DOC BEE WELL

Multistate Telehealth Informed Consent

V7.1 — Effective August 8, 2026

This consent governs telehealth only. Membership terms, detailed financial/cancellation policies, the HIPAA Notice of Privacy Practices, and Patient Rights/State Regulatory Notices are separately versioned documents.

1. Provider and Scope

Provider: Pacific Northwest Kaizen, PLLC, doing business as Doc Bee Well. Physician: Benjamin S. Fasbinder, DO. Practice address: 1201 Pacific Ave, Suite 646, Tacoma, WA 98402. Email: admin@docbeewell.com. Phone: 253-777-3919.

Doc Bee Well is a physician-owned, virtual-first medical practice serving adults age 18 and older. Telehealth services are provided only when the physician is legally authorized to provide care to the patient in the state where the patient is physically located.

2. Nature and Purpose of Telehealth

Telehealth uses telecommunications technology to provide health care when the patient and physician are in different locations. Depending on applicable law, clinical need, and available technology, telehealth may include synchronous video, audio-only communication, asynchronous exchange of clinical information, remote patient monitoring, transfer of medical data, or other legally permitted technology.

Email, SMS text messaging, appointment reminders, secure messaging, and similar electronic communications may also be used for scheduling, logistics, care coordination, follow-up, and patient communication. These communications are not necessarily themselves a telehealth medical encounter.

3. Identity and Physical Location

At the beginning of a telehealth encounter, Doc Bee Well verifies or confirms the patient's identity and current physical location. The patient agrees to provide accurate identity and location information.

The physician may be unable to evaluate, diagnose, treat, prescribe, or continue the encounter if the patient is physically located in a jurisdiction where the physician is not authorized to provide the requested medical service. Temporary travel does not guarantee that telehealth care can lawfully be provided from the patient's temporary location.

4. Benefits, Limitations, and Alternatives

Potential benefits include improved access, reduced travel, timely follow-up, and continuity of care. Telehealth is not appropriate for every condition and may not permit all elements of an in-person physical examination.

The patient may decline telehealth. Doc Bee Well's in-person office is in Tacoma, Washington. When Doc Bee Well cannot provide an appropriate in-person alternative, the physician may recommend a local urgent care center, emergency department, primary care office, specialist, or other appropriate local facility.

5. Audio-Only Care and Technology Failure

Audio-only care may be used when clinically appropriate and permitted by applicable law. If visual assessment is clinically important, the physician may require video or recommend rescheduling or in-person evaluation.

If an encounter is interrupted by technology failure, Doc Bee Well may attempt to reconnect, continue by telephone when clinically appropriate, or reschedule. A technology failure that is not attributable to the patient's failure to attend will not be treated as a late cancellation or no-show.

6. Privacy, Security, and Electronic Communications

Doc Bee Well uses electronic systems and services selected for healthcare privacy and security. No electronic system can eliminate all privacy or security risk.

Email is Doc Bee Well's preferred electronic channel when communication may contain protected health information. SMS may be used for concise reminders, logistics, links, and limited patient communications. By providing an email address and mobile number, the patient consents to necessary electronic communications at those destinations and understands that device previews, shared devices, forwarding, or account access may expose information.

Doc Bee Well is a virtual-first practice. Reliable electronic contact information is necessary for routine practice communications; telephone calls are not promised as a routine substitute for email or SMS. The separate Notice of Privacy Practices explains privacy rights and uses and disclosures of protected health information.

7. Recording and Technology-Assisted Workflows

Doc Bee Well does not routinely audio-record or video-record telehealth encounters. If recording is proposed, the patient will be informed and separate consent will be obtained when required before recording.

Doc Bee Well may use technology-assisted administrative or analytical tools to support practice operations and physician review. These tools do not replace the physician's clinical judgment. Nurse Bee does not listen to, transcribe, or record the live telehealth encounter.

8. Emergency and Higher-Level Care

Telehealth services are not emergency services. Electronic messages are not continuously monitored and should not be used for emergencies. For a medical emergency, call 911 or seek care at the nearest emergency department. For a mental health, suicidal, or substance use crisis, call or text 988 to reach the Suicide & Crisis Lifeline.

If symptoms require urgent or in-person assessment, the physician may direct the patient to an appropriate local facility. Doc Bee Well cannot guarantee immediate response to email, SMS, secure messages, or other asynchronous communications.

9. Prescriptions and Controlled Medications

A telehealth encounter does not guarantee that any prescription will be issued. Prescribing is based on the physician's clinical judgment and applicable federal and state law.

Doc Bee Well does not initiate controlled-substance treatment for patients outside Washington and does not provide out-of-state controlled-substance refills. This practice policy applies to Schedule II–V controlled medications. Controlled-substance treatment considered in Washington requires an in-person clinical evaluation before initiation under Doc Bee Well practice policy, together with any monitoring, testing, prescription-monitoring-program review, treatment agreement, or follow-up the physician determines appropriate. Ongoing controlled-medication treatment may require a separate Controlled Medication Treatment Agreement. Applicable federal and state law and the physician's clinical judgment always control.

