

Consent to Electronic Agreements and Communications (E-SIGN)/Consentimiento para el Acuerdo y Envío de Comunicaciones Electrónicas

La traducción al español se encuentra en la parte inferior, desplácese según sea necesario.

I, the undersigned, hereby agree and consent to enter into and sign agreements with MAHEC ("Company") electronically, and to receive notices, notifications and communications from Company electronically, as set forth more fully herein.

I acknowledge and agree that:

Electronic Agreements and Signatures

- (a) Company and I can enter into and sign agreements electronically, including without limitation, subscription agreements, limited liability company agreements, and amendments to agreements (collectively "Agreements").
- (b) My use of a key pad, mouse or other device to select an item, button, icon or similar act /action, or to otherwise provide instructions to Company electronically, or in accessing or making any transaction regarding any Agreement, acknowledgement, consent, terms, disclosures or conditions constitutes my signature (my "E- Signature"), acceptance and agreement the same as if actually signed by me in writing.
- (c) I agree that no certification authority or other third party verification is necessary to validate my E- Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of my E-Signature or any resulting contract between me and Company.
- (d) I represent that I am authorized to enter into this Consent and future Agreements for all persons who own or are authorized to access any of my accounts, and that such persons will be bound by the terms of this Consent.
- (e) The parties' electronic signatures shall be valid and enforceable in accordance with the Electronic Signatures in Global and National Commerce Act ("E- SIGN"), 15 U.S.C. 7001, et seq.
- (f) All Agreements shall constitute original documents admissible in a court of law when printed from electronic files and records established and maintained by either party in the normal course of business.

Electronic Delivery of Communications

I agree to receive electronically all communications, documents, notices and disclosures (collectively, "Communications") that Company provides in connection with my account and transactions (collectively "Account") with Company. Communications include:

- Transaction receipts and confirmations;
- Invoices and statements for services rendered;
- Account statements and history;
- Federal and state tax statements Company is required to make available to me; and
- Any other Account or transaction information.

How I Can Withdraw Consent

I understand I may withdraw my consent of E-Signature and/or to receive electronic Communications by writing to Company and mailing my withdrawal of consent to:

MAHEC

If I fail to provide or if I withdraw my consent to receive Communications electronically, Company reserves the right to either deny my application for an Account, restrict or deactivate my Account, close my Account, or charge additional fees for paper copies.

Requesting Paper Copies of Electronic Communications

If, after I consent to receive Communications electronically, I would like a paper copy of a Communication Company previously sent, I may request a copy within 180 days of the date Company provided the Communication to me by contacting Company as described above. Company will send the paper copy to me by U.S. mail. In order for Company to send me paper copies, I must have a current street address on file as my "Home" address in my Company profile. If I request paper copies, I understand and agree that Company may charge a Records Request Fee for each Communication.

Updating my Contact Information

It is my responsibility to keep my primary email address up to date so that Company can communicate with me electronically. I understand and agree that if Company sends me an electronic Communication but I do not receive it because my primary email address on file is incorrect, out of date, blocked by my service provider, or I am otherwise unable to receive electronic Communications, Company will still be deemed to have provided the Communication to me.

I understand that if I use a spam filter that blocks or re-routes emails from senders not listed in my email address book, I must add Company to my email address book so that I will be able to receive the Communications Company sends to me.

I can update my primary email address or street address at any time by contacting Company. If my email address becomes invalid such that electronic Communications sent to me by Company are returned, Company may deem my Account to be inactive, and I will not be able to transact any activity using my Account until Company receives a valid, working primary email address from me.

Hardware and Software Requirements

In order to receive electronic communications, I understand I must have a computer, tablet, smartphone or similar device that can access the Internet and my email account and address where Company may communicate with me via email. My click-acceptance of this Consent electronically demonstrates that my ability to access Communications and other information electronically.

By checking the Box containing "Accept" I hereby state that I have read, understood, and agree to the terms of this document and I consent to receive all Communications electronically as stated above.

