

Test organisation – Master Consent & Acknowledgment

1. Consent for Treatment

By agreeing below, I, sdfgs sdfgsd, consent to the use of telehealth technologies for my care.
This includes ordering and reviewing lab tests and imaging.
I understand that my care may be delivered by a provider who is not a physician.
I understand that medicine is not an exact science and that there may be risks associated with my treatment.

2. Telehealth Consent

I consent to the use of telehealth technologies for my care.
I understand that telehealth has limitations compared to in-person care.
I understand that my provider may recommend in-person care at any time.
I confirm that at the time of my telehealth visit, I am in a private location and am able to hear and see the provider.

3. HIPAA Acknowledgment & Privacy

I acknowledge that I have received or had the opportunity to review the Test organisation's privacy policy.
My information may be shared with payers, providers, and other healthcare professionals.
I understand that I may ask for restrictions on the use of my information.

4. Assignment of Benefits & Financial Responsibility

I authorize Test organisation to bill my insurance for my care.
I assign insurance benefits to be paid directly to Test organisation.
I understand that I am responsible for copayments, deductibles, and coinsurance.
If I do not have insurance or if my plan does not cover my care, I understand that I am responsible for the full cost of my care.

5. Communication Consent

I consent to receive appointment reminders, test results, and other communications from Test organisation.
I understand that these methods may carry some risk of being intercepted or lost.
I may change my communication preferences at any time.

6. Patient Rights & Responsibilities