

# PSV Telemedicine Consent Instructions

## How to complete the consent form prior to your visit



### ESIGN GENIE CONSENT

An initial email will be sent by PSV to the email address that was provided; this email is for the parent/guardian to fill out a consent form for a Telemedicine (Video) visit.

The link will take you to the Esign Genie website. The parent/guardian must enter his/her name and correct email address for the consent form to be valid. Once the name of parent/guardian and email address are entered, click “**SUBMIT.**”

The email listed under patient information can be the same as the parent’s email – an email specific for the patient is not required.

To Parent/Legal Guardian,

You have a scheduled telemedicine visit with **[Provider name]**

Prior to your telemedicine visit with your provider, please click the link below to complete the PSV Telemedicine Consent Form. Once this form has been completed, you will receive a follow-up email with instructions on how to access your video visit with your scheduled provider.

[PSV Telemedicine Consent Form](#)

Thank you for your patience and understanding.

Pediatric Specialists  
of Virginia  
Children's National INOVA

### PSV Telemedicine Consent Form 2020

PLEASE COMPLETE FORM.

\*mandatory fields

Recipient Role/Description **Parent / Legal Guardian**

Your First Name \*

Your Last Name \*

Your Email Address \* Enter your email address

Submit


Read through Instructions and click “ACCEPT.”

### Instructions

1. Review the document(s) in the folder.
2. Fill out or edit any fields that require your input. All mandatory fields are outlined in red.
3. Click on the orange color Next ribbon on the left side of the page and sign.
4. Confirm that you accept the electronic signature(s).


View knowledge base article

🎥 Watch a quick help video

Click the  icon on top right to view these instructions again.

Accept

If desired, the language that Esign Genie directions appear in can be changed at the bottom of the page before clicking “SUBMIT.” (This will not translate the form into another language, only the website instructions.)

 Change Language - English (US) ▾

## CONSENT FORM

Fill out all required fields and read the consent form.

The patient’s full legal name and date of birth are requested multiple times; however, once the information is filled out the first time, it will auto populate into all other required sections on the form.

Folder PSV Telemedicine Con... Required Fields Left 0/0 Janet Sorenson More Actions

PSV Telemedicine Con. Next Required Field

**Pediatric Specialists of Virginia**  
Children's National. INOVA

**CONSENT TO PARTICIPATE IN A  
TELEMEDICINE CONSULTATION/TREATMENT**

Full Name of Parent/Legal Guardian [print name of parent/legal guardian], authorize and voluntarily consent to the participation and treatment of Patient's Full Legal Name [print name of patient] in a telemedicine consultation and/or treatment with -Physician Names- [print name and credentials of practitioner] and other practitioners with Pediatric Specialists of Virginia (PSV). If the parent/legal guardian is giving consent, you are doing so because the patient is a minor or has been determine to be incompetent to give medical consent.

Parent/guardian signature is required at the bottom of the form, as well as the relationship to the patient.

Signature of Person Giving Consent Relationship to Patient Dated/signed Date

PATIENT FULL LEGAL NAME: Patient's Full Legal Name

DATE OF BIRTH: Enter Patient Date of Birth - MM/DD/YYYY

After you sign the document, all helpful instructions will change from red to green to confirm you completed all required fields.

Folder PSV Telemedicine Con... Required Fields Left 0 Janet Sorensen Change Sign More Actions

PSV Telemedicine Con... Finish

person at a PSV location.

10. I understand that I have the right to withdraw my consent at any time. If at any time I am not satisfied with the services rendered, I may file a complaint with the Clinic Manager.

11. I have read (or have had read to me) this document carefully, and hereby consent to participate in the telemedicine consultation services under the terms described above.

Confirm Signing

First and Last Name Father 11-11-2021  
Signature of Person Giving Consent Relationship to Patient Date

PATIENT FULL LEGAL NAME: name  
DATE OF BIRTH: 01012020

Click on either **FINISH** or **CONFIRM SIGNING**. A confirmation box will appear, check the box and click **“CONFIRM.”** The form is automatically sent back to PSV. Parents/Guardians will have the option to **DOWNLOAD** or **PRINT** the document. If neither is desired, select **CLOSE**.

Folder PSV Telemedicine Con... Required Fields Left 0 Janet Sorensen

PSV Telemedicine Con... Confirm Signature

10. I understand with the servi... e I am  
with the servi... e I am

11. I have read ( the telemedic... to part

Confirm Signing

First and Last Name Father 11-11-2021  
Signature of Person Giving Consent Relationship to Patient Date

PATIENT FULL LEGAL NAME: name  
DATE OF BIRTH: 01012020

I understand and accept that electronic signatures and records are just as good as their paper equivalents, and therefore subject to the same legal scrutiny of authenticity that applies to paper documents. [Click HERE to confirm.](#)

Review Documents Confirm

If any challenges are encountered, please see additional documentation for help by clicking the link below.

[PSV Guidance for Telemedicine](#)

Pediatric Specialists  
of Virginia