Consentimiento para el Acuerdo y Envío de Comunicaciones Electrónicas

Yo, el abajo firmante, acepto y consiento firmar acuerdos con MAHEC (la Compañía) de manera electrónica, y

recibir avisos, notificaciones y comunicaciones de la Compañía por vía electrónica, como se establece más detalladamente y más adelante en este documento.

Yo reconozco, entiendo y acepto que:

Acuerdo y Firmas Electrónicas

1. La Compañía y yo, podemos acordar, celebrar y firmar acuerdos de manera electrónica, incluidos, entre otros, los acuerdos de suscripción, los acuerdos de responsabilidad limitada de la compañía y las enmiendas a los acuerdos (en adelante, "Acuerdos").
2. El uso por mi parte de un teclado, mouse u otro dispositivo para seleccionar un elemento, botón, ícono o acto / acción similar, o de otra manera proporcionar instrucciones a la Compañía de manera electrónica, o al acceder o realizar cualquier transacción relacionada con cualquier Acuerdo, reconocimiento, consentimiento, términos, divulgaciones o condiciones constituye mi firma (mi "Firma Electrónica"), la aceptación y el acuerdo serán los mismos tal como si yo mismo lo hubiese firmado por escrito. Estoy de acuerdo en que ninguna autoridad de certificación u otra verificación de terceros es necesaria para validar mi firma electrónica y que la falta de dicha certificación o verificación de terceros no afectará la exigibilidad de mi firma electrónica o cualquier contrato resultante entre la Compañía y yo.
3. Declaro que estoy autorizado a firmar este Consentimiento y futuros Acuerdos para todas las personas que posean o estén autorizadas para acceder a cualquiera de mis cuentas, y que dichas personas permanecerán sujetas a los términos de este Acuerdo.
4. Las firmas electrónicas de las partes serán válidas y ejecutables de conformidad con la Electronic Signatures in Global and National Commerce Act ("ESIGN"), 15 U.S.C. 7001, et seq.
5. Todos los Acuerdos constituirán documentos originales admisibles en un tribunal de justicia cuando se impriman a partir de archivos electrónicos y registros establecidos y mantenidos por cualquiera de las partes en el curso normal de los acontecimientos de la operativa del negocio.

Entrega Electrónica de Comunicaciones

Acepto recibir electrónicamente todas las comunicaciones, documentos, avisos y divulgaciones (en adelante, "Comunicaciones") que la Compañía proporciona en relación con mi cuenta y las transacciones (en adelante, "Cuenta") con la Compañía. Las comunicaciones incluyen:

- Recibos y confirmaciones de transacciones;
- Facturas y declaraciones por servicios prestados;
- Estados de cuenta e historial;
- Declaraciones de impuestos federales y estatales que la Compañía debe poner a mi disposición; y
- Cualquier otra información de la cuenta o transacción.

Cómo puedo retirar mi consentimiento

Entiendo que puedo retirar mi consentimiento de Firma Electrónica y / o de recibir Comunicaciones electrónicas por escrito a la Compañía y enviar mi anulación de consentimiento a: MAHEC. Si no proporciono mi consentimiento o si retiro mi consentimiento para recibir Comunicaciones de manera electrónica, la Compañía The Modern Healthcare Experience se reserva el derecho a rechazar mi solicitud para una Cuenta, restringir o desactivar mi Cuenta, cerrar mi Cuenta o cobrar tarifas adicionales por las copias en papel.

Solicitud de copias en papel para las comunicaciones electrónicas

Si después de otorgar mi consentimiento para recibir Comunicaciones electrónicamente, decido que me gustaría recibir una copia impresa de la Comunicación de la Compañía enviada previamente, puedo solicitar una copia dentro de los 180 días posteriores a la fecha en que la Compañía me envió la Comunicación, poniéndome en contacto con la Compañía tal como se describe anteriormente. La compañía me enviará la copia en papel por correo postal (U.S mail). Para que la Compañía me envíe copias en papel, debo tener una dirección postal actualizada en el archivo del perfil de mi Compañía identificada como dirección "Home". Si solicito copias en papel, entiendo y acepto que la Compañía puede cobrar una tarifa de solicitud impresión de registros por cada comunicación solicitada.

