Sydney Psoriasis
Skin Clinics

Psoriasis Eczema
Dermatitis Acne
Fungal Pityriasis
Rosacea Ichthyosis

ZOOM REMOTE WEB CONFERENCING CONSENT FORM

The following section provides you with links to specific sections of the document, to enable easier reading of it, but you should read this document in its entirety, complete the actual form at the bottom, and then return the whole 3-page document to us prior to your appointment.

If you have any issues or concerns at any time with using **Zoom** or other Audio/Visual applications on your computer or smartphone, then the **backup plan is always a Phone Consultation, where you ring us at the exact appointment time instead**.

1) **Written Consent Required**
2) **Privacy and Confidentiality**
3) **Technical Issues**
4) **Consultation, Product and Post Costs**
5) **Sylvania is Primary Clinic**
6) **Authority**
7) **Authority Expiry Date**
8) **FORM**

WRITTEN CONSENT IS A REQUIREMENT OF AUDIO-VISUAL CONSULTATIONS

A requirement of our Association and legal advisers is that we MUST have a consent form signed by every participant who wishes to have an appointment via AV web conferencing. It is not sufficient indication of consent to just send us photos beforehand and then connect to your ZOOM conference with our Practitioner.

It is a condition of us providing this service that you complete and return the form below to us by email, prior to the first appointment, in order to provide your written informed consent that you permit us to consult with you and obtain, use, disclose and transmit information through an audio-visual mechanism over the internet. Back

PRIVACY & CONFIDENTIALITY

I understand that the audio-visual consultations will be private meetings between the practitioner (as host) and I, and that no part of the consultation will be recorded, but I consent to the sharing of photos and documents between I and the practitioner, including but not limited to any agreed exchanges before, during or after the consultation of photos, screen prints, bloodwork or other professional reports or results etc.

Additionally I understand that, unless agreed further at the time of my web conference, regarding any technical assistance etc required, the only persons present in the online room for any meeting will be me personally, anyone that I have in the room in which my device is currently active, and the practitioner who is hosting the meeting.

No other person will be present for the duration of the consultation without my explicit consent. Should your technical person or another staff member need to enter the room to deal with any technical or other issue, I will be informed of their entry departure and when the consultation room is again securely closed. I am aware that the technical nature of the Zoom program is one that restricts online entry only to those who have authority to be in the online room, and the host has information on the dashboard regarding any others currently in the online room.

I understand that you have appropriate technology to conduct online audio-visual consultations such as antivirus, security software, encrypted router and a technical support person onsite to assist in maintaining confidentiality. Back

TECHNICAL ISSUES – CONVERT BACK TO PHONE CONSULTATION

I further understand that it is in my interests to utilise the full web conferencing system as it will greatly assist in clearer appraisal and understanding of the state of my lesions, but in the event that there is a technical issue (internet connectivity, bandwidth etc that is insufficient to support audio and video quality etc) which cannot be remedied prior to or at the time of the consultation, or if I decide at any time to not consult via this audio-visual means, I may convert the consultation(s) to Phone Consultation(s) instead.

Should there be a technical issue with my device, or the Zoom program, that cannot be remedied during the consultation, even with the remote assistance of your technical person on-site, I hold the practitioner and Sydney Psoriasis Skin Clinics blameless and I agree to call back to continue as a Phone Consultation instead. Back

CONSULTATION, PRODUCT & POST COSTS

All consultations require a consultation fee to be paid and Phone/Web consultation fees are the same cost as personal visits. I agree to pay this fee along with the cost of prescribed medicines, topical products agreed upon, and the cost of postage to my address, and I agree to do so either before or at the time of the consultation(s).

I accept that this audio-visual consultation is in lieu of a personal visit and occupies a specific time period that is specifically reserved for me and a fee is payable should I not present or reschedule in a timely manner. I am also aware that the practitioner continues with appointment-related activities, calculations of dosages etc and writing of prescriptions even after the face-to-face side of the consultation has ceased, and then my order will be posted by eParcel. I further understand that costs of medicines, topical products and post will, where uncomplicated, normally be determined and communicated during the consultation.

I am aware that a consultation fee normally applies for any booked meetings, unless there are at least 8 clear ***working*** hours (between 9.00am and 5.30pm) provided by me requesting to cancel or reschedule that appointment. Back

SYLVANIA IS PRIMARY CLINIC AS NORTH SYDNEY IS CURRENTLY CLOSED

I understand that all calls and emails for both clinics come only to the Sylvania Main clinic, and all files for both clinics are securely stored at Sylvania. Additionally, I am aware that all orders of medicines and topical products, regardless of which clinic I have been associated with in the past, will be sent from the Sylvania clinic via courier, which at this time are being distributed by AUSPost secure eParcel means. I am aware that the North Sydney room is currently closed and that no pickups of any products are possible from that clinic for the time being. Back

AUTHORITY

I am the patient named above, (or I am the parent/legal guardian of the patient and I answer as though I am that patient) and I hereby consent to taking part in online audio-visual consultations with Moree Coburn of Sydney Psoriasis Skin Clinics, or other practitioner as agreed, in order for that practitioner to provide advice to me, as well as treatment medicines and topical products for my skin condition, as discussed in any consultations.

I accept that if the patient is under 18 years, then I, the parent/guardian, additionally on my own part, consent to this agreement both on behalf of the underage patient, and as the parent/guardian, and I further agree that either I or another parent/guardian responsible for the minor patient will be **present during the *entire* consultation(s)**. Back

AUTHORITY EFFECTIVE FOR 12 MONTHS

This authority will be effective for 12 months and will renew automatically for another 12 months if I return at a future time for another treatment period. I understand that I may cancel at any time by simply advising in writing, and the authority will then cease from that date of receipt, as far as any future consultations are concerned. Back

We understand that the experience and comfort of Patients with the use of audio-visual equipment and computers will be variable and the experience may impact on their likelihood to embrace the concept of using online audio-visual technology. We would like to make clear that should you have any issues with using this technology, then you should not feel compelled to consent to do so – your consultation(s) can just remain as Phone Consultation(s). Unfortunately, Phone Consultations are not possible for New Patients.

I understand that should I be unsure of anything contained in this document, or their potential ramifications, then I will either discuss it with my legal advisor, or decide not to do so, in any case **prior to attending consultation(s).**

I have read this document in its' entirety and I consent to all its' contents. Back

CONSENT FORM - WEB CONFERENCE MEETING - SYDNEY PSORIASIS SKIN CLINICS
NOTE: New Patients using AV conferencing will need to have their identity verified to the practitioner's satisfaction (e.g. Sight of Photo ID/recording of number) before the online audio-visual consultation is provided.
Patient FIRST Name:
Patient LAST Name:
Patient Date of Birth:
Photo ID TYPE and NUMBER (NEW PATIENTS ONLY):
Address to send parcel to:
Town /Postcode:
Credit Card Number:
Credit Card Expiry Date:
Todays' DATE:
Signed by PATIENT (Enter Name & email reply):
Signed ALSO by parent/guardian (Enter Name):

Back

***** DON'T FORGET TO **SAVE**THE FORM ONCE YOU HAVE ENTERED THE INFORMATION ABOVE *****

***** IF YOU CAN, NAME THE FORM WITH THE PATIENT NAME AND RETURN IT BY EMAIL TO US *****

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