

CONSENT FOR MEDICAL TREATMENT

COBC Brands Direct Primary Care LLC d/b/a Colorado Springs Health Collective – Direct Primary Care

1497 Solitaire St, Colorado Springs, CO 80905

This Consent for Medical Treatment (“Consent”) authorizes COBC Brands Direct Primary Care LLC d/b/a Colorado Springs Health Collective – Direct Primary Care (“Practice”) and its licensed clinicians to evaluate and treat me for conditions within their scope of practice. This Consent is separate from, and does not replace, the Patient Membership Agreement.

1) GENERAL CONSENT TO EVALUATION & TREATMENT

- I voluntarily consent to routine primary care services, including history, examination, counseling, ordering/reviewing tests, medication management, and minor office procedures when clinically appropriate.
- I understand medicine is not exact; no specific result is guaranteed. I may ask questions at any time and may refuse or withdraw consent for any service that is not emergent.
- If a procedure is recommended (e.g., injections, wound care, suturing, abscess drainage, cryotherapy), the clinician will explain indications, risks, benefits, and alternatives; I may be asked to sign a procedure-specific consent.

2) TELEHEALTH CONSENT (SAME STANDARD OF CARE)

- I understand telehealth care is held to the SAME standard of care as in-person care under Colorado law. The Practice will use telehealth only when, in the clinician’s judgment, that standard can be met for my concern. If it cannot be met via telehealth, I may be advised to seek in-person, urgent, or emergency care.
- I consent to receive care by secure video, phone, and secure portal messaging when clinically appropriate. Telehealth has practical limits (e.g., technology issues and a more limited physical exam), but these limits do not lower the standard of care.
- At each telehealth visit the clinician may confirm my identity and physical location and review an appropriate emergency plan. Services are limited by provider licensure and my location. Visits are not recorded by either party without written consent. I may withdraw telehealth consent at any time without affecting access to in-person care.

3) MESSAGING & RESPONSE TIMES (NON-EMERGENCY ONLY)

- Secure portal/app messaging is for non-urgent issues. Messages are reviewed during business hours; immediate responses are not guaranteed. For urgent or emergent problems, I will call 911 or go to the nearest emergency department. The Practice does not provide 24/7 emergency services or continuous monitoring.

4) MEDICATIONS, PRESCRIPTIONS & REFILLS

- Prescriptions are provided when medically appropriate and lawful. Controlled-substance prescribing, if offered, will comply with all federal and state requirements and may require in-person evaluation, monitoring, or referral. Pharmacies may dispense generic equivalents unless otherwise indicated.

5) TESTS, IMAGING, PROCEDURES & REFERRALS

- I authorize the Practice to order and receive results from laboratories, imaging facilities, and consultants, and to share pertinent health information with those entities for my treatment and care coordination.
- I understand I am financially responsible for services obtained outside the Practice (labs, imaging, specialists, pharmacies, facilities) unless otherwise arranged.

6) PHOTOGRAPHY & CLINICAL MEDIA (OPTIONAL)

- The Practice may request clinical photos or short videos to document findings or monitor progress. Participation is optional. Images are stored in my medical record and will not be used for marketing without a separate written authorization. I can decline or revoke permission at any time (revocation does not affect prior images already in the record).

7) CHAPERONES & SUPPORT PERSONS

- I may request a chaperone for any examination or procedure. I may bring one support person when helpful; the clinician may ask them to step out briefly to protect privacy or facilitate the exam.

8) PRIVACY, RECORDS & NOTICE OF PRIVACY PRACTICES

- The Practice complies with HIPAA and maintains safeguards for protected health information. I acknowledge I have received (or have been offered access to) the Practice's Notice of Privacy Practices and can request a copy at any time. The Practice will make a good-faith effort to obtain my written acknowledgment of receipt and, if not obtained, will document the reason.
- I may access my records through the patient portal and may request copies or transfers as permitted by law. Standard processing times and reasonable fees may apply.

9) FINANCIAL COMMUNICATIONS & CONTACT PREFERENCES

- I authorize the Practice to contact me about my care and scheduling by phone, portal, email, or text using the contact information I provide. Standard messaging rates may apply. I can change preferences by notifying the Practice.

10) PATIENT RESPONSIBILITIES

- I will provide accurate health information; disclose medications, allergies, and conditions; follow care plans I agree to; and seek emergency care when needed. The Practice may recommend in-person evaluation, urgent care, or the emergency department if clinically indicated.

11) EFFECTIVE PERIOD; REVOCATION

- This Consent remains in effect from the date signed until I revoke it in writing. Revocation does not affect care already provided or disclosures made in reliance on this Consent.

PATIENT ACKNOWLEDGMENT AND CONSENT

I, the undersigned, hereby acknowledge and agree to the terms of this Consent for Medical Treatment with COBC Brands Direct Primary Care LLC d/b/a Colorado Springs Health Collective – Direct Primary Care.

Patient Name (Print): _____

Patient Signature: _____ Date: _____

PRACTICE ACCEPTANCE

COBC Brands Direct Primary Care LLC d/b/a Colorado Springs Health Collective – Direct Primary Care

By: _____ Date: _____

Name (Print): _____ Title: _____