

Alpha & Omega Healing Arts, LLC
INFORMED CONSENT FOR TELEMEDICINE SERVICES

Patient First and Last Name: _____ Date of Birth: _____

Patient Phone Number: _____ Patient Email Address: _____

Patient Home Address: _____ City: _____ State: _____ Zip: _____

Is the patient's current physical location the same as his or her home address? Yes No

If the answer is "no" to the previous question, please list the following:

Patient's Physical Location Address: _____ City: _____ State: _____ Zip: _____

By providing my personal information and checking or clicking "I hereby provide my informed consent", below, I understand and agree that I am giving this Informed Consent in person or electronically and that:

- (i) I have reviewed, understand, and accept the risks and benefits of telemedicine services as described below and desire to receive such services.
- (ii) the risks and benefits of telemedicine services, along with the general nature and purpose of my visit, was discussed with me by my provider at Alpha & Omega Healing Arts, LLC and I was given the opportunity to ask and have answered any questions;
- (iii) I agree to all terms and conditions of this Informed Consent, including the terms of the Alpha & Omega Healing Arts, LLC Privacy Notice described below; and
- (iv) I accept financial responsibility for services rendered and insurance will not be billed.

If I am signing on behalf of a minor, incapacitated or otherwise legally dependent patient, I certify that I am the patient's parent or authorized adult to act on behalf of the patient, including the authority to consent to medical services.

INTRODUCTION

Telemedicine involves the delivery of health care services, including assessment, treatment, diagnosis, and education, using interactive audio, video, or data communications. Telemedicine also allows providers to consult with specialists or subspecialists at different locations for the purpose of improving patient care. Since this consultation may be different than the type of consultation with which you are familiar, it is important that you consent, understand, and agree to the following statements.

I consent to, understand, and agree to the following:

1. I will not be in the same location or room as my medical provider.
2. My medical provider is licensed in the State of Ohio. I will report my physical location accurately during registration and I attest that I am currently and will be physically located in the State of Ohio during my telemedicine consultation.
3. My medical provider may transmit or share electronically details of my medical history, examinations, x-rays, tests, photographs, or other images, sound files, or video files with a medical provider who is at a different location.

4. I will inform Alpha & Omega Healing Arts, LLC of any individuals accompanying me or present in the room during my telehealth consultation. Likewise, Alpha & Omega Healing Arts, LLC will inform you if any other persons are present other than the presenting medical provider.

5. Potential benefits of telemedicine (which are not guaranteed or assured) include: (i) access to medical care if I am unable to travel to my typical provider's office; (ii) access to consultations from other medical practitioners at distant sites; (iii) 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 medical office.

6. Potential risks of telemedicine include but are not limited to: (i) limited or no availability of diagnostic laboratory, x-ray, EKG, and other testing to assist my medical provider in diagnosis and treatment; (ii) my provider's inability to conduct an in-person physical examination of me and my condition; (iii) my medical provider not being able to fully resolve my concern over the telemedicine platform or phone; and (iv) 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.

7. I further understand that my provider at Alpha and Omega Healing Arts, LLC may provide advice, recommendations, and or decisions that are based on factors not within his/her control, including incomplete or inaccurate data or records provided by me. I understand that my Alpha & Omega Healing Arts, LLC provider relies on information provided by me before and during our telemedicine 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. In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reaction or other judgment error.

8. I have the right to refuse telemedicine services at any time without the right to future care or treatment at Alpha & Omega Healing Arts, LLC. I may revoke my consent orally to my medical provider during the course of my telemedicine encounter or by mail or electronic mail with return receipt requested to me at my home address listed above.

9. I understand that the standard of care delivered by my Alpha & Omega Healing Arts, LLC provider is to be the same minimum standard of care that is available to me through an in-person medical visit. However, if my provider believes I would be better served by in-person services or another form of care, I will be referred to the nearest appropriate health care provider or health care facility.

10. I have the right to review and receive copies of my medical records, including all information obtained during a telemedicine encounter, subject to Alpha & Omega Healing Arts, LLC's standard policies regarding request and receipt of medical records and applicable law along with any applicable fees.

11. I have the right to request that Alpha & Omega Healing Arts, LLC forward my medical record to my primary care provider or other health care provider. I may make this request orally to my medical provider during the course of my telemedicine encounter or by mail or electronic mail with return receipt requested to me at my home address listed above.

12. In exercising their professional judgment, providers with Alpha & Omega Healing Arts, LLC reserve the right to deny care for any reason including, but not limited to, instances where provision of care would medically or ethically be inappropriate.

13. Alpha & Omega Healing Arts, LLC will provide care consistent with minimum standards of care, but makes no assurances or guarantees as to the results of treatment.

14. In the event Alpha & Omega Healing Arts, LLC establishes a physical location(s), such as an office(s), I understand and agree that this Informed Consent will continue in full force and effect in connection with any future telemedicine services provided to me.

15. I understand that my initial inquiry or communication to Alpha & Omega Healing Arts, LLC regarding the telemedicine services it offers might be initiated or made by me via an unsecure method of communication, such as email or standard SMS messaging (texts). I understand that email and standard SMS messaging (texts) are not confidential methods of communication. I further understand that there is a risk that an email or standard SMS messaging (text) regarding my inquiry might be intercepted and read by a third party.

I further understand that Alpha & Omega Healing Arts, LLC provides telemedicine services via secure methods of communication which do not include email or standard SMS messaging (text). I agree not to use an unsecure method of communication, such as email or standard SMS messaging (texts), to communicate with Alpha & Omega Healing Arts, LLC concerning any aspect of my telemedicine treatment. If I do so, I understand that I will be instructed to communicate with Alpha & Omega Healing Arts, LLC via a secure method of communication.

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

Alpha & Omega Healing Arts, LLC Notice of Privacy Practices (“Privacy Notice”)

Alpha & Omega Healing Arts, LLC will take reasonable steps to protect the privacy of your personal information and will not use or disclose it except as permitted by law or with your consent. Alpha & Omega Healing Arts, LLC’s privacy policies are more fully described in the Privacy Notice, which is available for review and download at: <https://ahannamdaopriarycare.com/>.

By checking or clicking, “I hereby provide my informed consent”, below, I acknowledge receipt of the Privacy Notice and consent to Alpha & Omega Healing Arts, LLC’s use and disclosure of my personal information in accordance with the terms of the Privacy Notice. I understand that all confidentiality protections that apply to in-person treatment apply to telemedicine services.

_____ **I hereby provide my informed consent consistent with this Informed Consent.**

Patient:

Print Name: _____

Signature: _____

Date: _____

Authorized Representative of Patient:

Print Name and Relationship to Patient: _____

Signature: _____

Date: _____