

Effective Date: June 18, 2026

Telemedicine Consent

This Telemedicine Informed Consent ("Consent") explains the nature of telemedicine services provided by Health Optimization. By participating in a telemedicine visit, you acknowledge that you have read, understand, and agree to the following.

What Is Telemedicine?

Telemedicine is the delivery of healthcare services using secure electronic communications, including real-time audio and video technology, when the patient and healthcare provider are located in different locations.

Telemedicine services may include:

- Medical history review
- Consultation
- Evaluation
- Diagnosis
- Treatment recommendations
- Prescription management
- Laboratory review and interpretation
- Follow-up care
- Patient education

Voluntary Participation

Participation in telemedicine is voluntary.

You may decline telemedicine services or withdraw your consent at any time without affecting your right to seek future care, subject to applicable law and practice policies.

Benefits of Telemedicine

Potential benefits include:

- Improved access to healthcare
- Reduced travel time
- Greater convenience
- Improved continuity of care
- Timely follow-up visits

Potential Risks

Potential risks include, but are not limited to:

- Technical failures or interruptions
- Reduced ability to perform a complete physical examination
- Delays caused by equipment or internet issues
- Rare security or privacy breaches despite reasonable safeguards
- Need for an in-person evaluation or referral when clinically appropriate

No specific results or outcomes can be guaranteed.

Patient Responsibilities

I understand that I am responsible for:

- Providing complete and accurate medical information.
- Informing my provider of changes in my medical history or medications.
- Participating from a private location whenever possible.
- Ensuring I have an adequate internet connection and functioning audio/video equipment.
- Following recommended treatment plans and obtaining recommended laboratory testing when indicated.

Identity and Location Verification

Before each telemedicine encounter:

- My identity will be verified.
- My physical location will be confirmed.
- I understand that I must be physically located in a state where my treating provider is licensed to practice at the time of the visit.

If I am located outside a jurisdiction where the provider is authorized to practice, the visit may be cancelled or terminated.

Privacy and Security

Health Optimization utilizes secure technologies designed to protect patient privacy and confidential medical information.

While reasonable safeguards are employed, no electronic communication system can guarantee absolute security.

My medical information will be maintained in accordance with applicable federal and state privacy laws, including HIPAA where applicable.

Prescriptions

I understand that:

- Prescriptions are issued only when medically appropriate.
- A consultation does not guarantee that medication will be prescribed.
- Prescription decisions are based solely on the independent medical judgment of the treating provider.
- Prescriptions may be transmitted electronically to my preferred pharmacy or, when appropriate, to a licensed partner compounding pharmacy.

The provider reserves the right to decline prescribing any medication when clinically or legally appropriate.

Laboratory Testing

The provider may recommend laboratory testing before initiating, continuing, or modifying treatment.

Failure to complete requested laboratory testing may delay or prevent treatment.

Emergencies

Telemedicine is **not appropriate for medical emergencies**.

If I experience:

- Chest pain
- Difficulty breathing
- Stroke symptoms
- Severe allergic reactions
- Loss of consciousness
- Suicidal thoughts
- Any other medical emergency

I will call **911** or go to the nearest emergency department immediately.

Recording

Neither the patient nor the provider may audio or video record telemedicine encounters without the prior written consent of all parties, except where otherwise permitted by law.

Financial Responsibility

I understand that I am responsible for applicable consultation fees, copayments, deductibles, coinsurance, and other charges not covered by insurance.

Payment for a consultation does not guarantee that medication will be prescribed or that treatment will be recommended.

Right to Ask Questions

I have had the opportunity to ask questions regarding telemedicine, and my questions have been answered to my satisfaction.

Consent

By signing below, I acknowledge that:

- I have read and understand this Telemedicine Informed Consent.
- I understand the benefits and potential risks of telemedicine.
- I consent to receive healthcare services through telemedicine.
- I authorize Health Optimization and its providers to provide telemedicine services as medically appropriate.
- I understand that I may withdraw this consent at any time by notifying Health Optimization in writing; however, withdrawal will not affect care already provided.

Patient Name: _____

Date of Birth: _____

Signature: _____

Date: _____

Parent/Legal Guardian (if applicable): _____

Relationship to Patient: _____