DOCTOR2ME

Platform Policies, Procedures & Informed Consents

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Welcome to Doctor2me ("Doctor2me," the "Platform," "we," "us," or "our"). Doctor2me is a technology and administrative-services platform that connects patients with independent, licensed physicians and other licensed healthcare professionals, each practicing through his or her own independent medical practice (collectively, "Providers"), for in-home (house call) and virtual (telehealth) visits in California. The medical care you receive through the Platform is referred to in this document as the "Services."

IMPORTANT — DOCTOR2ME IS NOT A MEDICAL PROVIDER. Doctor2me does not practice medicine or any other licensed profession, does not employ Providers, and does not deliver, supervise, direct, or control any medical care. All Services are provided solely by independent Providers, who exercise their own independent professional judgment and are exclusively responsible for the care they deliver. Any provider-patient relationship you form is with your Provider — not with Doctor2me.

Before scheduling Services through the Platform, we require all patients to review, agree to, and sign these Policies and Procedures. They set forth the terms of your use of the Platform and summarize policies that apply to the Services you receive from Providers.

Please take time to read this document and raise any questions you may have prior to signing below. We may update these policies and procedures ("Policies and Procedures") at our discretion, and we will provide you with a copy of any updates. By signing below, you acknowledge and agree to be bound by these updates. "You" refers to the patient, even if someone other than the patient — such as a family member, legal representative, or community staff member — is completing this document.

If you are experiencing a medical emergency — such as chest pain, difficulty breathing, uncontrollable thoughts of harming yourself or others, severe medication side effects, or any condition requiring immediate attention — please call 911 or go to the nearest emergency department.

If you are in emotional distress or experiencing thoughts of self-harm — please contact the 988 Suicide & Crisis Lifeline by calling or texting 988, available 24/7.

The Doctor2me Platform and Independent Providers

- **Platform Role.** Doctor2me provides scheduling, payment processing, technology, recordkeeping support, customer service, and administrative and marketing services to Providers and patients. Doctor2me's role is limited to these non-clinical functions.
- **Independent Providers.** Each Provider is an independently licensed professional practicing through his or her own independent practice. Providers are not employees, agents, partners, or representatives of Doctor2me. Providers alone determine whether to accept a patient and the

appropriate scope, length, and course of treatment, and they alone make all other clinical decisions. Doctor2me does not have a medical director and does not impose treatment protocols, quotas, or clinical guidelines on any Provider.

- **Credential Verification; No Guarantee.** Doctor2me confirms that Providers hold an active professional license before they join the Platform. Doctor2me does not, however, evaluate, guarantee, or warrant the quality, safety, or outcome of any Services, and makes no representations or warranties regarding any Provider or any care you receive.
- **Your Relationship With Your Provider.** A provider-patient relationship is formed only between you and your Provider. Questions or concerns about your diagnosis, treatment, or medications should be directed to your Provider. Billing, scheduling, and Platform questions should be directed to Doctor2me at support@doctor2me.com or (818) 350-7676.
- **Ancillary Services.** Any ancillary services arranged through the Platform — for example, mobile x-ray, laboratory, nursing, therapy, or caregiver-support services — are likewise delivered by independent practices and professionals, not by Doctor2me.

Treatment and Communication Policies

- **Services Facilitated.** Providers on the Platform offer outpatient medical evaluation, diagnosis, and treatment through in-home and telehealth visits, including medication management when appropriate and completion of certain medical forms (for example, assisted-living admission physical forms). Each Provider independently determines which services he or she offers. While Providers make every effort to help you reach your treatment goals, neither your Provider nor Doctor2me can contract for a guaranteed result.
- **Services Not Provided.** The Platform does not arrange emergency care, immediate same-day crisis intervention, or 24/7 on-call coverage. Individual Providers may decline requests that fall outside their scope of practice, which may include forensic evaluations, disability determinations, court-ordered treatment, intensive substance use programs, or ongoing prescribing of controlled substances.
- **Scheduling; Length and Frequency of Visits.** Visits are scheduled through the Platform. The duration, frequency, and format (in-home or virtual) of your visits are determined by you and your Provider based on your individual treatment needs.
- **Communications.** By providing us with the information in this document or by initiating communication with Doctor2me or a Provider by email, phone, or text message, you authorize us and your Provider to call you, leave voicemails, and respond to your text messages. We will contact you only for non-marketing purposes — including appointment reminders, billing and invoicing updates, and treatment-related questions — unless you separately opt in to marketing communications.
- **Use of Unencrypted Methods of Communication.** You understand that by communicating with Doctor2me or your Provider via unencrypted emails or text messages, your messages may be unsecured. This also means that any of your protected health information ("PHI") transmitted in this way — including information about your appointments, diagnosis, progress, and other individually identifiable information — may be unsecured. By initiating such communications, you consent to the potential disclosure of your PHI. If you choose to communicate via unencrypted email

or text, please limit the content to general information (such as scheduling or asking for a time to talk by phone), and be aware of the privacy risks of electronic communication.

