



HEALTH-e PEDIATRICS

Consent for Video Exam and Electronic Communications

Consent for Video Exam

I understand and agree that by signing below I, as the patient and/or as the patient's legal guardian, am consenting for the doctor to examine all areas on my body, or the body of my child that I, as well as my child (if age appropriate) willingly show to the camera for exam.

I understand that video or audio recording of this telehealth visit is not permitted. As such, Health-e Pediatrics will not be recording any part of the visit.

Consent for text and email communication

By signing below, I consent to receive text and email communication from Health-e Pediatrics at the phone number and email noted in my registration information.

CHILDREN MAKE LIFE BEAUTIFUL.