

Jonathan Collin, M.D.

DrJonathanCollin.com

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Consent for Treatment and Billing Agreement for Phone Consult Appointment

Patient's Full Name _____

During the 2021 legislative session, Washington State Substitute House Bill 1196 was passed, outlining terms for billing as it relates to 'Telemedicine', specifically 'audio-only' services. As per the terms of that Bill, we are required to obtain explicit patient consent for billing for telephone appointments.

I agree to consult with Dr. Jonathan Collin by Phone Consult/Telephone to diagnose and treat my medical condition. Further, I understand there is a charge for each appointment and that payment is expected after the consultation.

I have carefully read this consent form, and indicate my agreement with the signature below:

Signature of patient _____ **Date** _____