



PLASTIC SURGERY, REGENERATIVE AND MEDICAL SPA

Virtual Consultation Consent Form

Date:

Physician Printed Name:

Physician Signature:

Informed Consent for Virtual Consultation

1. Introduction to Virtual Consultation

I, the undersigned, acknowledge that DrSkin Med Spa, LLC, (the "Practice"), has extended an invitation for me to participate in a virtual consultation with Dr. Rohit Jaiswal, MD, to assess my candidacy for the specific surgery or procedure I am considering. This consultation aims to facilitate an initial evaluation and discussion regarding the medical options available to me.

2. Distinction Between Virtual and In-Person Consultation

I recognize that a virtual consultation differs significantly from an in-person consultation. In this remote setting, I will not be physically present in the same room as Dr. Rohit Jaiswal, MD. The nature of a virtual consultation inherently limits the direct, hands-on examination and physical interaction typically afforded during an in-person visit.

3. Risks Associated with Virtual Technology

I understand and accept that virtual consultations inherently carry potential risks related to the use of video and remote communication technology. These include, but are not limited to, interruptions, technical difficulties, and connectivity issues. Despite DrSkin Med Spa's best efforts to ensure a seamless experience, I acknowledge that unauthorized access or cybersecurity breaches are possible in this digital environment.

4. Discontinuation of Consultation Due to Technical Limitations:

I further acknowledge that either Dr. Rohit Jaiswal, MD, or I may decide to discontinue the virtual consultation at any point if the video conferencing technology proves inadequate for the consultation's continuation or if other concerns arise that hinder the effectiveness or completion of the session. My safety and the quality of care are paramount, and the consultation may be halted for these reasons or for any other issue deemed necessary by either party.

5. Sharing of Medical Information

I understand that during the consultation, my medical history, photographs, and other relevant information will be shared with Dr. Rohit Jaiswal, MD, and may also be shared with other members of the DrSkin Med Spa team for purposes of evaluation, scheduling, and billing as necessary. I acknowledge that I have the right to request that certain sensitive aspects of my medical history or physical examination not be shared, and I can make such requests to the Practice ahead of the consultation.

6. Limitations of Virtual Consultation

I am aware that a virtual consultation, while useful for initial assessments, has inherent limitations and may not allow for a comprehensive evaluation or full examination. Consequently, should I decide to proceed with surgery or any medical procedure with Dr. Rohit Jaiswal, MD, I understand that I may be required to undergo an in-person consultation and physical examination prior to any surgical intervention.

7. Emergency Referral and Termination of Care

In the event of an emergency or if my care requires specialized attention beyond the capabilities of the virtual consultation, I understand that DrSkin Med Spa may refer me to another healthcare provider or facility for further evaluation or treatment. I acknowledge that the Practice's responsibility to me concludes upon the termination of the virtual consultation.

8. Risk of Privacy Violations

I am fully aware of the risks associated with any internet-based communication, including the potential for privacy violations or cyber incidents. I understand that DrSkin Med Spa takes appropriate measures to protect my information, yet, as with all digital platforms, there is an inherent risk of exposure that cannot be fully eliminated.

9. Recording of Consultation

I recognize that no recording of the virtual consultation will take place unless explicitly agreed upon by both Dr. Rohit Jaiswal, MD, and me. Should any recording be made, it will only occur with prior, informed consent from both parties involved.

10. Acknowledgment and Consent

I confirm that I have carefully read and fully understand the contents of this informed consent document. I have been given ample opportunity to ask questions regarding the virtual consultation, and my inquiries have been addressed to my satisfaction. I am aware of the potential risks and benefits associated with a virtual consultation and hereby consent to participate under the terms outlined herein.

By signing this document, I affirm my consent to proceed with the virtual consultation with Dr. Rohit Jaiswal, MD, understanding the nature of the consultation, its limitations, and the protocols for managing my healthcare.

Date:

Patient Printed Name:

Patient Signature:

