



## Informed Consent for Telehealth Services

**YOU UNDERSTAND THAT BY CHECKING THE "AGREE" BOX YOU ARE AGREEING TO THIS INFORMED CONSENT AND THAT IT CONSTITUTES A LEGAL SIGNATURE ON THIS INFORMED CONSENT FOR TELEHEALTH SERVICES.**

As You Are is pleased to offer telehealth services as a convenient option to consult with you and address your child's healthcare needs. In the consent below, "you," "I," or "my" can refer to you or the child, as applicable. The purpose of this form is to obtain your consent for a telemedicine visit with an As You Are healthcare provider.

### [What is Telehealth?](#)

Telehealth is the delivery of healthcare services using electronic communications and information technology between a healthcare provider and a patient who are not in the same physical location. Telehealth may be used for diagnosis, treatment and follow-up. The telehealth services we offer may also include chart review, health information sharing, and patient education.

### [What happens during a Telehealth visit?](#)

During the telehealth visit, details of your child's medical history and personal health information may be discussed through the use of interactive video, audio and telecommunications technology. In addition, video, audio and/or photo recordings may be taken. Such recordings would be used for training purposes; provided however that recordings used for training shall not be incorporated into the medical record and will be deleted within one year of the date of the final appointment when the results are disclosed.

### [What Telehealth services do you provide?](#)

The telehealth services we provide may include any combination of the following: (1) review of and discussion of health records and test results; (2) observation of your child; (3) use of images and asynchronous communications; and (4) live two-way audio and video.

### [Is Telehealth secure?](#)

The electronic communications systems we use will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data, and will include measures to safeguard the data and ensure its integrity against intentional and unintentional corruption. While every effort is made to ensure the security of our systems, in very rare instances, the electronic systems or other security protocols or safeguards used in providing telehealth



services could fail, causing a breach of privacy of your medical or other information. In addition, as telehealth services take place outside of the medical office, there is a potential for other people to overhear the visit. We will take reasonable steps to ensure your child's privacy. It is important for you to make sure you find a private place for the visit where you will not be interrupted. It is also important for you to protect the privacy of the visit on your cell phone or other device, and that you be in an area where other people are not present and cannot overhear your conversation with the healthcare provider.

### [What are the benefits of Telehealth services?](#)

The use of telehealth services may have the following benefits:

1. Making it easier and more efficient for you to access medical care;
2. Allowing you to obtain medical care from our healthcare providers at times that are convenient for you; and/or
3. Enabling you to interact with our healthcare providers without the necessity of an in-office appointment.

### [What are the possible risks of telehealth services](#)

While the use of telehealth services can provide potential benefits for you, there are also potential risks associated with the use of telehealth. These risks include, but may not be limited to, the following:

1. The healthcare provider(s) may determine that the transmitted information is of inadequate quality to allow for appropriate medical decision making, and it may be necessary for you to reschedule a telehealth consult or to schedule an in-person appointment with another healthcare provider.
2. The healthcare provider(s) may not be able to provide medical treatment for a particular condition and you may be required to seek alternative healthcare or emergency care services.
3. Delays in medical evaluation could occur due to the unavailability of the healthcare provider(s) or deficiencies or failures of the technology or electronic equipment.



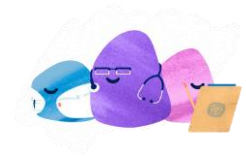
## PATIENT ACCEPTANCE AND CONSENT

By clicking the button titled “I Agree and Consent” on the electronic version of this form, you acknowledge that you have thoroughly read and understand this Informed Consent for Telehealth Services for your child, and that you agree with each of the following:

1. I understand that I should never use telehealth services in a medical emergency. I understand that, in an emergency, I should dial 911 or go to an emergency department.
2. I consent to receiving medical services, including the diagnosis of certain conditions, via telehealth technologies. I understand that As You Are offers telehealth-based medical services, but that these services do not replace the relationship between me and my primary care doctor. I also understand it is up to the As You Are provider to determine whether or not my specific clinical needs are appropriate for a telehealth encounter.
3. I consent to As You Are recording my sessions and including such recordings in my electronic medical record, or using them for training purposes. If my records are used for training purposes, such records will be deleted within one year of the date of the final appointment when the results are disclosed.
4. I understand there is a risk of technical and security failures during the telehealth encounter beyond the control of As You Are. I agree to hold harmless As You Are for delays in evaluation or for information lost due to such technical failures.
5. 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 future care or treatment. I understand that I may suspend or terminate use of the telehealth services at any time for any reason or for no reason.
6. I understand that some parts of the services involving tests may be conducted by individuals at my location, or at a testing facility, at the direction of the As You Are provider (e.g., labs or bloodwork).
7. I understand that I may expect the anticipated benefits from the use of telehealth in my care, but that no results can be guaranteed or assured.



8. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. Persons may be present during the consultation other than the As You Are provider in order to operate the telehealth technologies. I further understand that I will be informed of their presence in the consultation and will have the right to request the following: (1) omit specific details of my medical history/examination that are personally sensitive to me; (2) ask non-medical personnel to leave the telehealth examination; and/or (3) terminate the consultation at any time.
9. I understand the importance of answering all questions fully and truthfully. I understand that As You Are has no way of verifying the information that I provide and that the As You Are healthcare provider will consider all the information I provide to be accurate, true and complete, including my child's age, gender and all my answers to health questions.
10. I understand that if I provide information that isn't true and complete, then my child will be at greater risk of adverse events or misdiagnosis.
11. I understand that it is my responsibility to make an informed decision whether to accept a treatment plan that my child's healthcare provider proposes after weighing the risks and benefits of any such plan, alternative treatment options, and the risks and benefits of such alternatives, and the option of not seeking any treatment.
12. I understand that, if I participate in a telehealth consultation, I have the right to request a copy of my medical records which will be provided to me at reasonable cost of preparation, shipping and delivery.
13. I have had the opportunity to discuss the telemedicine services with As You Are and have had all of my questions answered to my satisfaction



[ ] I hereby give my informed consent for the use of telemedicine in my medical care. I hereby authorize As You Are and its healthcare providers to use telemedicine in the course of my diagnosis and treatment.

Patient Name:

Parent/Guardian Printed Name:

Signature:

Date:

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