

COLUMBUS HOSPITAL ,BEGUMPET HYDERABAD ----500016

Consent for ONLINE CONSULTATION

TELECONFERENCING

I HAVE READ THE TELECONSULTATION GUIDELINES AND AGREE TO THE SAME

I understand that I have been told that a face to face consultation will have a better advantage than teleconferencing in outcomes and information gained by the doctor to fully make an assessment ,as all my physical symptoms will not be available for the doctor to examine .

I understand that confidentiality cannot be assured when using a third party as a provider for the facility.

I agree that fee will be transferred at least 3 days before the next session. The fee details have been shared with me .

In case we agree that fee will be transferred by another party , I authorize the doctor to contact third party for fee related issues

I understand that during this period , I will be following up with Dr _____ at _____
_____ Tel _____ E mail _____.

I understand that keeping my best interests either doctor can contact each other for providing the required help to me.

Name _____ TEL _____ DATE _____

Address _____

Nominated Representative with address ,email and phone number _____

SIGNATURE