

Favor Health & Workforce Consulting LLC

CONSENT FOR TELEHEALTH CONSULTATION

1. I understand that I am voluntarily participating in a telemedicine consultation conducted via a “store and forward” process with (Favor Health & Workforce Consulting LLC). I acknowledge that I am submitting a health questionnaire that includes my basic medical history, current symptoms (if any), and treatment goals, which will be reviewed by a licensed medical provider. The provider will then approve the requested medical interventions and/or prescriptions after reviewing the submitted information. Your request will be approved unless there are contraindications to therapy, and you will be notified by email within 12-24 hours. If the provider does not approve the requested interventions and/or prescriptions, you will be notified by email and will receive a full refund of the purchase price for the skin care prescriptions.
2. I understand that the health questionnaire I fill out on this website and submit to the medical provider will not be the same as a direct patient/healthcare provider visit because I will not be in the same room as my healthcare provider. I understand that this is a convenience and courtesy provided by (Favor Health & Workforce Consulting LLC).
3. I understand that a telehealth consultation offers potential benefits, including easier access to care, lower costs, and the convenience of attending visits from home.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical issues. I understand that my health care provider or I can stop the telehealth visit if the video connection is not adequate for the situation.
5. I understand that my healthcare information may be shared with others for scheduling and billing purposes. I acknowledge that if another person is present during the telehealth consultation (via video or phone), I will be informed of their presence, and I will also disclose if someone else is with me. It is agreed that these individuals will keep the information confidential. I further understand that I will be made aware of their presence during the consultation, and I have the right to request: (1) to omit specific details of my medical history or physical exam that are personally sensitive; (2) to ask non-medical personnel to leave the telemedicine session; and/or (3) to end the consultation at any time.
6. I understand that the alternative to a telemedicine consultation is to skip evaluation and treatment with (Favor Health & Workforce Consulting LLC) and seek an in-person evaluation elsewhere. Therefore, I am freely choosing to participate in a telemedicine consultation through a “store and forward” method.
7. I understand that telemedicine has limitations when it comes to physical examinations. I realize that the physical exam part of the care provided through (Favor Health & Workforce Consulting LLC) will be limited or may not be performed at all. I also understand that I am submitting a health questionnaire that includes my basic medical history, current symptoms (if any), and my goals for treatment.
8. Telemedicine services provided through (Favor Health & Workforce Consulting LLC) are not considered emergency services. In case of an emergency or urgent medical issue, I will call 911, go to the emergency room, or visit an urgent care center.

By signing this form, I certify: (FORM WILL BE SIGNED ELECTRONICALLY IN YOUR EMR)

That I have read or had this form explained or read to me, and I understand its contents, including the risks and benefits of telemedicine.

I have had the opportunity to ask questions, if desired, by emailing Favor Health & Workforce

Consulting LLC through the Contact Us section, and I have received satisfactory answers before submitting the requested information.