



Children First, Inc
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COVID-19 update/sick visit telemedicine options.

To comply with public health officials guidelines on how to prevent the spread of the disease, sick visits are being conducted via telemedicine to patient/parent whom prefer this option.

Currently COVID-19 is a reportable disease in Virginia. As a health provider, we are required to report all suspected and confirmed cases to the local health department. Current guidelines are to contain the virus by quarantine.

The CDC and Virginia Health department recommend that healthcare providers exposed to patients suspicious of being infected with COVID-19 should wear protective equipment including N95 masks, face shields, gloves and disposable gowns. Patients should also be put in isolation room (found in hospitals) and with the supply shortage we cannot guarantee that we can comply with all recommended guidelines, but we are doing our best in keeping our patients healthy and safe.

Please understand that as commercial testing becomes more available, the number of positives cases will go up not because a shift in the virus but because the number of people tested. Any person in contact with confirmed positive cases of coronavirus are subject to 14 days quarantine. For our small office this would require closing for 2 weeks per contact with a patient who tests positive for COVID-19.

In light of this information, we will be conducting certain sick visits via telemedicine or audio conference. Based on the patient's health history and current symptoms, our physician will determine which patients can be taken care of via telemedicine or audio conference.

Coronavirus causes an upper respiratory infection and has the same symptoms of any other upper respiratory infection. If you have cold and flu symptoms, please call the office before coming to an appointment or to schedule a telemedicine visit. Cold and flu symptoms include fever, chills, sweats, cough, sneezing, shortness of breath, runny nose, body ache, sore throat. Telemedicine requires your consent and the items listed below in order to schedule an appointment. Please understand we will not be able to complete the appointment without the requirements below. Cancellation due to not having the requirements will be subject to late cancellation/no show fee. Co-pay and deductibles will also apply as any regular visit. For patients covered under the FAMIS program, co-pays are being waived until the state of emergency is lifted.

Requirements for telemedicine appointment

- Computer w webcam or smart phone
- Register Healow patients portal account
- Download the Healow app from the app store
- Thermometer to measure your child's temperature
- Height and weight of the patient

If you have any question about please don't hesitate to call us at 703-441-8998 or e-mail us at childrenfirstdumfries.com

Thank you

Children First, Inc

Patient's full name _____ DOB _____
 Insurance name & ID _____
 Patient's full name _____ DOB _____
 Insurance name & ID _____
 Patient's full name _____ DOB _____
 Insurance name & ID _____
 Patient's name and ID _____ DOB _____
 Insurance name & ID _____

- 1- **PURPOSE:** The purpose of this form is to obtain your consent to participate in a telemedicine consultation in connection with medical care for your child/children using electronic devices such as smart phones, tablets and computers via HEALOW code **JCBFCA** (Hipaa approved), ZOOM or DUO (non Hipaa approved) appts.
- 2- **NATURE OF THE TELEMEDICINE CONSULT:** during your telemedicine consultation,
 - Detail of your medical history, examination, x-rays, or test may be discussed with other healthcare staff through the use of interactive video, audio, and telecommunication technology
 - A physical examination of you may take place
 - A non medical technician may be present in the telemedicine studio to aid in the video transmission.
 - Video, audio and recording may take be taken of you during the procedure/service.
- 3- **Medical information and records:** All existing laws regarding your access to medical information and copies of your Medical records apply to this telemedicine consultation. Please note, not all telecommunications are recorded & stored. Documentation of the entire encounter is stored in our (EMR eClinicalworks)system.
- 4- **CONFIDENTIALITY:** Reasonable and appropriate efforts have been made to eliminate any confidentiality risk associate with the telemedicine consultation, and all existing confidentiality protections under federal and Virginia state law apply to information disclosed during this telemedicine consultation.
- 5- **RIGHTS:** You may withhold or withdraw consent to the telemedicine consultation at any time without affecting your right to future care or treatment, or risking the loss or withdrawal of any program benefits to which you could otherwise be entitled
- 6- **DISPUTE:** You agree that any dispute arriving from this telemedicine consult will be resolved in Virginia and Virginia law shall apply to all disputes.
- 7- **RISKS, CONSEQUENSES AND BENEFITS:** You been advised of all the potential risks, consequences, and benefits of telemedicine discussed with you. You had the opportunity to ask questions about the information presented on this form and the telemedicine consultation. All your questions have been answered, and you understand the written information provided above.
- 8- **Requirements:** Electronic device w camera
 Register HEALOW patient's portal account (must provide us your e-mail address to activate your acct)
 Download the HEALOW app from the app store
 Thermometer to measure your child's temperature

I agree to participate in a telemedicine consultation on behalf of my child named above.

Name: _____ **Relationship** _____

Signature _____ **Date** -----