

TELEMEDICINE INFORMED CONSENT

Telemedicine services involve the use of secure interactive videoconferencing equipment and devices that enable health care providers to deliver health care services to patients when located at different sites.

1. I understand that the same standard of care applies to a telemedicine visit as applies to an in-person visit.
2. I understand that I will not be physically in the same room as my health care provider. I will be notified of and my consent obtained for anyone other than my healthcare provider present in the room.
3. I understand that there are potential risks to using technology, including service interruptions, interception, and technical difficulties.
 - a. If it is determined that the videoconferencing equipment and/or connection is not adequate, I understand that my health care provider or I may discontinue the telemedicine visit and make other arrangements to continue the visit.
4. I understand that I have the right to refuse to participate or decide to stop participating in a telemedicine visit, and that my refusal will be documented in my medical record. I also understand that my refusal will not affect my right to future care or treatment.
 - a. I may revoke my right at any time by contacting **NexEra Health & Wellness & Eudaemonia Congenial Care Management** at **817-717-7294**
5. I understand that the laws that protect privacy and the confidentiality of health care information apply to telemedicine services.
6. I understand that my health care information may be shared with other individuals for scheduling and billing purposes.
 - a. I understand that my insurance carrier will have access to my medical records for quality review/audit.
 - b. I understand that I will be responsible for any out-of-pocket costs such as copayments or coinsurances that apply to my telemedicine visit.
 - c. I understand that health plan payment policies for telemedicine visits may be different from policies for in-person visits.
7. I understand that this document will become a part of my medical record.

By signing this form, I attest that I (1) have personally read this form (or had it explained to me) and fully understand and agree to its contents; (2) have had my questions answered to my satisfaction, and the risks, benefits, and alternatives to telemedicine visits shared with me in a language I understand; and (3) am located in the state of Texas and will be in Texas during my telemedicine visit(s).

Patient/Parent/Guardian Printed Name

Patient/Parent/Guardian Signature

Witness Signature

Date

TELEMEDICINE INFORMED CONSENT

NOTICE CONCERNING COMPLAINTS

Complaints about physicians, as well as other licensees and registrants of the Texas Medical Board, including physician assistants, acupuncturists, and surgical assistants may be reported for investigation at the following address:

Texas Medical Board
Attention: Investigations
333 Guadalupe, Tower 3, Suite 610
P.O. Box 2018, MC-263
Austin, Texas 78768-2018

Assistance in filing a complaint is available by calling the following

telephone number:
1-800-201-9353

For more information, please visit our website at

www.tmb.state.tx.us

**Consent to Receive Emails & Phone Text messages from NexEra
Health & Wellness clinic & Eudaemonia Congenial Care, LLC via
OneTouch Patient Portal, SpruceHealth Communications Adult Patient
or Parent/Guardian Consent**

(Print name of Adult Client or Parent's/Guardian of Child Client)

(Date of birth)

By providing your mobile phone number and email address to the **Regenerative Wellness Solutions, LLC ("Clinic")**, you are agreeing to be contacted by or on behalf of the Clinic and its business partner, OneTouch Medical. (OneTouch Portal), SpruceHealth (Client Relations Management Platform) identified below, including emails to your email address and text (SMS) messages to your mobile phone and other wireless devices, and the use of an automatic telephone dialing system, artificial voice and prerecorded messages, for the purpose of providing tele-appointment services offered by the Clinic and its business partners. Providing an email address is necessary to receive tele-appointment services from the Clinic.

You may opt-out of receiving text (SMS) messages from the Clinic or its business partners at any time by replying with the word STOP from the mobile device receiving the messages. You do not need to provide this consent for text (SMS) messages to receive any services from the Clinic. However, you acknowledge that opting-out of receiving text (SMS) messages may impact your experience with the service(s) that rely on communications via text (SMS) messaging.

I can withdraw my consent for receiving text (SMS) messages from the Clinic at any time by speaking or writing to my provider, (OneTouch Portal), SpruceHealth (Client Relations Management Platform)

☐ **YES** ☐ **NO**

email notifications only

☐ **YES** ☐ **NO**

email and mobile phone text message notifications

Print Client or Parent/Guardian Name

Date

Client or Parent/Guardian Signature

Date

Provider/Office Manager Signature

Date

**Consent to Receive Emails & Phone Text messages from
Regenerative Wellness Solutions, LLC clinic via OneTouch Patient
Portal, SpruceHealth Communications Adult Patient or
Parent/Guardian Consent**

(Print name of Adult Client or Parent's/Guardian of Child Client)

(Date of birth)

By providing your mobile phone number and email address to the **NexEra Health & Wellness & Genesis Pain & Wellness-Wound Care ("Clinic")**, you are agreeing to be contacted by or on behalf of the Clinic and its business partner, OneTouch Medical. (OneTouch Portal), SpruceHealth (Client Relations Management Platform), or WoundExpert (Nethealth Patient Portal) identified below, including emails to your email address and text (SMS) messages to your mobile phone and other wireless devices, and the use of an automatic telephone dialing system, artificial voice and prerecorded messages, for the purpose of providing tele-appointment services offered by the Clinic and its business partners. Providing an email address is necessary to receive tele-appointment services from the Clinic.

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I can withdraw my consent for receiving text (SMS) messages from the Clinic at any time by speaking or writing to my provider, (OneTouch Portal), SpruceHealth (Client Relations Management Platform), and or WoundExpert (Nethealth Patient Portal).

☐ **YES** ☐ **NO**

email notifications only

☐ **YES** ☐ **NO**

email and mobile phone text message notifications

Print Client or Parent/Guardian Name

Date

Client or Parent/Guardian Signature

Date

Provider/Office Manager Signature

Date

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