

GNQNC.INC
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Informed Consent for Telehealth Services

GNQNC, INC. (the “Company”) offers certain medical services through telehealth technologies. Telehealth is a mode of delivering health care services via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of health care, while patients and their health care providers are in different sites. Telehealth involves the use of technology to enable remote communications between and among health care providers and patients.

While telehealth may improve access to care and lead to more efficient diagnosis, treatment, and care management, there are potential risks associated with telehealth, as there are with any medical treatment or procedure. The potential risks associated with telehealth include, but are not limited to, insufficient transmission of information that does not allow for appropriate decision-making and diagnosis by the health care provider; delays in diagnosis, consultation, and/or communication due to deficiencies or failures of equipment or systems; failure of security protocols, resulting in a breach of privacy of personal health information; or adverse results or reactions due to lack of access to complete medical records.

By signing this informed consent, I understand the following:

1. I understand that the details of my telehealth interaction, which may include oral, visual, and electronic communications between me and my health care provider, will become part of my medical records, as such details would for any other type of face-to-face interaction with a health care provider.
2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to treatment or care in the future.
3. I understand that it is my duty to inform my health care provider of my medical history and details regarding my condition in order for Company’s health care providers to provide the best care possible.
4. I understand that I may expect certain anticipated benefits of the use of telehealth by my health care providers, but that no outcomes or results are guaranteed.
5. I understand that telehealth-based services may not be as complete or appropriate as face-to-face interactions under certain circumstances, and my health care provider may refer me to another health care provider for follow-up or additional care.

6. I understand that nothing within this consent precludes me from seeking or receiving in-person care if I choose, even after consenting to receive services via telehealth.

I have read and understand the information provided above regarding telehealth, including the potential risks. I have had the opportunity to discuss the use of telehealth with my Company health care provider and to ask questions regarding the use of telehealth, and all of my questions have been answered to my satisfaction.

By signing below, I hereby provide my consent to engage in telehealth with Company's health care providers and authorize Company's health care providers to use telehealth in the course of my diagnosis and treatment.

Print Patient Name: _____

Date: _____

The undersigned health care provider initiated the use of telehealth with the patient, informed the patient of the risks of telehealth interactions, answered all questions from the patient, and obtained verbal or written consent from the patient for the use of telehealth.

Print Provider Name: Galina Nikolskaya, MD

Date: _____