Actualizar mi información de contacto

Es mi responsabilidad mantener actualizada mi dirección de correo electrónico principal para que la Compañía pueda comunicarse conmigo electrónicamente. Entiendo y acepto que, si la Compañía me envía una Comunicación electrónica pero no la recibo porque mi dirección de correo electrónico principal archivada es incorrecta, está desactualizada, está bloqueada por mi proveedor de servicios o por cualquier motivo no puedo recibir Comunicaciones electrónicas, se considerará igualmente que la Compañía me ha proporcionado la Comunicación.

Entiendo que, si uso un filtro de correo no deseado que bloquea o redirige los correos electrónicos de remitentes que no figuran en mi libreta de direcciones de correo electrónico, debo agregar la Compañía a mi libreta de direcciones de correo electrónico para poder recibir los envíos de Comunicaciones.

Puedo actualizar mi dirección de correo electrónico principal o mi dirección postal en cualquier momento comunicándome con la Compañía. Si mi dirección de correo electrónico no es válida y, por tanto, las Comunicaciones electrónicas que me envía la Compañía son devueltas, la Compañía puede considerar que mi Cuenta está inactiva y no podré realizar ninguna actividad utilizando mi Cuenta hasta que la Compañía reciba una dirección de correo electrónico principal válida y activa de mi parte.

Requisitos de hardware y software

Entiendo que, para recibir comunicaciones electrónicas debo tener una computadora, tableta, teléfono inteligente o dispositivo similar que pueda acceder a Internet y a mi cuenta de correo electrónico y dirección donde la Compañía pueda comunicarse conmigo por correo electrónico. La aceptación por mi parte de este consentimiento con un clic, demuestra electrónicamente mi capacidad para acceder a las Comunicaciones y cualquier otra información de manera electrónica.

Al marcar la casilla ACEPTO, doy mi consentimiento para para recibir todas las Comunicaciones electrónicamente tal como se indicó anteriormente.

Consent for Text & Email Messaging/Consentimiento para recibir textos y correos electrónicos de parte del Grupo Médico

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MAHEC ("Medical Group").

By providing your cell phone number and email address to Medical Group, you are agreeing to be contacted by or on behalf of Medical Group and its business partners identified below at the email address and the telephone number provided, including emails to your email address and text (SMS) messages to your cell phone and other wireless devices, and the use of an automatic telephone dialing system, artificial voice and prerecorded messages, for the purpose of providing the products and services offered by the Medical Group and identified business partners. You may also be contacted with announcements about the products and services offered by the Medical Group and identified business partners., and products and services of the identified business partners. You may opt-out of receiving text (SMS) messages from Medical Group or its subsidiaries at any time by replying with the word STOP from the mobile device receiving the messages. You do not need to provide this consent in order to purchase any products or services from Medical Group. However, you acknowledge that opting out of receiving text (SMS) messages may impact your experience with the service(s) that rely on communications via text (SMS) messaging.

Business partners: Mend VIP, Inc. (MendFamily.com, MendVIP.com)

By checking the Box containing "Accept" I hereby state that I have read, understood, and agree to the terms of this document and I consent to be contacted as set forth above.

