

Informed Consent to Telehealth Services and Advanced Practice Professionals, LLC Policies

This form describes Advanced Practice Professionals, LLC (hereafter referred to as "APP") Telehealth treatment and payment policies and includes:

- Your consent to receive medical treatment from APP (and your other rights and responsibilities);
- Your agreement to receive services using telehealth technology; and

Your agreement to pay in full any charges that are your responsibility.

By signing my name and clicking "Submit" on this form portal, I understand and agree that I am signing this Consent electronically and that

- (i) I have reviewed, understand and accept the risks and benefits of telehealth services as described below and wish to receive such services, and
- (ii) I agree to the remaining terms of this Consent, including the terms of the APP Privacy Notice described below.

If I am signing on behalf of a minor, incapacitated or otherwise legally dependent patient, I certify that I am a person with legal authority to act on behalf of the patient, including the authority to consent to medical services, and I accept financial responsibility for services rendered.

By using this agreement, I agree to receive telehealth services. Telehealth involves the delivery of health care services, including assessment, treatment, diagnosis, and education, using interactive audio, video, and data communications. During my visit, my APP provider and I will be able to see and speak with each other from remote locations.

I understand and agree that:

- I will not be in the same location or room as my medical provider.
- My APP provider is licensed in the state in which I am receiving services. I will report my location accurately during registration.

Potential benefits of telehealth (which are not guaranteed or assured) include:

- (i) access to medical care if I am unable to travel to my APP provider's office;
- (ii) more efficient medical evaluation and management; and
- (iii) during the COVID-19 pandemic, reduced exposure to patients, medical staff and other individuals at a physical location.

Potential risks of telehealth include:

- (i) limited or no availability of diagnostic laboratory, x-ray, EKG, and other testing, and some prescriptions, to assist my medical provider in diagnosis and treatment;
- (ii) my provider's inability to conduct a hands-on physical examination of me and my condition; and
- (iii) delays in evaluation and treatment due to technical difficulties or interruptions, distortion of diagnostic images or specimens resulting from electronic transmission issues, unauthorized access to my information, or loss of information due to technical failures. I will not hold APP responsible for lost information due to technological failures.

I further understand that my APP provider's advice, recommendations, and or decisions may be based on factors not within his/her control, including incomplete or inaccurate data provided by me. I understand that my APP provider relies on information provided by me before and during our telehealth encounter and that I must provide information about my medical history, condition(s), and current or previous medical care that is complete and accurate to the best of my ability.

I may discuss these risks and benefits with my APP provider and will be given an opportunity to ask questions about telehealth services. I have the right to withdraw this consent to telehealth services or end the telehealth session at any time without affecting my right to present for future treatment by APP.

I understand that the level of care provided by my APP provider is to be the same level of care that is available to me through an in-person medical visit. However, if my provider believes I would be better served by face-to-face services or another form of care, I will be referred to the nearest medical center, hospital emergency department or other appropriate health care provider.

I have the right to receive face-to-face medical services at any time by traveling to a medical center that is convenient to me.

In case of an emergency, I will dial 911 or go directly to the nearest hospital emergency room.

I consent to, understand and agree that:

- I have the right to discuss the risks and benefits of all procedures and courses of treatment proposed by my health care provider(s), together with any available alternatives.
- APP will provide care consistent with the prevailing standards of medical practice but makes no assurances or guarantees as to the results of treatment.
- APP providers will not prescribe any controlled substance to me, and may review information from the Prescription Drug Monitoring Program in my state of residence regarding my prior receipt of controlled substances.
- My APP provider will not prescribe opioids to me during a telehealth visit.

I have the right to review and receive copies of my medical records, including all information obtained during a telehealth interaction, subject to App's standard policies regarding request and receipt of medical records and applicable law.

The laws of the state in which I am located will apply to my receipt of telehealth services.

Advanced Practice Professionals, LLC Notice of Privacy Practices ("Privacy Notice")

APP will protect the privacy of my health information and will not use or disclose it except as permitted by law. APPT's privacy policies are more fully described in the Privacy Notice, which is available for review and download here:

By signing this Consent, I acknowledge receipt of the Privacy Notice and consent to APP's use and disclosure of my health information in accordance with its terms. I understand that all existing confidentiality protections that apply to in-person treatment apply to telehealth services.

Payment Policy

I acknowledge, understand and agree that:

- It is my responsibility to pay in full for services provided prior to any appointment with APP. I understand that APP will not submit a claim to any insure but will provide a superbill at your request for possible reimbursement by insurance. APP does not guarantee that your insurance will reimburse you and does not perform prior authorizations on your behalf.

By providing my credit card information and receiving telehealth services, I:

- (i) authorize APP to charge my credit card for services provided. I will be billed directly for all services provided by APP.

APP reserves the right to deny services if it is determined that a referral to a specialist or urgent/emergency services is necessary for my health. In the event that a referral to a specialist or higher level of care is needed, no refunds will be provided for services rendered.

Appointments missed, cancelled or rescheduled with less than 24 hours notice will be charged for the cancelled or missed appointment.