

Lakeview Pediatrics Telehealth

Telehealth, or a “virtual visit”, is a consultation with one of our physicians via video conferencing. **This is something we are offering at a time when we are trying to minimize face-to-face interactions in the interest of keeping your family and community healthy.**

Virtual visits are convenient, allow your child to be seen without coming into our office, and provide care by your regular pediatrician (who knows your child’s full history, and has access to their medical chart.) However, as we cannot listen to your child’s lungs or see their ears, we may not be able to fully evaluate ear pain and significant coughs in a virtual visit, and we may not be able to assess concerns that require laboratory evaluation, such as urinary tract infections and strep or flu testing, with a virtual visit alone. *It is possible that after video-conferencing, the doctor may ask you to bring your child in for an **in-person sick visit** if we need to perform a physical exam or specific test that reaches beyond the abilities of video conferencing.*

Virtual visits are not for all conditions. Our doctors and triage nurses will work together to determine which type of visit is most appropriate for the safety and health of your child.

Scheduling:

Appointments for telehealth visits can be made with our triage nurses - the specific times will be determined based on need and the availability of the physicians.

Payment:

Telemedicine parity laws require private payers to pay for telemedicine services the same way they would in-person services. Unfortunately, Illinois does not have a private payer parity law yet, so coverage by private payers isn't mandated. However, in light of Coronavirus, many insurers are now offering payment. For now our virtual visits will be charged a fee comparable to that of an office visit, based on complexity of the issue addressed.

We will bill your insurance company, as we do with other visits, and like those, you will be responsible for the balance. If you do not submit charges to insurance, we are able to provide a prompt pay discount, if paid within 24 hours.

How to join a call that has been scheduled for you

We are providing video conferencing through doxy.me, a free video conferencing platform that is HIPAA secure. All data is encrypted, your sessions are anonymous, and none of your information is stored.

No need to download software or create an account. Just use a browser (preferably Chrome) on a computer, smart phone or device with a camera and microphone.

To connect with your doctor, the triage nurse will email you a link and you can sign on as directed during a specified period of time (i.e. 10:30-10:45 am) to join the doctor for a video call. The office will assign you the physician link (for example, doxy.me/vpdrjenn)

Lakeview Pediatrics Telehealth Patient Consent Form

GETTING STARTED FOR PATIENTS

How to check in for your video visit

1 Use a computer or device with camera/microphone



2 Enter your clinician's doxy.me web address into the browser



3 Type in your name and click check in



4 Allow your browser to use your webcam and microphone



5 Your care provider will start your visit

Call Tips

- Have a good Internet connection
- Restart your device before the visit
- Use the **Start Visit** button in the waiting room
- Need help? Send us a message <https://doxy.me>

Lakeview Pediatrics

1333 W. Belmont Ave, Suite 310
Chicago, IL 60657
t. 773-880-1738

Lakeview Pediatrics Telehealth Patient Consent Form

I, (name) _____ agree to receive this health care service.

A Telehealth service means that a doctor at Lakeview Pediatrics has determined that a telehealth visit is appropriate and will happen by using HIPAA compliant video conferencing. This consent is valid for one year for follow-up telehealth services with the health care providers at Lakeview Pediatrics.

I also understand that:

- I can decline the Telehealth service at any time without affecting my right to future care or treatment, and any program benefits to which I would otherwise be entitled cannot be taken away.
- I may have to travel to see a health care practitioner in-person if I decline the Telehealth Service.
- The same confidentiality protections that apply to my other medical care also apply to the Telehealth service.
- I will have access to all medical information resulting from the Telehealth service as provided by law.
- The information from the Telehealth service (images that can be identified as mine or other medical information from the Telehealth service) cannot be released to anyone else without my additional written consent.
- I will be informed of all people who will be present at all sites during my Telehealth service.
- I agree to an “in-person” visit if the doctor decides is necessary.
- Telemedicine parity laws require private payers to pay for telemedicine services the same way they would in-person services. Unfortunately, Illinois does not have a private payer parity law yet, so coverage by private payers isn't mandated. However, in light of Coronavirus, many insurers are now offering payment. For now our virtual visits will be charged a fee comparable to that of an office visit, based on complexity of the issue addressed. We will bill your insurance company, as we do with other visits, and like those, you will be responsible for the balance.
- Therefore, by signing this consent, I am giving permission to release information to my insurance company or third party payer.

I have read this document carefully, and my questions have been answered to my satisfaction. I understand that this consent is valid for the children listed below for 1 year from date signed.

Signature of Patient (if 18 or older) _____ Date _____

Signature of Parent or Legal Representative (if patient under 18) _____ Date _____

If other than patient, relationship to patient _____

Patient Name: _____ Date of Birth: _____

Patient Name: _____ Date of Birth: _____

Patient Name: _____ Date of Birth: _____

Patient Name: _____ Date of Birth: _____

Telehealth Consent (for Office Use Only):

Signature of Person Obtaining Consent _____ Date _____

Facility Name: Lakeview Pediatrics, LLC

Facility Address: 1333 W. Belmont Ave, Suite 310, Chicago, IL 60657