Consentimiento para recibir textos y correos electrónicos de parte del Grupo Médico

MAHEC ("Grupo médico")

Al proporcionar su número de teléfono celular y dirección de correo electrónico al Grupo Médico, usted acepta ser contactado por el Grupo Médico, o en nombre del mismo, en la dirección de correo electrónico y el número de teléfono proporcionado, incluidos correos electrónicos a su dirección de correo electrónico y mensajes de texto (SMS) a su teléfono móvil o celular y otros dispositivos inalámbricos, y el uso de un sistema de marcación telefónica automática, con voz artificial y mensajes pregrabados, con el fin de proporcionar los productos y servicios ofrecidos por el Grupo Médico. También puede ser contactado con anuncios sobre productos y servicios ofrecidos por el Grupo Médico. Tiene la opción de no recibir mensajes de texto (SMS) del Grupo Médico o sus subsidiarias en cualquier momento. Para ello debe responder con la palabra PARE desde el dispositivo móvil o celular en el que recibe los mensajes. No es necesario dar este consentimiento para comprar cualquier producto o servicio de del Grupo Médico. Sin embargo, usted afirma reconocer que si opta por no recibir mensajes de texto (SMS) puede afectar la experiencia de usuario con los servicios prestados por el Grupo Médico que dependan de comunicaciones enviadas a través de mensajes de texto (SMS).

Al marcar la casilla ACEPTO, doy mi consentimiento para ser contactado de las maneras descritas anteriormente.

Consent for Telehealth/Consentimiento informado para servicios de TeleMedicina

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MAHEC ("Medical Group").

Telehealth involves the use of electronic communications to enable healthcare providers at different locations to share individual patient medical information for the purpose of improving patient care. Telehealth services also include remote monitoring, telepharmacy, prescription refills, appointment scheduling, regional health information sharing, and non-clinical services, such as education programs, administration, and public health. Medical Group providers may include primary care practitioners, specialists, and/or subspecialists. The information may be used for diagnosis, therapy, follow-up and/or education, and may include any combination of the following: (1) patient medical records; (2) medical images; (3) live two-way audio and video; (4) interactive audio; (5) store and forward electronic communications; and (6) output data from medical devices and sound and video files.

Electronic systems used 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 to ensure its integrity against intentional or unintentional corruption.

Responsibility for your medical care should remain with your local primary care doctor, if you have one, as does your medical record.

Expected Benefits:

Improved access to medical care by enabling you to remain in your local healthcare site (e.g., home) while the provider consults and obtains test results at distant/other sites.
More efficient medical evaluation and management.
Obtaining expertise of a specialist.

Possible Risks:

Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment and technologies.
In rare events, the provider may determine that the transmitted information is of inadequate quality, thus necessitating a rescheduled telehealth consult or an in-person meeting with your provider.
In very rare events, security protocols could fail, causing a breach of privacy of personal medical information.
In rare events, a lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other judgment errors.

By checking the box associated with "Accept", you acknowledge that you understand and agree with the following:

1. I hereby consent to receiving Medical Group's services via telehealth technologies. I also understand it is up to the Medical Group provider to determine whether or not my needs are appropriate for a telehealth encounter.

2. I have been given an opportunity to select a consulting provider from the Medical Group prior to the consult, including a review of the consulting provider's credentials.
3. I understand that federal and state law requires health care providers to protect the privacy and the security of health information. I understand that Medical Group will take steps to make sure that my health information is not seen by anyone who should not see it. I understand that telehealth may involve electronic communication of my personal medical information to other medical practitioners who may be located in other areas, including out of state.
4. I understand there is a risk of technical failures during the telehealth encounter beyond the control of Medical Group. I agree to hold harmless Medical Group 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 access to the service at any time for any reason or for no reason. I understand that if I am experiencing a medical emergency, that I will be directed to dial 9-1-1 immediately and that the Medical Group health service specialists are not able to connect me directly to any local emergency services.
6. I understand the alternatives to telehealth consultation, such as in-person services are available to me, and in choosing to participate in a telehealth consultation, I understand that some parts of the services involving physical tests may be conducted by individuals at my location, or at a testing facility, at the direction of the Medical Group consulting healthcare provider (e.g. labs or bloodwork).
7. I understand video images and audio recordings of me may be captured and stored electronically. I understand that these recordings may be later viewed and used for purposes of evaluation and training, which may include Medical Group non-physician personnel and students. I understand and consent to the use of these images and audio recordings for the telehealth consultation and, potentially, evaluation, education and training. Recording any member of Medical Group without their consent is expressly prohibited. I understand that sessions may also be monitored for training, audit, support, or other reasons associated with my care.
8. 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.
9. 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 Medical Group provider in order to operate the telehealth technologies. I further understand that I will be informed of their presence in the consultation and thus 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.
10. I understand that any Drug Enforcement Agency controlled substances are prescribed at the sole discretion of the provider in compliance with federal and state regulations. There is no guarantee that I will be given a prescription at all. Medical Group may require an in-person visit from time to time to continue to prescribe medications.
11. I understand that if I participate in a consultation, that 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.
12. I understand that in the event of any problem with the website or related services, I agree that my sole remedy is to cease using the website or terminate access to the service. Under no circumstances will Medical

