

INSTRUCTION, AUTHORISATION AND CONSENT FORM FOR E-CLINIC/TELE-CLINIC

I, _____
son/daughter/spouse/parent of _____
resident of: _____

holding CNIC #

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 hereby expressly authorize, instruct and give my informed consent for consultation of myself/ward/spouse/parent through e-clinic/tele-clinic i.e. interactive video and audio connection through the internet with:

Dr. _____ of the Aga Khan University Hospital.

I completely and fully understand that there are potential risks with this technology: 1. The video connection may stop working during the course of the consultation. 2. The video picture or information transmitted may not be clear enough to be useful for the consultation. 3. I may be asked to go to the location of the consulting physician if it is determined that the information obtained via this e-clinic/tele-clinic was not sufficient to make a diagnosis.

I understand that a limited physical examination will take place during the e-clinic/tele-clinic by individuals at my location at the direction and instruction of the said consultant/physician.

I have read this document and understand the risks and benefits of the telemedicine consultation and have had all my questions and queries answered regarding the procedure and conduct of the e-clinic/tele-clinic. I hereby give my consent to participate in the e-clinic/tele-clinic consultation under the terms and conditions described in this document.

I further acknowledge that the above information has been given to me in a language that I understand and is sufficient for me to consent to and to authorize the e-clinic/tele-clinic consultation.

Additionally, I expressly agree to fully indemnify and hold harmless the Aga Khan University Hospital and each of its doctors, surgeons, professionals, officers, directors, employees, agents, advisors, representatives and any person working at Aga Khan University Hospital (each an 'Indemnified Party'), from and against any and all claims, damages, losses, liabilities, costs and expenses (hereinafter collectively referred as 'Claim'), that may be incurred by or awarded against any Indemnified Party, in each case arising out of or in connection with this consent form including but not limited to any and all costs, expenses and damages including but not limited to loss of anticipated profits, goodwill, use, market reputation, third party claims, claims from my family members, whether or not foreseeable.

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D D M M Y Y Signature Thumb Impression

WITNESS

Name: _____

Signature: _____

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