



Turnbull Medical Building
170 Simcoe Street Suite 302
Peterborough, Ontario K9H 2H7
Tel: 705.741.1191
Fax: 705.741.1192
pregnancy.clinic@peterboroughfht.com

Consent for virtual appointment

I, _____ DOB: _____
(print full name)

of _____ EDC: _____
(address)

Our clinic is starting to offer virtual care to make sure that we can continue to care for our patients safely and effectively. This means that we will be using video and audio technologies for some patient visits rather than asking all patients to come into our office. Some of these technologies are provided by the Province.

We do our best to make sure that any information you give to us during virtual care visits is private and secure, but no video or audio tools are ever completely secure. There is an increased security risk that your health information may be intercepted or disclosed to third parties when using video or audio communications tools.

Some health concerns can be addressed with virtual care alone, but in some cases your doctor may ask you to visit a hospital or other health care facility if necessary, for a physical examination.

I understand that this method of communication is not secure in the same way as a private appointment in an exam room. If it is determined that I require a physical exam, I understand that I will need to be assessed in person, and that virtual care is not a substitute for attending the Emergency Department if urgent care is needed. I give my consent to proceed with Virtual Care appointments.

(patient signature)

(month/date/year)

(name and signature of witness)

(month/date/year)