Group or any Medical Group subsidiary or affiliate be liable in any way for the use of the telehealth services, including but not limited to, any errors or omissions in content or infringement by any content on the website of any intellectual property rights or other rights of third parties, or for any losses or damages of any kind arising directly or indirectly out of the use of, inability to use, or the results of use of the website, and any website linked to the website, or the materials or information contained on any or all such websites. I agree that I will not hold Medical Group, its subsidiaries or affiliates liable for any punitive, exemplary, consequential, incidental, indirect or special damages (including, without limitation, any personal injury, lost profits, business interruption, loss of programs or other data on my computer or otherwise) arising from or in connection with your use of the website whether under a theory of breach of contract, negligence, strict liability, malpractice or otherwise, even if we or they have been advised of the possibility of such damages.

13. I understand that Medical Group makes no representation that materials on this website are appropriate or available for use in any other location. I understand that if I access these services from a location outside of the United States, that I do so at my own risk and initiative and that I am ultimately responsible for compliance with any laws or regulations associated with my use.

Patient Consent

I have read this document carefully, and understand the risks and benefits of the telehealth consultation and have had my questions regarding the procedure explained and I hereby give my informed consent to participate in a telehealth consultation under the terms described herein.

By checking the Box containing "Accept" I hereby state that I have read, understood, and agree to the terms of this document.

Legal Guardian

If patient is a minor, lacks capacity to provide informed consent for medical treatment or otherwise requires a legal guardian* to authorize telehealth services, the legal guardian's acceptance is required.

By checking the Box containing "Accept" I hereby state that I am a legal guardian and I have read, understood, and agree to the terms of this document.

* A legal guardian is a person who has the legal authority (and the corresponding duty) to care for the personal and property interests of another person, called a ward. Guardians are typically used in three situations: guardianship for an incapacitated senior (due to old age or infirmity), guardianship for a minor, and guardianship for developmentally disabled adults.

Consentimiento informado para servicios de TeleMedicina

La telemedicina implica el uso de comunicaciones por medios electrónicos para permitir a los proveedores de salud compartir información médica del paciente desde diversas ubicaciones, con el propósito de mejorar la atención al paciente. Los servicios de telemedicina también incluyen monitorización remota, telefarmacia, renovación de récipes, programación de cita previa, intercambio de información regional de salud, y servicios no clínicos, como programas de educación, administración y salud pública. Los proveedores de los Grupos Médicos pueden incluir profesionales de atención primaria, especialistas, y / o sub especialistas. La información puede ser utilizada para el diagnóstico, terapia, seguimiento y / o educación, y puede incluir cualquier combinación de las siguientes: (1) registros médicos de pacientes; (2) imágenes médicas; (3) audio y video bidireccional en vivo; (4) audio interactivo (5) almacenamiento y reenvío electrónico de comunicaciones; y (6) datos resultantes provenientes de dispositivos médicos y archivos de sonido y video.

Los sistemas electrónicos utilizados incorporarán protocolos de seguridad de software y red para proteger la confidencialidad de la identificación del paciente y sus datos de imagen, e incluirá medidas para salvaguardar los datos y para garantizar su integridad contra cualquier tipo de corrupción intencional o involuntaria.

