



CamCare Medical

Telemedicine Consent Form

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 location than the provider; and hereby consent to CamCare Medical providing healthcare 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 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 rights to future care or treatment. I may revoke my consent orally or in writing at any time by contacting the office at 718-712-1219. As long as this consent is in force (has not been revoked) CamCare Medical may provide health care services to me via telemedicine without the need for me to sign another consent form.

I acknowledge that I have read the Telemedicine information:

Signature of Patient (or person legally authorized to sign for the patient) :	
If authorized signer, relationship to patient:	
Date of signature:	

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