



I understand that the pediatricians at Hummingbird Pediatrics, Dr. Sushma Penmetsa and Dr. Reina Wheeler, are allowing me to have a telemedicine/televisit consultation for my child mentioned below.

This means that I will, through interactive video or phone connection, be able to consult with the provider(s) about my child's condition. My healthcare provider has explained to me how the telemedicine technology will be used to do such a consultation.

Benefits: The benefits of a telemedicine consultation are:

1. You may not need to travel to the consult location.
2. You have access to your pediatric office through this consultation.
3. Other: Avoid risk of infection or exposure caused by emergency due to COVID19 crisis starting March 13, 2020.

Possible Risks: Although rare, there are potential risks associated with the use of telemedicine. These risks include, but may not be limited to:

1. Information transmitted may not be sufficient (e.g. poor connection) to allow for appropriate clinical decision making by my child's provider(s)
2. Delays in evaluation and treatment could occur due to technical deficiencies or failures;
3. A lack of access to complete clinical records may result in judgment errors.

I give my consent for me and my child to be interviewed by the consulting provider(s). Parent/Guardian Initials: _____

I understand that a limited physical examination will take place during this telemedicine/televisit and that I have the right to ask the provider to discontinue the conference at any time. Parent/Guardian Initials: _____

I understand that some parts of the exam may be conducted by individuals at my location at the direction of the consulting health care provider. Parent/Guardian Initials: _____

I authorize the release of any relevant medical information about me/my child to provider(s), staff members at Hummingbird Pediatrics, third party payers and other healthcare providers who may need this information for continuing care purposes. Parent/Guardian Initials: _____

By signing this consent form, I hereby acknowledge that I have read and understand the benefits as well as the risks of telemedicine/televisits. I hereby give authorization and consent to the providers and staff at Hummingbird Pediatrics to provide consultation and treatment to my child listed below.

Patient Name: _____ DOB: _____

Parent/Guardian name: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Parent/Guardian email address: _____

Phone Number: _____