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**SOUTH DENVER PHYSICIANS PLLC**

**Internal Medicine: Dmitriy Pales, DO**

**Neurology and Neurodiagnostics: Elina Pales, DO**

I, \_\_\_\_\_, consent for Dr. Dmitriy Pales to use a tele-medicine services instead of face to face encounter during COVID-19 pandemic only. I acknowledge that the benefits of such an encounter are decreased exposure to other people and decreased risk of getting sick from such an exposure. I also acknowledge the risks of such interaction. I acknowledge that a tele-health encounter is of inferior nature to face to face interaction because it has a limited ability to conduct an exam. Also, risks to privacy are higher as we use Skype, Zoom, and telephone as the mode of communication. I also acknowledge that the tele-health visits will be billed to my insurance and all the co-pays and deductibles will be applied as to the regular office visits.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date