

ChatRx Medical Care Consent Form for a Minor

Child's Medical Care Consent Form

This form is intended to authorize medical care for a child 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 your child.

Section 1: Child/Minor's Information

- **Child's Full Name:** * 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: Parent/Guardian Information

- **Full Name of Parent/Guardian:** * should auto-populate from our system
- **Relationship to Child:** * 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
- **Please provide legal guardian documentation by uploading it *here***
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Section 3 Minor 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.

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Section 5: Consent for Medical Treatment

I, the undersigned, authorize ChatRx and its licensed healthcare professionals to provide necessary medical services to my child 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 telehealth 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 my child.

Section 7: Consent to Access Medical Records

I consent to the use of my child'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.

Section 9: Signature

By signing below, I confirm that I am the legal parent or guardian of the child 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

2-19-25

Disclaimer: This consent form is intended for telemedicine 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

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