Colorado Center for Arthritis and Osteoporosis

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Consent for Treatment via Telehealth

Patient Name: _____ Date of Birth: _____

By signing below, I consent to receiving medical services via telehealth. Telehealth is a technology similar to Skype, but it is secure and HIPAA-compliant. Colorado Center for Arthritis and Osteoporosis use a service called doxy.me.

I understand that I retain the option to refuse the delivery of services via telemedicine at any time without affecting my right to future care or treatment and without risking the loss or withdrawal of any program or insurance benefits to which I would otherwise be entitled.

I understand that all applicable confidentiality protections shall apply to the services

I understand that I shall have access to all medical information resulting from the telemedicine services as provided by applicable law for patient access to his or her medical records.

_____ _____

Signature of Patient Date
(Parent or Legal Guardian signature if patient is under 18 years old)