

Skype Pilot Consent Form

Patient Copy for Reference

University Practice, Lincoln is currently taking part in a 3 month pilot to test the use of Skype® as an alternative method to conduct Face to Face consultation with a GP. Should you wish to take part in this pilot there are certain risks you need to be aware of and some obligations before, during and after the call which you need to adhere to

Please read this carefully before signing.

Potential risks:

- Your GP will be using Skype for Business to communicate with you. This version of Skype has enterprise level security and transmits data across the internet in an encrypted format; whilst this is a secure means of sending data, it is by no means 100% secure. We cannot guarantee the quality or security of the call. If you have any concerns about this, you should use another type of appointment. For more information, please visit: https://support.skype.com/en/category/PRIVACY_SECURITY/
- Poor quality internet connections can often interfere with the quality of the video conference.

Settings/Configuration:

- *The system does not work with a Skype Id containing symbols.* If you currently use your email address to log in to Skype or have other symbols in your name this cannot be used, you will need to create a new account for these calls. [Confirmed]
- *You will need to set your privacy preferences to receive any calls:*
Windows: Tools > Options > Privacy > 'Allow Calls From.....' click everyone
Apple Mac: Preferences > Privacy
Android: Settings>'Receive calls' ensure 'Anyone' is checked
iPhone/iPad: Requires settings to be done on another device
- YouTube Video is available with instructions on how to check and amend Skype settings
<http://youtu.be/NXRMH323Pn4?hd=1>

Do's and Don'ts:

- *Do use the fastest connection you have available (mobile or broadband) and the device with highest resolution/quality webcam/rear facing camera.*
- *Do ensure that you have a safe, quiet, confidential place that is free from interruptions for your consultation.*
- *Don't attempt to Skype call or message the practice directly as this will be rejected. The practice will initiate all calls.*
- *Don't ask the GP to discuss/see conditions on Skype if they have indicated it is not appropriate for Skype. Instead discuss alternative contact.*
- *Don't discuss multiple conditions, the Skype consultations are for mental health concerns only.*



**Health
Service**

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Lincolnshire West
Clinical Commissioning Group

- *If you wish to record the session with your own applications or another device, we request that you inform our staff in advance please.*

When it doesn't go smoothly:

- *If the GP is delayed, please be patient. Your appointment has been scheduled in the GP practice in exactly the same way as if you were in surgery. You will not have been forgotten and the GP will Skype or call you as soon as they can.*
- *If the quality of call is poor on two attempts, the GP will call you on the telephone.*
- *If you do not answer the call on two attempts the conversation cannot take place and you will need to reschedule an appointment at the surgery.*

Feedback:

After the call you will be sent a SurveyMonkey Feedback questionnaire via email. We would appreciate the form being filled in as soon as possible to ensure full evaluation of the pilot.

Dear patient, We note from your records that you have used the Skype pilot for a doctor's appointment at Cavendish Health Centre, or that you are interested in doing so. As a user of this service, it is important that we make you aware that as with all information transmitted across the internet, the security of Skype isn't 100%. If you have any concerns about this, you should use another type of appointment. For more information, please visit: https://support.skype.com/en/category/PRIVACY__SECURITY/ If you have any questions about this issue, please do not hesitate to contact Cavendish Health Centre. We hope you will continue to use the Skype service for your appointments.



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Practice Copy

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Declaration

Service User Confirmation:	I confirm that I have been made aware of the potential risks, understand the do's and don'ts and I am happy for those directly involved with the provision of my care to contact me using Skype®		
Name:		Date of birth:	
Skype® ID :			
Email address:			
Patient Signature:			
Date:			