The patient may choose the pharmacy to which a prescription is sent, subject to applicable law, pharmacy requirements, medication availability, and clinical appropriateness.

10. Fees, Medicare, and Other Agreements

Fees applicable to the requested service are disclosed before the patient incurs the charge. Detailed cancellation, rescheduling, refund, and no-show terms are contained in the separately versioned Doc Bee Well Financial & Appointment Policy.

Honey Bee Membership eligibility and financial terms are governed by the Doc Bee Well Multistate Member Services Agreement. Active Medicare beneficiaries are not eligible for Honey Bee Membership, as set forth in that Agreement. Any non-membership services provided to Medicare beneficiaries are subject to applicable federal billing requirements.

11. Medical Records

Doc Bee Well creates and maintains medical records for telehealth services as required by applicable federal and state law. The patient has rights to request access to medical records and health information under applicable law. Telehealth documentation may include the method of communication, identity and location verification, relevant history, evaluation, diagnosis, treatment plan, prescriptions, referrals, follow-up, and consent when required.

12. Voluntary Consent and Withdrawal

Participation in telehealth is voluntary. The patient may ask questions before agreeing and may withhold or withdraw consent to telehealth as permitted by applicable law. Withdrawal applies prospectively and does not invalidate care already provided or actions already taken in reliance on prior consent.

If telehealth consent is withdrawn, Doc Bee Well may be unable to continue providing virtual care. The patient may seek in-person care from Doc Bee Well when available in Tacoma or from another appropriate local provider.

13. State-Specific Telehealth Provisions

The following provisions supplement this universal consent when the patient is physically located in the identified state. Applicable state law and professional standards control if they require additional or different protections.

Washington

- Services are provided under active Washington medical licensure and applicable Washington professional standards.
- Doc Bee Well confirms patient identity and physical location as part of its telehealth workflow.
- Washington regulatory complaint information is provided in the separately versioned Patient Rights, Responsibilities & State-Specific Notices.

Colorado

- Services are provided under active Colorado medical licensure and applicable Colorado standards of practice.
- Telehealth and prescribing are provided in accordance with applicable Colorado law.
- Colorado Medical Board complaint information is provided in the separate State-Specific Notices module.

Idaho

- Services are provided under active Idaho medical licensure.
- Doc Bee Well verifies or confirms patient identity and physical location for telehealth encounters.
- Prescribing is subject to applicable Idaho and federal law; Idaho Board of Medicine complaint information is provided separately.

Missouri

- Services are provided under active Missouri medical licensure.
- Telehealth treatment and prescribing require an appropriate physician-patient relationship and compliance with applicable Missouri telemedicine law.
- Missouri Board of Registration for the Healing Arts complaint information is provided separately.

Ohio

- Services are provided under active Ohio medical licensure.

- At the start of each telehealth encounter, Doc Bee Well verifies the patient's identity and physical location in Ohio. For a new patient, the physician communicates identity, credentials (DO), and Ohio licensure status as required by Ohio Admin. Code 4731-37-01.
- Telehealth consent is documented in the medical record. Telehealth evaluation, prescribing, privacy, records, emergency planning, and follow-up are provided in accordance with applicable Ohio requirements.

Utah

- Services are provided under active Utah medical licensure.
- Pursuant to applicable Utah law, the physician's identity and credentials are disclosed, and Utah license information is available upon request.
- The patient retains the right to choose a pharmacy for prescriptions, subject to applicable law and pharmacy requirements, and may request or be referred for in-person care when clinically appropriate.
- Telehealth and prescribing are provided under applicable Utah professional standards; Utah DOPL complaint information is provided separately.

Florida

- Services are provided under active Florida medical licensure and in accordance with F.S. § 456.47.
- Florida telehealth care is provided consistent with the physician's scope of practice and the prevailing professional standard applicable to in-person care in Florida.
- Under F.S. § 456.47, standalone administrative email and SMS communications do not themselves constitute a formal Florida telehealth encounter. Doc Bee Well confirms patient identity and physical location as part of its multistate licensure and safety workflow.
- Florida Board of Medicine / Department of Health complaint information is provided in the separate State-Specific Notices module.

Telehealth Consent Acknowledgement

By signing or electronically accepting this consent, I acknowledge that I have reviewed the nature, benefits, limitations, alternatives, privacy and technical risks, emergency limitations, prescribing boundaries, and state-specific provisions applicable to telehealth care. I have had the opportunity to ask questions and voluntarily consent to receive telehealth services from Doc Bee Well.

I understand that my physical location at the time of care may affect whether Doc Bee Well can legally provide the requested service, and I agree to provide accurate identity and location information.

I understand that this consent is separate from the Financial & Appointment Policy, Notice of Privacy Practices, Patient Rights/Responsibilities & State-Specific Notices, and, if applicable, the Honey Bee Member Services Agreement and Controlled Medication Treatment Agreement.

Patient name _____

Patient signature / electronic acceptance _____

Date _____

Patient physical/home state _____

Provider / authorized representative _____