

BLANKEN PODIATRY GROUP

Telemedicine Consent Form

For Medicare patients, Telemedicine visit charges are billed and collected in the same manner as regular in office treatments and estimated patient responsibility will be due prior to start of the Telemedicine encounter.

For Privately Insured patients, a self pay fee of \$75 will be charged to your credit card on file or will be paid on our website portal or by phone prior to the visit. We can submit the claim to your insurance carrier, although there is no guarantee of payment at his time.

If a referral is needed, it is your sole responsibility to obtain a referral prior to the visit.

Purpose: The purpose of this form is to obtain your consent for a telehealth visit with podiatrists (foot surgery, skin and nail disease, sports medicine) at BLANKEN PODIATRY GROUP. The purpose of this visit is to help in the care of your foot, ankle or leg problem.

Medical Information and Records: All federal and state laws covering access to your medical records (and copies of medical 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 be maintained by the doctors, other health care providers, and health care facilities involved in your care and will be protected by federal and state privacy laws.

Your Rights: You may opt out of the telehealth visit at any time. This will not change your right to future care or health benefits. Payment will still be collected.

Waiver/Release: By signing below, you understand and agree that you solely assume the risk of any errors or deficiencies in the electronic transmission of information during your telehealth visit or in the electronic submission of your images to your dermatologist and further understand that no warranty or guarantee has been made to you concerning any particular result related to your condition or diagnosis. To the extent permitted by law, you also agree to waive and release your dermatologist and his or her institution or practice from any claims you may have about this advice or the telehealth visit generally.

Patient or Legal Representative

Date