La responsabilidad de su atención médica debe permanecer con su médico de cabecera local, si lo tuviese, así como también su historial médico.

¿Qué beneficios puede esperar?

- **Mejor acceso a la atención médica al permitirle permanecer en su sitio de atención médica local (por ejemplo, en su hogar), mientras el proveedor consulta y obtiene los resultados de las pruebas a distancia o desde otro sitio.**
- **Evaluación y gestión médica más eficiente.**
- **Obtención de la opinión y experiencia de un especialista.**

¿Cuáles son los posibles riesgos?

- **Los retrasos en la evaluación médica y el tratamiento podrían ocurrir debido a deficiencias o fallas en los equipos tecnológicos.**
- **En raras ocasiones, el proveedor puede determinar que la información transmitida es de una calidad inadecuada, por lo que se necesitaría reprogramar una consulta de telemedicina o una reunión en persona con su proveedor de salud.**
- **En ocasiones muy raras, los protocolos de seguridad podrían fallar, causando una violación de la privacidad de la información médica profesional.**
- **En raras ocasiones, la falta de acceso a registros médicos completos podría dar lugar a interacciones adversas de medicamentos, reacciones adversas u otros errores de juicio.**

Al marcar la casilla correspondiente a "Consentimiento Informado", usted reconoce que entiende y está de acuerdo con lo siguiente:

1. **Por medio de la presente doy mi consentimiento para recibir el servicio del Grupo Médico a través de las tecnologías de la telemedicina. También entiendo que es correspondencia del proveedor del Grupo Médico determinar si mis necesidades son o no apropiadas para una consulta y encuentro de telemedicina.**
2. **Se me ha dado la oportunidad de seleccionar un proveedor de consulta del Grupo Médico antes de la consulta, incluyendo una revisión de las credenciales del proveedor de la consulta.**
3. **Entiendo que las leyes federales y estatales requieren que los proveedores de servicios de salud protejan la privacidad y la seguridad de la información sanitaria. Entiendo que el Grupo Médico tomará medidas para asegurarse de que mi información de salud no sea vista por nadie que no deba verla. Entiendo que la**

telemedicina puede involucrar comunicaciones electrónicas sobre mi información médica personal para ser enviada a otros médicos que pueden estar ubicados en otras áreas, incluso fuera del estado.

4. Entiendo que existe el riesgo de fallos técnicos mientras dure el encuentro de telemedicina y que esta situación está fuera del control del Grupo Médico. Estoy de acuerdo en mantener indemne al Grupo Médico por retrasos en la evaluación de las pruebas o por información perdida debido a tales fallos técnicos
5. Entiendo que tengo el derecho de retener o retirar mi consentimiento para el uso de telemedicina en el curso de mi cuidado en cualquier momento, sin afectar mi derecho al cuidado de mi salud o tratamiento futuro. Entiendo que yo pueda suspender o terminar el acceso al servicio en cualquier momento por cualquier razón o sin dar razón alguna. Entiendo que, si estoy experimentando una emergencia médica, debo marcar 9-1-1 inmediatamente y que los especialistas en servicios de salud del Grupo Médico no pueden conectarme directamente a ningún servicio de emergencia local.
6. Entiendo que las alternativas a la consulta de telemedicina, tales como servicios en persona, están disponibles para mi uso, y en la elección de participar en una consulta de telemedicina, entiendo que algunas partes de los servicios que **involucran pruebas físicas pueden ser realizados por personas en mi ubicación, o en un centro de pruebas según las instrucciones del proveedor de consultas médicas del Grupo Médico (por ejemplo, laboratorios o análisis de sangre).**
7. Entiendo que se puedan hacer, capturar y almacenar electrónicamente imágenes de video y grabaciones de audio de mi persona. Entiendo que estas grabaciones pueden ser vistas más adelante y pueden ser utilizadas con fines de evaluación y formación, con personas que podrían ser personal no médico y estudiantes. Entiendo y consiento el uso de estas imágenes y grabaciones de audio para la consulta de telemedicina y, potencialmente, para evaluaciones, educación y entrenamiento. Grabar a cualquier miembro de Grupo Médico sin su consentimiento está expresamente prohibido.
8. **Entiendo que puedo esperar los beneficios anticipados del uso de la telemedicina en mi atención y cuidados de salud, pero que no se pueden garantizar ni asegurar resultados.**
9. **Entiendo que mi información médica puede ser compartida con otras personas para programar citas médicas y con fines de facturación. Otras personas que no pertenezcan al proveedor del Grupo Médico pueden estar presentes durante la consulta para encargarse de las tecnologías de telemedicina. Además, entiendo que seré informado de su presencia en la consulta y, por lo tanto, tendré derecho de solicitar lo siguiente: (1) omitir detalles específicos de mi historial médico / examen que son personalmente sensibles para mí; (2) pedir al personal no médico que salga durante el examen de telemedicina; y / o (3) terminar la consulta en cualquier momento.**
10. **Entiendo que cualquier sustancia controlada por la Agencia de Control de Drogas se prescribe a única discreción del proveedor en cumplimiento de las regulaciones federales y estatales. No existe garantía absoluta de que me proporcionen una receta médica. El Grupo Médico puede requerir una visita en persona cada cierto tiempo para seguir recetando medicamento.**

