

**MyCHOP VIDEO  
CONSENT AND ACKNOWLEDGEMENT**

**MYCHOP VIDEO SHOULD NEVER BE USED FOR EMERGENCIES OR IF YOU HAVE URGENT HEALTH-RELATED QUESTIONS. FOR EMERGENCIES, PLEASE CALL 911 OR VISIT YOUR LOCAL EMERGENCY SERVICES PROVIDER. FOR URGENT SITUATIONS, PLEASE CALL OR VISIT YOUR HEALTHCARE PROVIDER.**

MyCHOP Video is a Web-based telemedicine service sponsored by The Children’s Hospital of Philadelphia (“CHOP”) that is located on the MyCHOP portal for use by CHOP patients and CHOP providers. This Consent and Acknowledgement describes your rights and responsibilities with respect to accessing and receiving healthcare services via telemedicine technologies. Each of the [MyCHOP Terms and Conditions of Use](#), the [MyCHOP Privacy Policy](#) and the [CHOP HIPAA Notice of Privacy Practices](#) apply to MyCHOP Video users. Use of MyCHOP Video Visit is subject to this MyCHOP Video Consent and Acknowledgement. By pressing “Begin Video Visit,” you certify that you are the patient’s parent/legal guardian or you are the patient and can provide valid consent for yourself, that you agree to the terms of this Consent and Acknowledgement, and that you have received and reviewed the [CHOP HIPAA Notice of Privacy Practices](#), which is available at: [www.chop.edu/patients-and-visitors/protecting-patient-privacy](http://www.chop.edu/patients-and-visitors/protecting-patient-privacy). You also have the right to receive a paper copy (if a paper copy has not already been provided to you) of the [CHOP HIPAA Notice of Privacy Practices](#) by contacting the CHOP Privacy Officer at 267-426-6044 or by mail at Children’s Hospital of Philadelphia, Attention: Privacy Officer, 3401 Civic Center Blvd., Philadelphia, PA 19104. You further agree that pressing “Begin Video Visit” and connecting to MyCHOP Video shall constitute your digital signature to this written Consent and Acknowledgement.

**I acknowledge and agree to the following:**

1. MyCHOP Video is a telemedicine service that connects CHOP providers with patients for visits via interactive, live-streaming audio and video. MyCHOP Video is offered to patients so that they may obtain services at convenient locations and to allow the patient and provider to exchange health and other information confidentially through electronic means. The patient’s provider will decide if a video visit is appropriate for the patient and will discuss the proposed care, treatment and specific services offered through video with the patient. **Please be advised that there may be limitations to the care, treatment and/or services provided through MyCHOP Video as MyCHOP Video is limited to audio-visual only and does not allow for physical interactions between the patient and provider.**
2. In a MyCHOP Video visit, the provider is located in one location, e.g., a CHOP facility (called the “distant site”) and the patient is located in another location (the “originating site”), and the two sites may be located in different states and be subject to different state laws that may impact, for instance, your provider’s ability to prescribe certain medications.
3. For example, some states like New Jersey may require an in-person exam prior to prescribing controlled substances. These states may also provide an exception where a provider can prescribe controlled substances to a minor patient if the patient’s parent/legal guardian expressly waives the need for an in-person exam prior to the prescription. By pressing “Begin Video Visit” and connecting to MyCHOP Video, you agree to and waive any applicable in-person exam requirements and you expressly agree to allow the provider to prescribe controlled substances, if medically appropriate, to the minor patient based solely on a MyCHOP Video visit without an in-person exam. You also agree that pressing “Begin Video Visit” and connecting to MyCHOP Video shall constitute your digital signature to this written consent and waiver of any applicable in-person exam requirements.
4. CHOP or the provider must collect certain information from you. For example, the provider may ask you for personal and medical information, such as patient name to verify identity or insurance information, information on the patient’s current condition or medical history, consent to a specific treatment, and/or confirmation of the patient’s address, including state. Any information that you provide to the provider or CHOP related to the visit must be truthful, accurate, complete and updated health information, or the quality and effectiveness of the services provided may be affected.
5. The decision to participate in a MyCHOP Video visit is voluntary, meaning you can choose to end the use of MyCHOP Video at any time and request an available alternative. Your decision whether to participate in a MyCHOP Video visit will not affect your current or future relationship with CHOP or your provider, or your ability to access other available services in the future either through telemedicine or face to face. CHOP and the provider may also end a video visit or your use of MyCHOP Video for any reason including, but not limited to, the provider’s decision that the patient should be seen in person; your or the patient’s unwillingness or inability to properly use MyCHOP Video; or concerns about the equipment.

