



CAPITAL UROLOGY

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Remote Control Access via TeamViewer Consent Form

I, _____, agree to the use of the software, TeamViewer, by Capital Urology and its employees to assist me in setting up my YourHealthFile Patient Portal account, should it be deemed necessary.

This remote access will be used for the sole and intended purpose of allowing the staff at Capital Urology to assist patients in setting up their Patient Portal. This is not to be used as a technological support service, but only in the act of the initial set up of a Patient Portal account, should there be any issues during the registration process.

We ask that the patients either minimize or close out of all applications and browser windows during the remote access. The only browser window that should be open is the one that is accessing the Patient Portal. Assistance will not be provided until this is complete.

TeamViewer can be downloaded to your computer via our website, capitalurology.com. A phone call will be established between the patient and Capital Urology Staff member to allow for communication while the remote access is in process. The staff member at Capital Urology will ask for the device name and password and will communicate via phone call where to find this information to be shared with the Capital Urology staff.

This remote access can only be provided when the device name and password are shared, and require both pieces of information to be used. There will be no sharing of this information, and is not saved or stored on any device.

You may opt out of this at any time and this can be done by providing written notification with your signature.

X _____

Name: _____ DOB: _____

Please send this completed form to Capital Urology either via mail or fax at the address listed above.