

Virtual EyeCare TeleHealth Informed Consent Form

EFFECTIVE 12/2022

1. I attest that I am about to undergo a Telehealth consultation.
2. I understand this consultation will not be the same as a direct patient/health care provider visit due to the fact I will not be in the same room as my health care provider. Instead, video conferencing will be used to communicate during the examination.
3. I understand I am waiving my right to have my eyes dilated, which may limit the doctor's view of the far peripheral areas of the retina. I understand my Virtual EyeCare doctor may recommend I see another provider for an eye dilation based on standard of care, and that cost is at my expense.
4. I understand that a Telehealth eye exam is not appropriate for all patients, and Virtual EyeCare will do their best to let me know if I am NOT a good candidate for such an exam and they will help refer me to an appropriate provider if needed.
5. Circle appropriate responses to following statements?
 - A) Poorly controlled diabetes: YES NO
 - B) New onset floaters or flashing lights in my vision: YES NO
 - C) I am aware that my eyeglasses prescription is over -8.00 strength. YES NO
 - D) I have not noticed any sudden loss of vision in one or both eyes CORRECT INCORRECT
 - E) I do NOT wear Rigid gas permeable contact lenses: CORRECT INCORRECT
 - F) I am NOT experiencing any double vision CORRECT INCORRECT
6. I am aware if my Virtual EyeCare doctor finds possible problems that require further diagnosis and treatment, I may be referred to other providers, and any fees charged by those providers are 100% my own responsibility.
7. If I am a new contact lens wearer, I am aware that Wal-Mart staff are not allowed to touch my eye. If I am unable to remove the contact lenses during my training, I may have to pay for another clinic to remove my lenses – or visit an emergency room for treatment. I would be responsible for any charges for those services.

By signing below, I am signing the consent and certify:

- that I have read this form or had it explained to me
- that I fully understand its contents
- that I have had an opportunity to ask questions and any questions have been answered to my satisfaction
- that I choose to proceed with a Telehealth examination with Virtual EyeCare optometry providers.

DATE: _____

PRINT NAME: _____

SIGNATURE: _____