PSV Telemedicine Consent Instructions
How to complete the consent form prior to your visit

**DOCUSIGN 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.

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.

The link will take you to the DocuSign website. It is critical that the patient’s full name is entered on this initial page, as well as within the form in order for the consent to be valid. Once both the parent/guardian name and email address as well as the patient’s full legal name are entered, click “BEGIN SIGNING.”

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

If desired, the language that DocuSign directions appear in can be changed at the bottom of the page before clicking “Begin Signing.” *(This will not translate the form into another language, only the website/instructions.)*
POPP UP WINDOWS

Three pop ups will appear that must be addressed before the parent/guardian may begin signing.

1. **Allow Cookies:** This site requires cookies and they must be accepted. This is located at the very top of the page; click **OK**.

2. **FINISH LATER Option:** This pop up is notifying the signer of the option to finish at a later time if necessary. Click **“GOT IT”** to close this pop up.

3. **AGREE to Electronic Records and Signatures:** The signer must **check the accept box** to agree to use an electronic record and signature for this document. Once selected, hit **CONTINUE**.

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.

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

After you click “**Sign**,” the next screen will ask you to verify the parent/guardian signature and initials. Click **“ADOPT AND SIGN”** at the bottom of the box once the Full Name and Initials field are filled out/confirmed. Then click **FINISH**.

Once signed, a confirmation box will appear. The form is automatically sent back to PSV. Parent/guardians will have the option to **DOWNLOAD** or **PRINT** the document. If neither is desired, select **CLOSE**.
If any challenges are encountered, please see additional documentation for help by clicking the links below.

PSV Guidance for Telemedicine