultation:

- a. Details of your child; medical history, examinations, x-rays, and test will be discussed with other health professionals through the use of interactive video, audio, and telecommunication technology.
- b. A physical examination of your child may take place.
- c. A non-medical technician may be present in the telehealth studio to aid in the video transmission.
- d. Video, audio and/or photo recordings may be taken of you during the procedure(s) or service(s)

3. MEDICAL INFORMATION & RECORDS: All existing laws regarding your access to your child's medical information and copies of your medical records apply to this telehealth consultation. Please note, not all telecommunications are recorded and stored. Additionally, dissemination of any patient- identifiable images or information for this telehealth interaction other physicians shall not occur without your consent.

4. CONFIDENTIALITY: Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telehealth consultation, and all existing confidentiality protections under federal and Arizona state law apply to information disclosed during this telehealth consultation.

5. RIGHTS: You may withhold or withdraw consent to the telehealth consultation at any time without affecting your child's right to future care or treatment.

6. DISPUTES: You agree that any dispute arising from the telehealth consult will be resolved in Arizona, and that Arizona law shall apply to all disputes.

7. RISKS, CONSEQUENCES & BENEFITS: You have been advised of all the potential risks, consequences and benefits of telehealth. Your health care practitioner has discussed with you the information provided above. You have had the opportunity to ask questions about the information presented on this form and the telehealth consultation. All your questions have been answered, and you understand the written information provided above.

8. LOCATION: You certify that you are within the State of Arizona for this telehealth consult.

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