

TERMS & CONDITIONS

I, (the Patient), understand that telemedicine or telehealth is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider.

I, (the Patient), understand that telemedicine or telehealth visits are reserved for mild to moderate medications and may not be appropriate for severe or life-threatening illnesses and will contact/seek assistance from emergency services and hospitals for assistance.

I, (the Patient), understand that medical evaluation, diagnosis, and treatment offered on CSPreventativeCare.com are virtual or asynchronous in the absence of a face-to-face physical examination.

I, (the Patient), agree to follow up with a doctor in-person or seek emergency care after a telemedicine for further evaluation of your condition or sooner, if symptoms do not improve or resolve in a timely manner.

I, (the Patient), agree to call 911 or seek emergency care if your symptoms or condition worsen or immediate medical is required after your telemedicine visit.

I, (the Patient), agree to continue the recommended routine physical visit with an in-person physician while utilizing telemedicine as secondary means of accessing healthcare.

I, (the Patient), certify that I do not have any cognitive impairment and am capable of making sound medical decisions.

I, (the Patient), understand that I'm engaging in telemedicine (telehealth) consultation and I accept the risk of misdiagnoses due to the absence of in-person evaluation or diagnostic tools.

I, (the Patient), certify that I must be an adult patient or an adult legal guardian of a minor patient to use the CSPreventativeCare.com platform.

I, (the Patient), understand that services rendered by CS Preventative Care are provided on a non-refundable basis.

I, (the Patient), understand that my payment to CSPreventativeCare.com, the consultation fee, may not cover the prescribed medication and I still have to pay for the prescribed medication at the pharmacy.

I, (the Patient), understand that the information given on the medical intake form must be complete, accurate and up-to-date to the best of my knowledge.

I, (the Patient), I understand that my failure to provide complete, accurate and truthful information on the intake form puts me at a harmful risk of misdiagnosis and incomplete treatment.

I, (the Patient), understand that CS Preventative Care reserves the right to decline treatment if misleading pieces of information are given by the patient or user.

I, (the Patient), hereby acknowledge that providing my personal information to CS Preventative Care.com and Charm Health is voluntary and is required as a personal identifier to deliver. medical services.

I, (the Patient), understand that I am establishing a Provider-Patient relationship via telemedicine and/or telehealth. That I have read or had this form read and/or had this form explained to me, and I fully agree with the contents.

That I fully understand and agree with its contents including the risks and benefits of telemedicine. That I have been given ample opportunity to ask questions and that any questions have been answered to your satisfaction