

Consent and Indemnity form for Online Consults with Dr Cheryl Kam MBBS BSc GDFM

Welcome to my practice.

This document contains important information about my professional services and business policies.

Telemedicine can improve patient access to medical care. Yet, it is not equal to conventional in-person care.

With an online consultation the final assessment is limited to the history you make available during the consultation, and the **best assessment** will be made taking into account the absence of a clinical examination.

Every effort will be made to maintain strict **confidentiality** with information shared through technology. There will be no audio-visual recordings of the consultations.

Clear and accurate **medical records** will be kept to enhance good patient care and ensure high quality continuity of care. Medical records may be requested at an agreed fee of s\$100. Your medical records will not be released to other parties unless a consent or release form is signed by yourself.

A **good patient-doctor relationship** requires doctors to display a high standard of professional conduct in their dealings and interactions with patients. I will treat you with courtesy, consideration, compassion and respect and without coercion, discrimination, harassment or exploitation.

I will engage in good communication based on openness, truthfulness and honesty.

Caring for minors (Under the age of 21, in Singapore) comes with additional responsibilities due to concerns over their lack of ability to understand medical diagnoses and advice. In such cases, I will maintain the medical confidentiality of minors except when it is in my best interests for my parents or legal guardians to be informed.

I, _____ consent to be a patient of Dr Cheryl Kam, and have read and understood the above.

If under 21 years of age, this needs to be counter signed by a Parent/Guardian.

Signed & Dated,
