

**North Park Pediatrics, LLC**

*4C North Avenue, Suite 403*

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**CONSENT TO PARTICIPATE IN A TELEMEDICINE CONSULTATION/TREATMENT  
DURING COVID-19**

1. I, as the parent or legal guardian, authorize and voluntarily consent to the participation and treatment of my child or legal dependent in a Telemedicine Consultation and/or treatment with North Park Pediatrics.
2. I understand that as a participation patient, my medical provider and I will communicate by videoconferencing. I understand that medicine is not an exact science and there are no guarantees that can be made regarding outcomes and results of these examinations and treatments.
3. It has been explained to me how the video conferencing technology will be used to conduct a visit. I understand that this visit will not be the same as an in-person visit due to the fact that my child will not be in the same room as the healthcare provider at the distant site. I also understand that I have the option to see a provider in person, if I chose.
4. I further understand that there are potential risks to telemedicine, including but not limited to, interruptions, unauthorized access and technical difficulties. I understand that either the healthcare provider or I can discontinue my child's telemedicine health visit if it is felt that the videoconferencing connections are not adequate for the situation.
5. By acknowledging this consent, I authorize North Park Pediatrics to release any relevant medical information pertaining to my child's medical condition and medical care to my insurance company or any other agent that may be responsible for paying my medical bills.
6. I understand that I have the right to withdraw my consent at any time.
7. I have read (or have had read to me) this document carefully, and hereby consent to participate in the Telemedicine consultation/services under the terms described above.