

CONSENT FOR THE USE OF TELEHEALTH FOR LIVE VIDEO VISITS



MOUNTAINLAND
PEDIATRICS

Consumer name: _____

DOB: _____
(MM/DD/YYYY)

Thank you for your interest in using Telehealth as a service delivery method for you and/or your child. Colorado law requires that consent be signed prior to the start of services delivered via Telehealth. Please read the consent information below. You may obtain a copy of this form upon request.

Consumer/Responsible Party's Acknowledgment and Statement of Consent

To receive services via a Telehealth method, Colorado law requires that I consent to the following:

1. I have the option to refuse the delivery of services via the Telehealth method at any time without affecting my right to in-person services and without risking the loss or withdrawal of any early intervention service to which my child and I would otherwise be entitled.
2. All applicable confidentiality protections, as defined in the Community Reach Center Consumer Handbook, shall apply to the services.
3. I shall have access to all information resulting from the sessions conducted via Telehealth as provided by applicable law.

I give my consent for the use of the Telehealth method.

Consumer's or Authorized Representative's Signature

Date

Print Name

Clinician's Signature

Date

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