2-19-25

ChatRx Medical Care Consent Form for Adult Dependents

Adult Dependent Medical Care Consent Form

This form is intended to authorize medical care for an adult dependent using ChatMD, an AI-based medical device for telehealth consultation and treatment. Please read the following information carefully and complete all sections accurately. Your consent allows ChatRx to assess, diagnose, and provide medical treatment for the adult dependent under your care.

Section 1: Adult Dependent's Information

- **Full Name of Dependent:** * auto-populated by our system during the "add a dependent process"
- **Date of Birth (MM/DD/YYYY):** * Located in patient panel that is populated when dependent added to system
- **Address:** * Located in patient panel that is populated when dependent added to system
- **Phone Number:** * Located in patient panel that is populated when dependent added to system
- **Primary Care Physician:** * Located in patient panel that is populated when dependent added to system

Section 2: Caregiver Information

- **Full Name of Caregiver:** * should auto-populate from our system
- **Relationship to Dependent:** * will be prompted by our AI agent for this information during the 'add a dependent process"
- **Phone Number:** * should auto-populate from our system
- **Email:** * should auto-populate from our system
- **Address** * should auto-populate from our system

Section 4: Authorized Medical Treatment

By signing this form, I give my consent for ChatRx to provide the following medical services to the adult dependent named above:

- Evaluation and assessment of symptoms related to acute infections.
- Diagnosis of common medical conditions (limited to the 39 conditions treated by ChatRx).
- Prescription of necessary medications related to the conditions treated by ChatRx.
- Communication with me as the caregiver via email, phone, or chat for any follow-up care or treatment instructions.
- Any other relevant telehealth services provided by ChatRx as per its scope of treatment.

I understand that ChatRx's treatment is limited to the conditions and infections outlined in its service, and that further care or in-person visits may be recommended.

Section 5: Consent for Medical Treatment

I, the undersigned, authorize ChatRx and its licensed healthcare professionals to provide necessary medical services to the adult dependent under my care as outlined above. I understand that medical care via ChatRx is facilitated through artificial intelligence with oversight from a licensed medical provider, and I consent to this mode of treatment.

I acknowledge that this consent will remain valid for future medical treatments provided by ChatRx for the conditions it covers, unless I revoke it in writing.

Section 6: Acknowledgment of Risks and Limitations

I understand that:

- ChatRx is not appropriate for emergencies, and I will seek emergency care if necessary.
- There are risks involved in telemedicine services, including technical issues, privacy concerns, and the limitations of remote medical care.
- The accuracy of diagnoses or treatments relies on the information provided during the telehealth visit.

I agree to provide accurate and thorough information to ensure appropriate care for the adult dependent under my care.

Section 7: Consent to Access Medical Records

I consent to the use of the adult dependent's medical history, as provided by me, for the purpose of evaluation, diagnosis, and treatment via ChatRx. I understand that ChatRx will maintain the confidentiality of all medical information in accordance with HIPAA regulations.

Section 8: Payment Information

Please note that ChatRx is a cash-based service and we do not accept insurance. I agree to pay for services rendered by ChatRx at the rates disclosed on the platform.

9. Dependent Addition Consent Agreement

By adding a dependent to your ChatRx account, I acknowledge and agree to the following terms:

1. **Authorization**:

      a. I confirm that I have the legal right to act on behalf of the dependent I am adding to this account.

      b. If required, I agree to provide documentation verifying my legal relationship with the dependent (e.g., birth certificate, legal guardianship paperwork, or healthcare power of attorney).

2. **Accuracy of Information**:

      a. I understand that providing false, incomplete, or misleading information may result in legal consequences and could impact the dependent's access to healthcare services.

3. **Use of Information**:

      a. I consent to ChatRx securely storing the dependent's information and using it solely for providing healthcare services.

      b. I understand that this information will be handled in compliance with applicable privacy laws, including HIPAA.

4. **Decision-Making Authority**:

      a. I acknowledge that by adding a dependent, I am assuming responsibility for managing their healthcare decisions through this platform, unless otherwise indicated by legal documentation.

5. **Revocation and Updates**:

      a. I understand that I can update or revoke my dependent's profile or my relationship status at any time by contacting ChatRx support.

      b. I acknowledge that ChatRx reserves the right to verify this relationship at any time.

6. **Consent for Verification**:

      a. I authorize ChatRx to verify my identity and relationship to the dependent as needed, which may include requesting additional information or documentation.

By proceeding, I agree to these terms and confirm that I understand my responsibilities as outlined above.

Section 10: Signature

By signing below, I confirm that I am the legal caregiver for the adult dependent named above and that I have the authority to consent to medical care on their behalf. I have read, understood, and agree to the terms outlined in this consent form.

- **Caregiver's Signature:** * populated electronically in our system
- **Date:** * Time stamped by our system

Disclaimer: This consent form is intended for telehealth services provided by ChatRx and is not a substitute for in-person medical consultations when needed.

For Internal Use Only:

- **Date Received:** * should auto-populate from our system