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TELEHEALTH COMMUNICATION ACKNOWLEGEMENT FORM

PATIENT'S NAME: _____

PATIENT DATE OF BIRTH: _____

1. I understand that Dr. Daniel Cameron has offered as well as recommend to me that I engage in a telehealth communication appointment/s.
2. Dr. Daniel Cameron staff has explained to me how the telehealth communication will be used in order to connect with Dr. Cameron. The telehealth appointments may be conducted by videoconferencing, video images, still (high quality photo) images, or by telephone conference. I understand that this appointment will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room.
3. I understand there are possible risks to this technology, including interruptions, and technical difficulties. I understand that Dr. Daniel Cameron or I can discontinue the telehealth appointment/s if it is felt that the videoconferencing connections are not adequate for the situation. I also understand that I can discontinue the telehealth appointment at any time.
4. I understand that the information may be shared with other staff working at Dr. Daniel Cameron and Associates for scheduling and billing purposes. Others may also be present during the appointment other than Dr. Daniel Cameron in order to operate the equipment. Dr. Daniel Cameron and Associates also agrees that the above-mentioned people (scheduling department and billing department) will all maintain confidentiality of the information obtained. I also understand that I will be informed of their presence during the consultation and I have the right to request the following: (1) ask non-medical personnel to leave the

telehealth examination room; and/or (2) terminate the telehealth appointment at any time.

5. I have had alternatives to a telehealth appointment explained to me, and I am choosing to participate in telehealth appointment.
6. In event of an emergency situation, I understand that the responsibility of Dr. Daniel Cameron may be to direct me to emergency medical services, such as emergency room. Or Dr. Daniel Cameron may discuss and advise my local provider.
7. I understand that billing for the telehealth communication will occur from the billing department. Which will be presented to you prior or at the end of this consent form. Billing procedures will be explained to you in detail prior to you signing this consent. If you have any questions please call our office (914) 666-4665 for further details and explanations.

I have read this document carefully, and understand the risks and benefits of the telehealth communication appointment/s and have had my questions regarding the procedure explained and I hereby consent to participate in a telehealth communication appointment/s visit under the terms described herein.

_____ _____

Patient/Guardian signature Date

PLEASE EMAIL A COPY OF YOUR PHOTO ID (Driver License or Passport ONLY) info@danielcameronmd.com.

Thank You!