6. The CHOP provider conducts the video visit as he or she decides is appropriate and determines the diagnosis and treatment.
7. The provider may request assistance from facility staff, a caregiver or you (if you are the parent/guardian) at the patient's location to facilitate the services, or may request that you (if you are the parent/guardian) not be present for the video visit. Because the provider may be located at a CHOP facility or other location, there may be other CHOP personnel, such as nurses, who are present at or able to view the visit without your knowledge.
8. You are solely responsible for any sharing of information that you intentionally or unintentionally communicate to non-CHOP people during your video visit. Therefore, use of MyCHOP may not be appropriate if there is sensitive information that you would only wish to discuss directly with your/your child's provider.
9. **YOU UNDERSTAND THAT THE [MYCHOP TERMS AND CONDITIONS OF USE](#), THE [CHOP PRIVACY POLICY](#) AND THE [CHOP HIPAA NOTICE OF PRIVACY PRACTICES](#) APPLY TO YOUR USE OF MYCHOP VIDEO INCLUDING BUT NOT LIMITED TO ALL TERMS REGARDING SECURITY, NO WARRANTIES, AND LIMITATIONS OF LIABILITY. YOU ACKNOWLEDGE THAT YOU HAVE CAREFULLY REVIEWED AND AGREE TO THE [MYCHOP TERMS AND CONDITIONS OF USE](#), [CHOP PRIVACY POLICY](#) AND [CHOP HIPAA NOTICE](#) PRIOR TO ANY USE OF MYCHOP VIDEO. IF YOU DO NOT AGREE TO TERMS IN THESE POLICIES, YOU SHOULD NOT USE THE MYCHOP VIDEO.**
10. You agree to follow the instructions for the use of the MyCHOP Video unless you have a question or concern. Other than information received directly by the CHOP provider or other care provider, no information provided on or through the MyCHOP or MyCHOP Video shall be treated as medical advice.
11. The audio and images transmitted during a MyCHOP Video visit may be stored by CHOP in the patient's medical record and are used, maintained, shared and secured like any other protected health information ("PHI") under HIPAA. In general, CHOP may use or disclose any PHI obtained during a MyCHOP Video visit without your consent for treatment (including with non-CHOP treating providers), payment, internal operations and other purposes, such as required by law. Please see the [CHOP HIPAA NOTICE OF PRIVACY PRACTICES](#) for more information on how CHOP protects PHI.
12. CHOP complies with the law and best industry practices to provide for the security of a MyCHOP Video visit. However, no system can perfectly guard against risks such as a breach caused by an intentional intrusion, inadvertent disclosure of information, or the failures or limitations of equipment used to transmit relevant data that could cause delays in or the inability to provide evaluation or treatment.
13. If you have any questions about MyCHOP Video or this Consent and Acknowledgement, please contact [DigitalHealth@email.chop.edu](mailto:DigitalHealth@email.chop.edu). By accepting the MyCHOP Video Consent and Acknowledgement terms, you agree that you have had any questions answered before initiating a MyCHOP Video Visit. CHOP recognizes that you may have more questions at the time of a video visit, and you will be able to have these questions answered at that time.
14. This Consent and Acknowledgment applies to each video visit through MyCHOP Video. You will be asked to provide a separate consent as required under law and CHOP policy, such as for a medical procedure.
15. If you are agreeing to the terms of this Consent and Acknowledgment on behalf of the patient, you have appropriate legal authority as a parent or legal guardian. The MyCHOP Video website is not directed at children under 13 (even if the patient is under 13). This means that if you are the parent or legal guardian acting on behalf of the patient who is under 13, you are considered to be the exclusive user of MyCHOP Video, and any and all information provided on MyCHOP Video on behalf of the patient is provided solely by you.
16. CHOP wants to provide the best care for you and your family. Your suggestions help us to improve our services. If you wish to file a complaint regarding the care provided during a MyCHOP video visit, as a first step, you may ask to speak with your providers or department manager about concerns or compliments. You may also direct your concerns to the Family Relations Office by:

Phone: 267-426-6983

Fax: 267-426-7412

Email: [familyrelations@email.chop.edu](mailto:familyrelations@email.chop.edu).

On a mobile device:



Mail: Family Relations Office  
 The Children's Hospital of Philadelphia  
 34th Street and Civic Center Boulevard  
 Philadelphia, PA 19104