

Vilma Junio, Physician, PLLC

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Informed Consent for Telemedicine Services

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 the providers at Vilma Junio, Physician, PLLC office providing health care services to my child/children via telemedicine.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine. As always, my child's/children's insurance carrier will have access to my child/children's medical records for quality review/audit.

I understand that I will be responsible for any copayments or coinsurances that apply to my child/children's telemedicine visit.

I understand that I have the right to withdraw or withhold my consent to the use of telemedicine in the course of my child/children's care at any time, without affecting my child/children's right to future care of treatment. I may revoke my consent in writing at any time by contacting Vilma Junio ,Physician, PLLC office. As long as this consent is in force, Vilma Junio, Physician, PLLC providers may give services to my child/children via telemedicine without the need for me to sign another consent form.

Child/Children's Name/s:

Email address (required):_____

Signature:_____Date:_____

Relationship to patient/s:_____

Witness:_____Date:_____