



TERMS AND CONDITIONS FOR CONSENT FOR TELEHEALTH AND USE OF TECHNOLOGY

1. Purpose

This form provides informed consent to participate in telehealth services and to authorize communication and care using technology. Telehealth includes the delivery of healthcare services via electronic communications such as interactive audio, video, and/or data communications.

2. Nature of Telehealth Services

Telehealth involves the use of technology to enable healthcare professionals at different locations to share individual patient medical information for the purpose of improving patient care. The services may include:

- Evaluation, diagnosis, consultation, and treatment
- Transmission of medical records, images, and lab reports
- Remote monitoring and follow-up
- Patient education and self-management guidance

3. Provider Responsibility

Providers using telehealth technology are licensed in the State of Tennessee and are authorized to deliver care through virtual platforms as permitted under **Tennessee Code Annotated § 63-1-155** and applicable federal law.

4. Patient Acknowledgment

By signing this consent, I understand and agree to the following:

- I will receive services using technology, including video conferencing, telephone, secure text messaging, or email.
- The provider has explained the risks and benefits of telehealth services.
- I may decline or withdraw my consent to telehealth services at any time without affecting my access to future care or treatment.
- I have the right to request in-person care when available and clinically appropriate.
- I understand that telehealth has limitations, including potential technology failure, privacy limitations, or the provider's inability to conduct certain examinations.
- I am responsible for ensuring privacy on my end of the communication (e.g., using a private room, secure connection, etc.).
- If the telehealth platform fails, the provider may contact me via alternative methods such as telephone.

- I authorize Cerebral Care Consulting, LLC to communicate with me using technology for scheduling, treatment updates, medication management, and education.
- Standard message and data rates may apply if using mobile devices.

5. Confidentiality and HIPAA

All information shared during a telehealth encounter is protected by the same privacy laws (HIPAA) that apply to in-person care. Reasonable and appropriate measures will be taken to protect the confidentiality of all communications and patient information.

6. Consent for Technology-Assisted Clinical Support

I understand that Cerebral Care Consulting, LLC may utilize secure, FDA-cleared or HIPAA-compliant technologies to aid in the documentation, tracking, or coordination of care. This may include digital health tools, decision-support systems, or electronic prescribing.

7. Emergency Situations

I understand that telehealth is not appropriate for emergency situations. In the event of an emergency, I will call 911 or proceed to the nearest emergency room.

8. Revocation

This consent remains in effect unless revoked in writing. I may withdraw consent at any time by notifying the practice in writing.
