

MYCHOP VIDEO/ CONSENT AND ACKNOWLEDGEMENT

MyCHOP Video is a Web-based telemedicine service sponsored by The Children’s Hospital of Pennsylvania (“CHOP”) that is located on the MyCHOP platform for use by CHOP patients and their physicians. This Consent and Acknowledgement describes your rights and responsibilities with respect accessing and receiving healthcare services via telemedicine technologies. *Each of the [MyCHOP Terms and Conditions of Use](#), the [MyCHOP Privacy Policy](#) and the [CHOP HIPAA Notice of Privacy](#) apply to MyCHOP Video users.* Use of MyCHOP Video Visit is subject to this MyCHOP Video Consent and Acknowledgement. By pressing “Begin Video Visit,” you certify that you are the patient’s parent/legal representative or the patient and that you agree to the terms of this Consent and Acknowledgement.

- MYCHOP VIDEO SHOULD NEVER BE USED FOR EMERGENCIES. PLEASE CALL 911 OR VISIT YOUR LOCAL EMERGENCY SERVICES PROVIDER IN AN EMERGENCY SITUATION.
- MYCHOP VIDEO SHOULD NEVER BE USED IF YOU HAVE URGENT HEALTH-RELATED QUESTIONS. PLEASE CALL OR VISIT YOUR HEALTHCARE PROVIDER IN AN URGENT SITUATION.

I acknowledge and agree to the following:

1. MyCHOP Video is a telemedicine service that connects CHOP physicians with existing patients for follow-up visits via interactive, live-streaming audio and video. MyCHOP Video is offered to CHOP patients so that they may obtain services at convenient locations and to allow the patient and his/her physician to exchange health and other information confidentially through electronic means. The patient’s physician will decide if telemedicine is appropriate for the patient and will discuss the proposed care, treatment and specific services offered through telemedicine with you.
2. In a MyCHOP Video visit, the physician is located in a CHOP facility (distant site) and the patient is located in another location (originating site), and the two sites may be located in different states and be subject to different state laws that may impact, for instance, your physician’s ability to prescribe certain medications.
3. CHOP or the physician must collect certain information from you. For example, the physician may ask you for personal and medical information, such as patient name to verify identity or insurance information, information on the patient’s current condition or medical history, consent to a specific treatment, and/or confirmation of the patient’s address, including state. Any information that you provide to the physician or CHOP related to the visit must be truthful, accurate, complete and updated health information, or the quality and effectiveness of the services provided may be affected.
4. The decision to participate in a MyCHOP Video visit is voluntary, and you can terminate the use of MyCHOP Video at any time. CHOP and the physician may also terminate a telemedicine visit or your use of MyCHOP Video for any reason including, but not limited to, the physician’s decision that the patient should be seen in person; your or the patient’s unwillingness or inability to properly use MyCHOP Video; or concerns about the equipment.
5. The CHOP physician conducts the video visit as he/she decides is appropriate and determines the diagnosis and treatment.
6. The physician may request assistance from facility staff, a caregiver or you (if you are the parent/guardian) at the patient’s location to facilitate the services, or may request that you (if you are the parent/guardian) not be present for the video visit. Because the physician is located at a CHOP facility, there may be other CHOP personnel, such as nurses, who are present at or able to view the visit without your knowledge.
7. You are solely responsible for any sharing of information that you intentionally or unintentionally communicate to non-CHOP people during your video visit. Therefore, use of MyCHOP may not be appropriate if there is sensitive information that you would only wish to discuss directly with your/your child’s provider.

8. **YOU UNDERSTAND THAT THE [MYCHOP TERMS AND CONDITIONS OF USE](#), THE [CHOP PRIVACY POLICY](#) AND THE [CHOP HIPAA NOTICE OF PRIVACY](#) APPLY TO YOUR USE OF MYCHOP VIDEO INCLUDING BUT NOT LIMITED TO ALL TERMS REGARDING SECURITY, NO WARRANTIES, AND LIMITATIONS OF LIABILITY. YOU ACKNOWLEDGE THAT YOU HAVE CAREFULLY REVIEWED AND AGREE TO THE [TERMS AND CONDITIONS OF USE](#), [CHOP PRIVACY POLICY](#) AND [CHOP HIPAA NOTICE](#) PRIOR TO ANY USE OF MYCHOP VIDEO. IF YOU DO NOT AGREE TO TERMS IN THESE POLICIES, YOU SHOULD NOT USE THE MYCHOP VIDEO.**
9. You agree to follow the instructions for the use of the MyCHOP Video. Other than information received directly by the CHOP physician or other care provider, no information provided on or through the MyCHOP or MyCHOP Video shall be treated as medical advice.
10. The audio and images transmitted during a MyCHOP Video visit may be stored by CHOP in the patient’s medical record and are used, maintained, shared and secured like any other protected health information (“PHI”) under HIPAA. In general, CHOP may use or disclose any PHI obtained during a MyCHOP Video visit without your consent for treatment (including with non-CHOP treating providers), payment, internal operations and other purposes, such as required by law. Please see CHOP’s Notice of Privacy for more information on how CHOP protects PHI.
11. CHOP complies with the law and best industry practices to provide for the security of a MyCHOP Video visit. However, no system can perfectly guard against risks such as a breach caused by an intentional intrusion, inadvertent disclosure of information, or the failures or limitations of equipment used to transmit relevant data that could cause delays in or the inability to provide evaluation or treatment.
12. If you have any questions regarding MyCHOP Video or this Consent and Acknowledgement, prior to checking the box below, please contact DigitalHealth@email.chop.edu. By accepting the MyCHOP Video Consent and Acknowledgement terms, you acknowledge that you have had any questions answered prior to initiating a MyCHOP Video Visit. CHOP recognizes that you may have additional questions at the time of a telemedicine visit, and you will be offered the opportunity to have these questions answered at that time.
13. This Consent and Acknowledgment applies to each telemedicine visit through MyCHOP Video. You will be asked to provide a separate consent as required under law and CHOP policy, such as for an invasive procedure.
14. If you are agreeing to the terms of this Consent and Acknowledgment on behalf of the patient, you have appropriate legal authority as a parent or legal guardian. The MyCHOP Video website is not directed at children under 13 (even if the patient is under 13). This means that if you are the parent or legal guardian acting on behalf of the patient who is under 13, you are considered to be the exclusive user of MyCHOP Video, and any and all information provided on MyCHOP Video on behalf of the patient is provided solely by you.
15. CHOP wants to provide the best care for you and your family. Your suggestions help us to improve our services. If you wish to file a complaint regarding the care provided during a MyCHOP video visit, as a first step, you may ask to speak with your providers or department manager about concerns or compliments. You may also direct your concerns to the Family Relations Office by:

Phone: 267-426-6983

Fax: 267-426-7412

Email: familyrelations@email.chop.edu.

On a mobile device:



Mail: Family Relations Office
The Children’s Hospital of Philadelphia
34th Street and Civic Center Boulevard
Philadelphia, PA 19104