



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 Great Lakes Gastroenterology 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, your insurance carrier will have access to your medical records for quality review/audit.

I understand that I will be responsible for any copayments or coinsurances that apply to my telemedicine visit.

1. I authorize the release of all medical information to process claims for medical care received. I assign all medical benefits, including major medical benefits to which I am entitled to Great Lakes Gastroenterology, this assignment is to be considered as valid as the original.
2. I am aware of the Great Lakes Gastroenterology (HIPAA) Privacy Act and I understand I have the right to have a copy furnished to me upon request.
3. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure payment

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 Great Lakes Gastroenterology at glg@greatlakesgastro.net. As long as this consent is in force (has not been revoked) Great Lakes Gastroenterology may provide health care services to me via telemedicine without the need for me to sign another form.

We will be asking you to review this form before your virtual visit. By logging into Doxy.com and moving forward with your virtual visit you are agreeing to the terms of this consent.