CONCIERGE WELLNESS

Consent to Telehealth

1. Purpose and eligibility:

Telehealth is the delivery of healthcare services through communication technologies to facilitate diagnosis, consultation, treatment, education, care management and self-management. This consent provides information about telehealth and obtains your informed consent to receive healthcare from licensed providers through the online platform operated by Concierge Wellness, LLC at www.sdconciergewellness.com (the "Service"). The Service is available only to adults 18 years of age or older.

2. Your healthcare providers:

You are seeking services from The Network Health or its affiliated professional entities, as identified to you at the time of your visit (the "Treating PC"). The Treating PC and related professional entities providing services in connection with the provider group are collectively referred to as the "Practice." Licensed healthcare professionals employed by or contracted with the Practice ("Providers") are responsible for clinical decisions. Concierge Wellness, LLC facilitates access through its website, mobile applications or related technologies (the "Platform").

3. Nature of services:

Telehealth may include video, telephone, secure messaging, electronic questionnaires, review of medical history and laboratory results, and follow-up care. Services may include wellness consultations, weight management, evaluation for peptide therapy and prescription management, when clinically appropriate and legally permitted. A consultation does not guarantee a prescription or any particular treatment. Your Provider may require laboratory testing, an in-person examination or referral before providing care.

4. Benefits, risks and limitations:

Telehealth may improve convenience and access to care. Limitations include the inability to perform a complete physical examination, incomplete or inaccurate information, technical interruptions, delays in evaluation or treatment, and possible unauthorized access to health information. Your Provider may determine that telehealth is not appropriate for your needs. No particular outcome is guaranteed.

5. Voluntary participation and alternatives:

You may decline telehealth or withdraw your consent at any time without affecting your right to future care or benefits to which you are otherwise entitled. You may request information about in-person alternatives. Withdrawal does not affect care already provided. You may ask questions before consenting and throughout your care.

6. Privacy and confidentiality:

Applicable privacy and confidentiality protections apply to telehealth. Your health information may be used or disclosed as permitted or required by law and as described in the applicable Notice of Privacy Practices. This consent supplements, but does not modify or supersede, the Terms of Service, Privacy Policy or Notice of Privacy Practices of Concierge Wellness, LLC, the Treating PC or other providers offering services through the Platform. For privacy questions, use the contact information provided by your Treating PC. If unavailable, contact the Privacy Officer at Concierge Wellness, LLC, San Diego, CA 92127, or info@sdconciergewellness.com.

7. Patient responsibilities:

You agree to provide accurate and complete information about your medical history, medications, allergies and symptoms, and to disclose your physical location at the time of each consultation. You agree to inform your Provider of relevant changes in your health and to follow up as directed. Use a private setting and secure connection when possible. If technology fails, contact your Provider to arrange an appropriate alternative.

8. Emergencies and treatment-specific consent:

Telehealth is not intended for emergencies. If you experience a medical emergency, call 911 or go to the nearest emergency department. This consent authorizes the use of telehealth as a method of care; it does not replace any separate informed consent required for a medication, procedure or treatment.

9. Patient acknowledgment and consent:

By signing below, clicking "I consent," or selecting the associated checkbox, I confirm that I am at least 18 years old; that I have read this consent or had it explained to me; that I understand the benefits, risks, limitations and alternatives of telehealth; that I have had the opportunity to ask questions and receive satisfactory answers; and that I understand my right to decline or withdraw consent. I voluntarily consent to receive healthcare services through telehealth from licensed Providers employed by or contracted with the Practice who may be located remotely from me.

☐ I have read, understand and consent to telehealth services.

Patient full name: _____

Date of birth: _____ **Date:** _____

Patient signature: _____