



I understand that Telemedicine is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to Amy J. Burke, MD, Shannon McFall, PA-C, and/or Jamie Marfurt PA-C providing health care services to me via telemedicine.

I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the telemedicine visit if it is felt that the video conferencing connections are not adequate for the situation.

In choosing to participate in a telemedicine consultation, I understand that some parts of the exam will not be possible to be conducted.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. The above-names people will all maintain confidentiality of the information contained. As always, insurance carriers will have access to your medical records for quality review/audit.

I understand that I am required to pay any applicable co-pay, co-insurance, or deductibles before the visit occurs. Credit card payments are the preferred method as they are able to be paid remotely on the day of service; however check payments received by mail OR in-person cash payments will be accepted, but must be received within 10 business days of the appointment. If co-payments or deductible payments are not paid on day of service OR received within 10 business days from the scheduled appointment, then they will be billed with an added \$5 fee.

I understand that I have the right to 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 Dr Amy J. Burke at 3775 Southwestern Blvd. Ste. A. Orchard Park, NY 14127, ph 716-362-3909. As long as this consent is in force (has not been revoked), Dr Burke, Shannon McFall, PA-C, and/or Jamie Marfurt may provide health care services to me via telemedicine without the need for me to sign another consent form.

Patient's Signature: _____

Date: _____