



## Telemedicine Consent Form

I understand that telemedicine is the use of electronic information and communication technology by a healthcare provider to deliver services to an individual when he/she is located at a different site than the provider. I understand my healthcare provider will determine whether or not the condition being diagnosed and/or treated is appropriate for a telemedicine encounter. I understand I can choose to stop telemedicine consultation at any time.

I understand that:

- My healthcare professional and I will communicate by interactive video conferencing using a telehealth platform
- There are potential risks to this technology, including interruptions, unauthorized access and technical difficulties
- My healthcare information may be shared with other individuals for scheduling and billing purposes
- My insurance will be billed for telemedicine visit and my insurance carrier will have access to my medical records for quality review/audit
- The laws that protect privacy and the confidentiality of medial information also applies to telemedicine and will be followed to the best extent possible given this platform

I certify that:

- I have read or had this form explained to me
- I fully understand its contents including the risks and benefits
- I have been given ample opportunity to ask questions and any questions have been answered to my satisfaction

### BOULDER

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Boulder, CO 80304

### BRIGHTON

36 South 18th Avenue, Suite H  
Brighton, CO 80601

### LOUISVILLE

1056 South 88th Street  
Louisville, CO 80027

### WESTMINSTER

905 West 124th Avenue, Suite 170  
Westminster, CO 80234