

TELEMEDICINE INFORMED CONSENT

Patient Name:

Date of Birth:

LOCATION OF PATIENT: Vermont

Samantha K. Eagle MS, ND Vermont State License Number 099.0000215

Brenton Murphy, ND Vermont State License Number 099.0133057

Anne VanCouvering, ND Vermont State License Number 099.0121895

Jessica Biggie, MS, MD Vermont State License Number 420014111

Physical office location: 205 Main St Brattleboro, VT 05301

I understand that telemedicine is the use of electronic information and communication technologies by a healthcare provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to the providers of Biologic Healthcare providing health care services to me via telemedicine. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine. As always, your insurance carrier will have access to your medical records for quality review/audit. I understand that I will be responsible for any copayments or co-insurances that apply to my telemedicine visit. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time by contacting Biologic Healthcare at 802-275-4732. As long as this consent is in force (has not been revoked) the providers of Biologic Healthcare may provide health care services to me via telemedicine without the need for me to sign another consent form.

Signature of Patient (or person authorized to sign for patient):

Signature:

Date:

If authorized signer, relationship to patient:

I have been offered a copy of this consent form (patient's initials):



sensible approaches to your well-being
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