11. **Entiendo que, si participo en una consulta, tengo derecho a solicitar una copia de mis registros médicos que me serán proporcionados a un costo razonable por su preparación, envío y entrega.**
12. **Entiendo que, en caso de cualquier problema con el sitio web o los servicios relacionados, estoy de acuerdo en que mi única solución es dejar de usar el sitio web o cancelar el acceso al servicio. Bajo ninguna circunstancia el Grupo Médico o cualquier filial o afiliada del Grupo Médico será responsable en cualquier manera por el uso de los servicios de telemedicina, incluidos, entre otros, cualquier error u omisión en el contenido o la infracción de cualquier contenido en el sitio web de cualquier propiedad intelectual, derechos u otros derechos de terceros, o por pérdidas o daños de cualquier tipo que surjan directa o indirectamente del uso, la incapacidad de uso o los resultados del uso del sitio web, y cualquier sitio web vinculado al sitio web, o los materiales o información contenida en cualquiera o todos estos sitios web. Estoy de acuerdo en que no voy a responsabilizar al Grupo Médico, sus subsidiarias o afiliadas de cualquier daño punitivo, ejemplar, consecuente, incidental, indirecto o especial (incluyendo, sin limitación, cualquier lesión personal, pérdida de beneficios, interrupción del negocio, pérdida de programas u otros datos en mi computadora o en otra manera) que surjan de o en conexión con su uso del sitio web, ya sea bajo una teoría de incumplimiento de contrato, negligencia, responsabilidad estricta, negligencia profesional o de otro tipo, incluso si nosotros o ellos hemos sido informados de la posibilidad de tales daños.**
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Consentimiento del paciente

He leído este documento cuidadosamente, y entiendo los riesgos y beneficios de la consulta de telemedicina, y he resuelto mis preguntas sobre el procedimiento explicado y por la presente doy mi consentimiento informado a participar en una consulta de telemedicina bajo los términos descritos en este documento.

Al marcar la casilla que contiene "CONSENTIMIENTO INFORMADO PARA SERVICIOS DE TELEMEDICINA", por la presente declaro que he leído, entendido y acepto los términos de este documento.

tutor legal

Si el paciente es menor de edad, carece de capacidad para proporcionar un consentimiento informado para el tratamiento médico y, por tanto, requiere un tutor legal * para autorizar los servicios de telemedicina. Se requiere la firma del tutor legal:

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Last revised March, 2016

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4767 New Broad Street

Orlando, FL 32814

Email: BestService@MendFamily.com

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