NOVAE WELLNESS

INFORMED CONSENT FOR TELEHEALTH SERVICES

Effective Date: September 15, 2026

PURPOSE OF THIS CONSENT

Telehealth allows healthcare services to be provided when the patient and healthcare provider are in different locations. Novae Wellness (“Novae”) offers certain healthcare services through telehealth, including evaluation, consultation, follow-up care, review of laboratory results, medication management, health education, and other services determined appropriate by your healthcare provider.

This document explains the nature of telehealth services, their potential benefits and limitations, and your rights as a patient. Please read it carefully before consenting to telehealth care.

NATURE OF TELEHEALTH SERVICES

Telehealth may involve the use of secure video conferencing, telephone communication, electronic messaging, patient portals, and other electronic technologies to communicate with your healthcare provider.

During a telehealth encounter, your provider may discuss your medical history, symptoms, medications, laboratory results, treatment options, and other health information. Your provider may also determine that additional testing, an in-person examination, referral to another healthcare professional, or emergency evaluation is necessary.

Telehealth is not appropriate for every medical condition or every clinical situation.

EXPECTED BENEFITS

Potential benefits of telehealth include improved access to healthcare, reduced travel, increased convenience, and the ability to receive appropriate healthcare services from your location.

However, no specific medical outcome or result can be guaranteed.

LIMITATIONS AND RISKS OF TELEHEALTH

I understand that telehealth has limitations compared with an in-person medical examination.

Potential risks and limitations include, but are not limited to:

- Certain physical examination findings may not be obtainable through telehealth.
- Information transmitted electronically may be incomplete, interrupted, delayed, or distorted.
- Technology or internet failures may interrupt or prevent an appointment.
- A provider may determine that telehealth is not sufficient to appropriately evaluate or treat my condition.
- I may need laboratory testing, diagnostic testing, an in-person examination, specialist consultation, urgent care, or emergency treatment.
- Although reasonable safeguards are used, electronic communication carries potential privacy and security risks.

I understand that my healthcare provider may discontinue a telehealth encounter and recommend another form of evaluation if the provider determines that telehealth is not clinically appropriate.

PATIENT LOCATION

I understand that I must accurately disclose my **physical location at the time of each telehealth encounter**.

My provider may ask me to confirm my location at the beginning of the visit for licensing, clinical, and emergency purposes.

I understand that my provider may be unable to provide care if I am physically located in a jurisdiction where the provider is not authorized to practice.

PRIVACY AND CONFIDENTIALITY

Novae Wellness will take reasonable measures to protect the privacy and confidentiality of my health information in accordance with applicable federal and California law.

I understand that I should participate in telehealth appointments from a private location whenever possible and use a secure internet connection and personal device when available.

I understand that other individuals should not participate in or listen to my telehealth visit without my knowledge and permission, except when otherwise permitted or required by law.

AI-ASSISTED DOCUMENTATION

I understand that Novae Wellness may use secure artificial intelligence (“AI”)–assisted documentation technology, sometimes referred to as an **AI medical scribe**, to assist my healthcare provider with documenting my visit.

The technology may process information discussed during my appointment to assist in preparing a draft clinical note. My healthcare provider remains responsible for reviewing and finalizing documentation entered into my medical record.

I understand that I may ask questions regarding the use of AI-assisted documentation and may request that an AI scribe not be used during my visit.

TECHNOLOGY FAILURE

If the video or other technology used for my appointment fails, Novae Wellness may attempt to reconnect with me or may contact me by telephone or another appropriate method.

Depending upon the clinical circumstances, the appointment may need to be rescheduled or I may be directed to obtain in-person care.

ELECTRONIC COMMUNICATION

I understand that Novae Wellness may communicate with me through approved electronic methods, which may include the patient portal, text messaging, email, telephone, or video communication.

I understand that ordinary text messaging and email may have privacy and security limitations compared with secure patient-portal communication.

Electronic messaging is not intended for emergencies and should not be used when immediate medical attention is required.

MEDICATIONS AND PRESCRIBING

I understand that receiving a telehealth evaluation does not guarantee that a medication will be prescribed.

Any medication, including prescription medication, will be prescribed only when my healthcare provider determines that it is clinically appropriate and legally permissible.

My provider may require laboratory testing, monitoring, an in-person examination, consultation with another healthcare professional, or other evaluation before prescribing or continuing a medication.

I understand that federal and state laws and regulations governing prescribing apply to telehealth care and may affect which medications can be prescribed remotely.

LABORATORY TESTING AND FOLLOW-UP

I understand that my healthcare provider may recommend or require laboratory testing or other monitoring as part of my care.

I agree to provide accurate information regarding my medical history, medications, supplements, allergies, symptoms, and other information reasonably necessary for my care.

I understand that failure to complete clinically necessary laboratory testing, monitoring, follow-up appointments, or other recommended evaluation may affect whether treatment or medication can safely be initiated or continued.

EMERGENCIES

Novae Wellness is not an emergency medical service.

Telehealth messaging, patient portal communications, email, and text messaging should **not** be used for medical emergencies.

If I believe I am experiencing a medical emergency, I understand that I should **call 911 or go to the nearest emergency department.**

If my healthcare provider believes that I may be experiencing an emergency during a telehealth encounter, I understand that the provider may recommend emergency evaluation and may contact emergency services when clinically and legally appropriate.

PATIENT RESPONSIBILITIES

By participating in telehealth care, I agree to:

- Provide complete and accurate information to my healthcare provider.
- Inform my provider of changes in my health, medications, or medical history.
- Accurately report my physical location during telehealth appointments.

- Participate from a reasonably private and safe location whenever possible.
- **Not participate in a video telehealth appointment while driving or operating a vehicle.**
- Complete recommended laboratory testing, monitoring, referrals, and follow-up when clinically necessary.
- Seek emergency or in-person care when instructed or when circumstances require it.

ALTERNATIVES TO TELEHEALTH

I understand that alternatives to telehealth may include seeking care from an in-person healthcare provider, urgent care center, emergency department, specialist, or other appropriate healthcare facility.

I understand that I may discuss these alternatives with my healthcare provider.

RIGHT TO WITHDRAW CONSENT

My participation in telehealth is voluntary.

I understand that I may withdraw my consent to telehealth services at any time without affecting my right to receive future healthcare services, although withdrawing consent may affect Novae Wellness's ability to provide services to me through its telehealth practice.

Withdrawal of consent will not affect services already provided before the withdrawal.

INFORMED CONSENT AND ACKNOWLEDGMENT

By signing below, I acknowledge that:

I have read and understand this **Informed Consent for Telehealth Services**.

I have had the opportunity to ask questions regarding telehealth and have received answers to my questions when requested.

I understand the potential benefits, risks, and limitations of receiving healthcare through telehealth.

I understand that telehealth does not guarantee any particular diagnosis, treatment, or medical outcome.

I understand that my provider may determine that telehealth is not appropriate for a particular condition and may recommend in-person or emergency evaluation.

I understand that I may withdraw my consent to telehealth services as described above.

I voluntarily consent to receive healthcare services from Novae Wellness through telehealth.