

## CONSENTS

*Revised May 2016*

By signing the Informed Consent Signature Page, you are indicating you understand the purpose of each Consent and are authorizing us to proceed with our diagnosis and treatment of the patient's dermatologic issue(s) and perform certain other functions.

**Consent for Treatment of a Minor:** Parent or Legal Guardian consent must be provided for treatment of a minor (under the age of 18) for every appointment where the parent/legal guardian is not present. Before a minor can be seen, the parent/legal guardian must complete and sign the Consent for Treatment of a Minor for a specific medical condition. Once completed and placed in the patient's Medical Record, the minor may be seen for that same medical issue/diagnosis without having to be accompanied by the parent/legal guardian or other authorized adults as listed below. This Consent must be completed and signed every year until the minor is 18 years of age. If the minor needs to be seen for a new medical issue/diagnosis, a new Consent Form must be completed and the parent/legal guardian must accompany the minor to his/her first appointment.

**Consent for Medical and Surgical Treatments:** This form authorizes Colorado Dermatology Institute (CDI) to evaluate and treat your child/charge. This permission includes treatment of lesions requiring minor surgical procedures, injections, and the writing of all prescriptions.

**I authorize and give consent to the Colorado Dermatology Institute for medical evaluation and treatment of my child/charge if a parent/legal guardian or other specifically authorized adult is not present.**

**Consent to Have Medical Students and Residents in Exam Room:** CDI values education for our patients and also for the next generation of Dermatologists and Medical Assistants. To that end, we have opened the first Dermatology Residency program in Southern Colorado (and the second in the State), and we frequently have Residents, Medical Assistant trainees and medical students rotating through our office.

While we are excited to have students and residents with us as part of their professional education and training, we understand some patients may prefer to have only the Provider in the exam room. For that reason, we ask you to indicate your preference on the Informed Consent Signature page.

For more information about our Dermatology Residency program and new developments at CDI, please visit our website at [www.coderm.com](http://www.coderm.com).

**Consent to the Taking of Photographs:** I consent to the taking of a series of photographs along with pertinent information pertaining to these pictures for my practitioner's use in lecturing or in publications.

**Consent to CDI Mailing Appointment Reminder Cards:** I consent to CDI mailing out reminders of upcoming appointments. I understand that these reminders will be in a postcard format which will allow anyone who sees that postcard to know that I have a Dermatology appointment with no further detail.

**Consent to Leave Details of Biopsy Results on My Telephone Voicemail:** I consent to CDI leaving results of Biopsies on my telephone voicemail. **I understand that CDI cannot control who would hear these voicemail messages.**

**Consent to Contact via Email:** By selecting "Agree" on the Informed Consent Signature Page, I acknowledge CDI will contact me via unencrypted email with the email address I listed for the following reasons: appointments; for access to the Patient Portal to view my Medical Records; to receive biopsy results; or for insurance/financial matters.