Telemedicine Informed Consent

Patient Name: Date of Birth:

LOCATION OF PATIENT: Vermont
*You must be in Vermont for all telemedicine visits.

Samantha K. Eagle MS, ND — Vermont State License Number 099.0000215
Dr. Casey B. Johnson (Doc Bayley), MD — Vermont State License Number 042.0015682
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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 when I am 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, my insurance carrier will have access to my medical records for quality review and audit.

I understand that I will be responsible for any copayments or co-insurances that apply to my telemedicine visit. **I also understand that telemedicine services are not available to patients who are enrolled in Medicare.**

If I am responsible for a patient balance—including but not limited to copayments, deductibles, or fee-for-service charges—I agree to arrange payment within **24 hours** of the telemedicine service.

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 As long as this consent is in force (has not been revoked), the providers of Biologic Healthcare may provide health care services to me via telemedicine without the need for me to sign another consent form.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): ____________