

## **Informed Consent to Receive Remote Healthcare Services**

**Please read the full Informed consent for important details.**

The [healthpath] online platform (the “**Platform**”) offered by [U.S. Continuum Partners of Florida, Inc.] (“**USAP**”) provides access to certain remote healthcare services (“**Remote Healthcare Services**”) from physicians and other licensed health care professionals affiliated with USAP (together, the “**Providers**”).

Before you give your informed consent to request and receive Remote Healthcare Services on behalf of yourself or your minor child, please be aware of how obtaining health services remotely differs from in-person care. Some of the risks associated with receiving Remote Healthcare Services are described in this Informed Consent. There may be other risks to Remote Healthcare Services that are not currently known.

In this Informed Consent, the terms “we”, “us”, or “our” refer to USAP and its Providers for Remote Healthcare Services provided through the Platform. The terms “you” and “yours” refer to the individual using the Platform to request Remote Healthcare Services from Providers for himself or herself or for his or her minor child if consent is provided on the minor child’s behalf. Please read each item carefully.

### **Emergencies**

The Platform should not be utilized in a medical emergency. If this is a medical emergency, dial 911 or visit an emergency room.

### **Service Description**

The Platform is part of an overall primary care practice. It is not a remote full-service medical practice. Your use of the Remote Healthcare Services offered through the Platform and the Platform technology (collectively the “**Services**”) is voluntary. You (and your minor child, as applicable) may seek in-person healthcare services at any time.

The Platform provides access to Remote Healthcare Services, which does not allow for an in-person physical examination by the treating Provider. The absence of an in-person physical examination may affect the Provider’s ability to diagnose any potential condition, disease, or injury and may not reveal potentially serious medical conditions.

The health information you provide through the Platform may be the only source of information used by Providers during your evaluation and treatment through the Platform. Providers may not have access to any other information held by your medical providers (e.g., allergies, drug reactions, etc.).

Care that you receive is based on the information you provide or upload to the Platform or share with our Providers and care team. Information you provide using the Platform must be true, accurate, and complete. If you provide incorrect, misleading or incomplete information to a Provider, it may have a negative effect on your (or your minor child, as applicable) care and your (or your minor child, as applicable) health. If you refuse to provide requested information, you may not be considered to be under the care of the Provider and the Provider may refuse to treat you (or your minor child, as applicable) or continue to treat you (or your minor child, as applicable).

A variety of alternative methods of medical care may be available to you (and your minor child, as applicable), including an in-person visit. You may stop using the Services and choose one or more of these alternative modes of care at any time.

Use of the Services may involve asynchronous communications, such as completing forms and messaging your care team, as well as direct virtual, synchronous, communications and the electronic transmission of medical information and other data between you and the Provider(s).

As part of the Remote Healthcare Services, you may not be able to select a specific Provider. Due to emergencies, scheduling, and other circumstances, there may be times that the Services are unavailable.

The Remote Healthcare Services may only be used when you (and your minor child, as applicable) are physically located in **[Florida]**.

Please notify our Provider immediately if at the time of the Remote Healthcare visit you (or your minor child, as applicable) are no longer located in the state you indicated as your location.

### **Nature of Electronic Services**

The electronic nature of the Services means that there is a greater risk to the privacy of your (or your minor child, as applicable) electronic health information relative to receiving in-person care. For information about the privacy and security practices as well as our information sharing practices, please read our Notice of Privacy Practices.

The information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate decision making by the Provider. In addition, technical failures could lead to delays in evaluation or to information lost due to such technical failures.

If you are experiencing technical difficulties through the Platform/Service, you may email Support @healthepath.com.

In connection with the Service:

- Data, chat text, audio, video, and/or digital photos may be recorded, added to your (or your minor child, as applicable) medical record, stored permanently, and if requested released as authorized under law.
- Details of your medical information may be discussed with you and the Providers via the Service using electronic technology, including chat, audio, video, and/or graphics technology.
- Virtual examination of you may take place.
- Medical personnel and non-medical technical personnel may join the visit, virtually, to aid in delivery of medical care to you, or for the purpose of improving the Service.

I acknowledge the following with the Service:

- I have consented to the HIPAA Compliance Patient Consent and have received the Notice of Privacy Practices for the Service.
- I confirm I am located in **[Florida]** each time I am engaged with the Service.
- I understand my provider may not be able to diagnose certain issues remotely.
- I understand this service is not for emergencies. **If this is a medical emergency, I will dial 911 or visit an emergency room.**
- I understand I can **STOP** using the service at any time by emailing [Support@healthepath.com](mailto:Support@healthepath.com)

All communications in either electronic or paper format from us to you will be considered to be in writing. Print or download a copy of this Informed Consent and any other electronic communication that is important to you for your records.

By clicking on the “I Agree,” “Accept,” “Continue,” or any similar button provided in connection with this Informed Consent, you indicate your intent to receive electronic communications, and such action constitutes your signature.

For additional information regarding your Platform account and electronic communications please refer to the **[Terms and Conditions of Use of the Service]**.

[You acknowledge and agree that your consent is being provided in connection with a transaction affecting interstate commerce that is subject to the federal Electronic Signatures in Global and National Commerce Act, and you and the Providers, and their affiliates, agents, representatives, suppliers, and service providers, intend that the Act apply to the fullest extent possible to validate the ability to conduct business and communicate with you by electronic means.]

You hereby consent to the use of the Services to examine, consult, diagnose or treat you (or your minor child, as applicable), and you further acknowledge and agree that:

- You are at least eighteen (18) years of age.
- If you are consenting on behalf of your minor child, that you are the parent or legal guardian of the minor child and have the right to seek Remote Healthcare Services on behalf of such minor child. You will notify us immediately if, at any point in time, you are no longer authorized to access your minor child’s protected health information or do not have the right to consent to care on behalf of your minor child, due to court order or for any other reason.
- At the time of your visit(s), you (and your minor child, if applicable) will be located in the state you indicated as the location for the Remote Healthcare Services.
- You have read and understood the information above, including the benefits, risks and limitations of using the Platform for the Remote Healthcare Services and you agree to receive the Services via the Platform.
- You are responsible for communicating with our Providers from a private location to maintain your privacy and for security of the electronic device you use for such communications.
- Our Providers may determine that our clinical services are not appropriate for some or all of your (or your minor child, as applicable) treatment needs and may elect not to provide Services to you (or your minor child) through the Platform.

- This Informed Consent will become a part of your (or your minor child, as applicable) medical record.

You have the right to revoke this consent form in writing at any time. However, such a revocation will not be retroactive. You may revoke this authorization by notifying us by email: [Compliance@USAP.com](mailto:Compliance@USAP.com).

**Patient Name**

**Patient Signature**

**Date of Signature**

*Last updated: August 2025*