



Dany Y Jabbour, D.P.M., F.A.C.F.A.S.

Practice of Podiatric Medicine and Surgery

91 Montgomery Street • Rhinebeck, NY 12572

Office: (845) 876-8637 • Fax: (845) 876-0218

www.rhinebeckpodiatry.com

TELEMEDICINE/TELEHEALTH CONSENT

By signing this form, I _____, understand and agree to the following: Telemedicine/Telehealth involves the use of communicating electronically with my provider. I agree to share and allow shared with me from my provider my medical information for the purpose of my care and treatment. The information I and my provider provide to me maybe used to diagnosis and treat my condition.

Telemedicine/Telehealth will be used only for the following services. It will not be used for new patients for an initial diagnosis.

Telemedicine/Telehealth in Rhinebeck Podiatry Services will only be used for discussion of test results including pathology reports and treatment. Follow up appointments with the exception of surgical follow ups or follow up appointments which require a physical sight exam needed to determine the course of treatment.

The laws which protect my privacy and confidentiality of my health care information apply to telemedicine/telehealth visits and information obtained during those visits that identify me will not be shared with anyone without my written consent with the exception for the purpose of my treatment, education, billing, and healthcare operations. By agreeing to the use of telemedicine/telehealth services I am consenting to share my protected health information (PHI) with certain third parties such as my primary care provider, referring physician, my insurance carrier. I understand and agree consent to obtaining, using, and disseminating to necessary third-party information about me including my image as necessary to provide the telemedicine/telehealth services _____ (patient initials).

I am aware that as with any internet-based communication there are risks of security breaches. Electronic systems that are used incorporate network and security software protocols to protect the confidentiality of me the patient identifiable information for the telemedicine/telehealth session and all safeguard measures will be taken to ensure its integrity against both intentional and unintentional corruption.

I agree to release and hold harmless Rhinebeck Podiatry Services, Dr. Dany Y. Jabbour DPM PLLC, Dr. Dany Y. Jabbour and staff at Rhinebeck Podiatry Services from loss of data, information due to technical failures, data breach associated with the telemedicine/telehealth services. _____ (patient initials).



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I understand that during my telemedicine/telehealth visit I will be given information about test(s), treatment(s), and procedures as applicable including risks benefits, complications, possible outcomes, and alternative courses of treatment for my medical care.

I have a right to rescind my consent at any time to the use of telemedicine/telehealth services. If I withdraw my consent for telemedicine/telehealth it will not affect any of my future care, services benefits, and treatment. I am entitled to Rhinebeck Podiatry Services, Dr. Dany Y. Jabbour DPM PLLC. Dr. Dany Y. Jabbour or associates and the staff at Rhinebeck Podiatry Services. _____ (patient initials).

All my questions regarding telemedicine/telehealth services have been answered to my complete satisfaction.

_____ (patient initials) I hereby consent to the use of telemedicine/telehealth services as applicable to my care.

_____ (patient initials) I hereby decline the use of telemedicine/telehealth services as described above.

I certify that I am the patient/legal representative/parent/guardian/healthcare proxy I have read and understand the information outlined above and all my questions have been answered. I understand and agree that this informed consent will become part of my medical records.

Print Name (patient/legal Rep/Guardian/Parent)	Relationship to patient	Date
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Signature (patient/legal Rep/Guardian/Parent)	Relationship to patient	Date
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