

Unit / Service [NBEW-ORGFA]	N° Episode: [FWA-EPISODIO]	Date of completion	[FWA-FECHA2]		
			dd	mm	yyyy

A. IDENTIFICATION DATA

Patient's Name: _____ [NPAT-VNAME] [FWA-CODEX1] [NPAT-NNAME] [NPAT-GBNAM]
Medical record N°: _____ [LWA_HEADER-TI] **Date of Birth:** _____ [NPAT-GBDAT]
Identification N°: _____ [FWA-TI] **Issued in:** _____

B. PATIENT'S CLINICAL CONDITION

1. Diagnostic:

[FWA-DPRI]

2. Benefits of consultation under the Interactive Telemedicine modality:

3. Possible complications:

Medical consultation through Telemedicine Interactive modality leads to the absence of physical examination, which may complicate or hinder a diagnostic impression. It is possible that according to the results of the medical assessment must go on your own to the emergency or priority consultation in Fundación Valle del Lili or any other network of providers from your insurer. It is the duty of the patient to follow and comply with medical recommendations.

C. STATEMENT OF THE PATIENT / GUARDIAN / LEGAL REPRESENTATIVE

I declare in full use of my mental faculties that I have received a clear explanation and description in plain language about the External Consultation service under the Interactive Telemedicine modality that I am going to receive, through which a Health Professional, using a video call tool, will make an assessment of my health status, with a view to obtaining a medical concept and ordering the medications and / or health technologies that I consider necessary for my treatment.

All doubts have also been clarified and I have been told about the benefits, possible risks and complications, as well as the other treatment alternatives to the service I am going to receive, and the possibility that Health Professionals determine the need to change of modality in the attention, according to the valuation that they do of my state of health or by technological failures in the attention process that prevent the complete development of the same.

I also declare that I have been informed that for the purposes of providing medical care, I expressly authorize the Fundación Valle del Lili to collect, classify, store, use, archive and any other form of treatment of my Personal Data, including my Sensitive Data, in accordance for the purposes established in the Personal Data Treatment Policy available for consultation on the website www.valledellili.org, which can be modified by the institution without prior notice. These purposes include supporting medical assistance, sending information to your insurance company, managing collection processes, conducting satisfaction surveys, preparing statistical, scientific and / or investigative studies; send by any channel (email, SMS, physical) provided results of diagnostic tests, business, academic, commercial and / or promotional information of the Valle del Lili Foundation, its commercial and / or strategic allies always related to its corporate purpose.

I was informed that in case I want to update, rectify or delete the data that I have provided, I can send an email to the address datospersonales@fvli.org.co, where my request will be processed in accordance with the provisions of the Law 1581 of 2012 and other current regulations.

I fully understand what the outpatient service consists of under the Interactive Telemedicine modality and that the service requires a stable internet connection, which may involve consumption of cellular data or bandwidth for the patient (mark with an X):

Yes No

I authorize the treatment of my Personal Data, including my Sensitive Data, for the previously indicated purposes, as well as the possibility of recording and storage in the cloud to national or international servers (mark with an X):

Yes No

Igualmente entiendo que tengo la posibilidad de revocar el consentimiento en cualquier antes y durante la Consulta, y que, en caso de no aceptar esta modalidad de tratamiento, puedo continuar recibiendo atención médica.

D. MANIFESTATION OF WILL

In consideration of the above, I freely and voluntarily give my consent to be treated under the modality of Interactive Telemedicine; in such a way that the consent that I issue is exempt from any error.

In any case, I want the following conditions to be respected (if there are no conditions, write "none" and if some of the other points are not accepted, please state them):

E. MINORS AND DISABLED

IN THE EVENT THAT THE PATIENT IS UNDER 18 YEARS OLD, AND / OR INCAPABLE, THIS CONSENT WILL BE SIGNED BY THEIR LEGAL REPRESENTATIVE

I know that the patient is unable to make the decision to accept or reject the treatment described above by him/herself. Therefore, in my capacity as Legal Representative, the treating doctor has explained to me in a satisfactory way what it consists of, what are the objectives of the procedure and have informed me of the risks and alternative procedures.

I have understood all of the above, and therefore I give my Consent on behalf of the minor and / or incapable patient, so that the External Consultation service is provided under the modality of Interactive Telemedicine

Yes No