
North Florida Perinatal Associates, Inc.
FaceTime/ Video Call Informed Consent Form

I, _____

Have willfully and voluntarily chosen to FaceTime/Video Call during my ultrasound at North Florida Perinatal, Associates Inc. via the Internet and FaceTime, Skype, Snap Chat and/or any other type of video call program. By choosing this option, I understand:

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About Online Video Sessions:

- FaceTime, Skype, Snap Chat or any other video call program is an Online communication tool allowing face-to-face video, voice, or text-based chat/dialogue.
- Any Internet-based communication is not 100% guaranteed to be secure/confidential.
- I have read the privacy and encryption information for Apple FaceTime, Skype, Snap Chat and/or any other video call program and I agree that my ultrasound tech, physician, employees, and North Florida Perinatal Associates, Inc or any of its affiliates should not be held responsible if any outside party gains any type of access to confidential information or gain access to FaceTime, Skype, Snap Chat or any other video call program's account information or transaction. I agree to indemnify North Florida Perinatal Associates, Inc and its affiliates if any confidential information is accessed by usage of the video call program.

Patient Signature: _____ Date: _____

Witness Signature: _____