



**Scott P. Leary, M.D.**  
Peter Schultz, FNP

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### Services

Complex Spine Surgery  
MIS: Minimally Invasive Spine Surgery  
MIS: Alternatives to Fusion  
MIS: Alternatives to Surgery  
Artificial Disc Replacement  
Stem Cell Therapy  
Correction of Spinal Deformity  
Correction of Scoliosis  
Outpatient Kyphoplasty  
Cervical Spine Disease  
Lumbar Spine Disease  
Skull Base Surgery  
Endoscope Assisted Surgery  
Acoustic Neuroma  
Brain Tumors  
Cerebral Aneurysms  
Stereotactic Radiosurgery  
Pituitary Adenoma  
Trigeminal Neuralgia  
Workers' Compensation

A member of:  
Senta Clinic  
Division of Neurological  
and Spinal Surgery

Neurosurgery  
Scott P. Leary, M.D.  
Sanjay Ghosh, M.D.  
Jeffrey S. Schweitzer, M.D., Ph.D.  
Vikram Udani, M.D.  
Alexa Smith, M.D.  
Peter Schultz, FNP  
Amanda W. Gumbert, PA-C  
Felix M. Regala, PA-C  
Ashley Ryan, PA-C  
Gage Lambert, PA-C

Otolaryngology/Head & Neck Surgery  
Perry T. Mansfield, M.D.  
Michael J. O'Leary, M.D.  
Brian H. Weeks, M.D.  
R. Stuart Weeks, M.D., Emeritus  
Jeffrey Lin, PA-C  
Jeannine Shively, PA-C

Neurology  
Ian M. Purcell, M.D., Ph.D.

**Scott P. Leary, M.D.**  
*Diplomate, American Board of Neurological Surgery*  
*Fellowship Trained, Complex Spine Surgery*  
*Minimally Invasive Spine Surgery*  
*Artificial Disc Replacement*  
*Stereotactic Radiosurgery*  
*General Neurosurgery*

### Consent to participate in a telemedicine appointment

1. I understand that my health care provider wishes me to engage in a telemedicine consultation using Doxy.me.
2. My health care provider has explained to me how the Doxy.me video conferencing technology will be used to affect such a consultation will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as my health care provider.
3. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my healthcare provider or I can discontinue the telemedicine consult/visit if it is felt that the Doxy.me videoconferencing connections are not adequate for the situation.
4. I understand that if others are present during the consultation other than my health care provider, they will maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following:
  - (1) omit specific details of my medical history/physical examination that are personally sensitive to me.
  - (2) ask non-medical personnel to leave the telemedicine examination room: and or
  - (3) terminate the consultation at any time.
5. I have had the alternatives to a telemedicine consultation explained to me, and in choosing to participate in a Doxy.me telemedicine consultation.
6. In an emergency, I understand that the responsibility of the telemedicine consulting specialist is to advise my local practitioner and that the specialist's responsibility will conclude upon the termination of the Doxy.me video conference connection.
7. I have had a direct conversation with my healthcare provider, during which I had the opportunity to ask questions regarding this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

By signing this form, I certify: \* That I have read or had this form read and/or had this form explained to me \* That I fully understand its contents including the risks and benefits of the procedure(s). \* That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Print Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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## How to check-in as a Telemedicine patient

To meet with Dr Leary/ Peter for your visit you will need to follow these directions:

1. Turn on your computer/smart phone
2. Open your browser of choice:
  - a. Chrome
  - b. Safari
  - c. Firefox
3. Make sure your webcam/camera and microphone are working
4. Make sure you are in a calm quiet room/area where you are free from distractions, can talk loud and openly and are able to listen about your current health condition without others around you listening to your medical issues. Examples would include:
  - a. Bedroom
  - b. Bathroom
  - c. Closed office space
5. Make sure all incisions/wounds can be viewed during your visit. Please have all dressings off and area ready to be exposed. This may require the assistance of another person.
6. Please have all the above in place and be ready for your visit at least 5 minutes before you are scheduled to start your visit.
7. Please remember, we cannot connect for you, you must connect with us.

To "check-in" for your visit:

1. Your appointment date and time is: Date:                      Time:
2. Type the following provider's room address into your web address bar:  
<https://doxy.me/drscottleary>
3. Enter your name where prompted, then click "Check -In"

**Welcome!**

Please check in below to let Dr. Welch know you are here

Enter your name here

Check In

3. You are now in your provider's waiting room. Wait for your provider to start the call



Note: If you have trouble checking in to your provider's room, contact [support@doxy.me](mailto:support@doxy.me)