

SOUTHERN ILLINOIS PODIATRY

TELEHEALTH CONSENT FORM

PURPOSE: The purpose of this form is to obtain your consent for a telehealth visit with Dr. Daniel Brown at Southern Illinois Podiatry. The purpose of this visit is to help with the care of your foot problems.

For Medicare Patients: Telehealth visit charges are billed and collected in the same manner as regular in office treatments.

For Privately Insured Patients: Prior to the patients telehealth visit the patient will be contacted from our office and asked to pay any outstanding balances or copays. We can submit the claim to your insurance carrier, although there is no guarantee of payment at this time.

MEDICAL INFORMATION AND RECORDS: All federal and state laws covering access to your medicals records also apply to telehealth. No one other than the health care team described above can view your photos or information unless you agree to give them access.

PRIVACY: All information given at your telehealth visit will maintained by the doctor and the health care facilities involved in your care and will be protected by state and federal laws.

YOUR RIGHTS: You may opt out of telehealth visit at any time. This will not change your rights to future care or health benefits.

Patient or Legal Representative _____

Date _____