



Telemedicine

I understand that my Provider has elected to utilize telehealth and online communication services to conduct virtual examinations and manage my care plan.

This may include 1) electronic consents and questionnaires delivered to my secure Patient Portal and required to be completed prior to my appointment 2) email communications regarding my appointment and login information, and 4) participating in my exam via two-way, live-streamed, video consultations for new and existing patients via a HIPAA-compliant portal.

Authorization to Evaluate Patient via Telehealth

I hereby consent to communicate by cell, e-mail, and online with my Provider so as to arrange and conduct virtual consultations, telemedicine/telehealth, and any other purposes deemed by my provider to be appropriate while I am receiving medical and aesthetic services.

As announced by the US Department of Health & Human Services (“HHS”) on March 17, 2020, I understand my Provider is now authorized to use non-public facing audio and/or video communication technology to provide telehealth, whether or not related to COVID-19, on an acceptable non-public facing platform. I accept that even authorized non-public facing third-party applications potentially introduce privacy risks, but my provider will enable all available encryption and privacy modes when using these applications.

Right to Withdraw Consent

I understand that I have the right to revoke this authorization in writing at any time, but if I do so it will have no effect on any actions taken prior to my revocation. Unless and until I revoke this authorization, it will exist in perpetuity from the date written below. I understand that I may refuse to sign this authorization and such refusal will have no effect on the medical treatment I receive from my Provider.

I release and discharge my Provider, the telehealth software portal and all parties acting under my Provider's license and authority from any telehealth medical privacy claims I might otherwise have had prior to HHS's March 17, 2020 notification. I certify that I have read this Authorization and Release and fully understand its terms.

I have read the above Authorization & Release and consent to the use of Telehealth services.