

# **Patient Consent for E-Consultation**

By proceeding, I confirm and agree to the following:

## **1. Purpose of the E-Consultation**

I understand that this e-consultation is intended to:

- Assess and provide guidance on my sleep health and related concerns
- Offer expert advice from a certified sleep specialist through video/phone/online modes
- Recommend further steps including diagnostics, therapy, or lifestyle modifications if needed.

## **2. Mode of Consultation**

- The consultation will be conducted virtually, and may involve video calls, audio calls, or text-based communication.
- I understand this is not an emergency service and is suitable for non-critical consultations only.
- If I experience a medical emergency or worsening symptoms, I will seek in-person or hospital-based care immediately.

## **3. Information Sharing & Confidentiality**

- I consent to sharing my health information, medical history, and relevant details with the sleep specialist.
- All shared information will be handled with strict confidentiality, in accordance with the Information Technology Act (India) and applicable health data protection laws.
- No consultation will be recorded without prior notice or my permission.

## **4. Limitations & Disclaimer**

- I understand that e-consultations may have technical or clinical limitations (e.g., lack of physical examination).
- The sleep expert may recommend an in-person evaluation or additional tests if necessary.
- While expert advice will be provided to the best of their ability, I understand that outcomes may vary.

## **Consent**

By reading and agreeing to this consent form:

- I voluntarily agree to participate in the sleep e-consultation.
- I confirm that I have read and understood all the information provided above.
- I acknowledge the limitations of virtual consultations and agree to proceed under these terms.