- **Hours; Response Times.** Doctor2me's support team and Providers aim to return calls and messages promptly, but neither is on call at all hours. Messages are reviewed during normal business hours; please allow up to three business days for a response. Electronic communication (email, portal, or text) is not appropriate for urgent or emergency concerns and is not continuously monitored. If you are experiencing an emergency, call 911, visit your nearest emergency facility, or call or text the 988 Suicide & Crisis Lifeline.
- **Communication Between Appointments.** Routine clinical communication should occur during scheduled visits whenever possible. Non-urgent messages may be sent through the Platform; you may also call if your concern is more time-sensitive. Extended phone calls or message exchanges between visits that require significant clinical time, completion of forms, letters, or reports, prior-authorization requests, and coordination of care with other providers or family members may incur additional charges under your Provider's fee schedule, which will be disclosed to you in advance.
- **Medication Refills.** Refills and medication changes are addressed solely by your treating Provider and are typically handled during scheduled visits. Refill requests should be submitted during business hours and at least three business days before medication is needed. Refills cannot be guaranteed for patients who have missed recommended follow-up visits or who have not been taking medications as prescribed, and certain medications may require an appointment prior to renewal. Please use one pharmacy whenever possible and inform your Provider of all medications prescribed by other providers.
- **Third-Party Presence.** Third-party visitors may join a visit only upon the mutual consent of you and your Provider. Please ask your Provider before your appointment if you would like a visitor to join. Unauthorized third parties will be asked to leave.
- **Home Visit Environment.** For in-home visits, you agree to provide a safe, sanitary environment, to secure any pets, and to refrain from smoking during the visit. If your Provider reasonably determines that the environment is unsafe or does not permit appropriate care, the Provider may end the visit, and the visit will be treated as a missed appointment under the Cancellation Policy below.
- **Sobriety.** Providers will not deliver Services if you are under the influence of alcohol or recreational drugs during a visit. If you attend a visit under the influence, your Provider will end the visit and you must reschedule; no refund will be issued for that visit. Your Provider may also evaluate the feasibility of continuing your care.
- **Social Media.** Neither Doctor2me, its staff, nor any Provider will accept friend or contact requests from current or former patients on any social networking site. Adding patients as contacts can compromise your confidentiality and blur the boundaries of the treatment relationship.
- **No Participation in Legal Proceedings.** Providers do not voluntarily participate in legal proceedings, including those related to custody, visitation, or other family court matters, and will not write or sign letters, reports, declarations, or affidavits for any legal proceeding. Records and testimony will be provided only if compelled (for example, by subpoena or court order). If a Provider is compelled to participate in a legal matter involving you, you agree to be responsible for the Provider's associated professional service fees — including preparation time, testimony, travel, and related administrative time — under the Provider's fee schedule, payable in advance.

Fee and Payment Policies

- **Direct-Pay Model; Insurance.** Providers on the Platform are not contracted with any insurance company and are considered "out-of-network" for all plans. You are personally responsible for the full cost of your treatment. Some insurance plans reimburse a portion of fees paid to out-of-network providers: upon request, your Provider can supply a "superbill" (a detailed receipt) after each visit, which you may submit directly to your insurance company for possible reimbursement. It is your responsibility to understand your insurance benefits, including whether your plan includes out-of-network coverage and any applicable deductibles. If you prefer to use your insurance, we can refer you to an in-network practice, and your Provider may transfer your care accordingly.
- **Fees for Services.** Each Provider independently sets his or her own fees, which are displayed to you before you book. Fees for in-home visits, virtual visits, form completion (for example, assisted-living admission paperwork), and clinical services performed between appointments are set by each Provider and disclosed in advance. Fees are reviewed periodically and may change with advance notice.
- **Good Faith Estimate.** Consistent with the federal No Surprises Act, you will receive a Good Faith Estimate of expected charges prior to your scheduled Services or upon request.
- **Payment.** We do not accept insurance. We accept payment via credit card and debit card only, at the time of booking or service. Doctor2me collects payment as billing and collection agent on behalf of your Provider. For your convenience, we ask that you keep a current credit or debit card on file for payment of services and balances; additional details are provided in the separate Credit Card Authorization Agreement. You understand that you are wholly responsible and liable for payment of all charges assessed for Services rendered.
- **Delinquent Accounts.** Payment is expected at the time Services are provided unless other arrangements have been made in advance. If a balance remains unpaid for more than 30 days, the account will be considered past due, and we will notify you of the outstanding balance and request payment or a payment arrangement. If a balance remains unpaid after notice: future appointments may not be scheduled until the balance is addressed; non-urgent services, paperwork, and prescription refills may be delayed; and prepayment may be required for future visits. If an account becomes significantly delinquent and reasonable payment efforts have not been successful, your Provider may discontinue services, in which case you will receive written notice and assistance with transferring care consistent with professional and legal standards. We reserve the right to use a third-party billing service or collections agency for unresolved balances after appropriate notice.
- **Cancellations and Missed Appointments.** Your appointment time — and, for in-home visits, your Provider's travel time — is reserved specifically for you. Cancellations made at least 24 hours before the scheduled appointment receive a full refund. Cancellations made less than 24 hours before the appointment are subject to a 50% service charge. Once your Provider has departed for or arrived at your location, or once a virtual visit has begun, no refund is available. If you are unavailable when your Provider arrives, the visit will be treated as a missed appointment with no refund. Insurance will not cover cancellation charges; they are solely your responsibility. The current policy is published at doctor2me.com/cancellation-policy.
- **Late Policy.** If you are late or not ready at your appointment time, you will be seen for the remainder of your reserved time, and the full visit fee will still apply.

- **Repeat Cancellations.** Repeated missed appointments may interfere with safe and effective treatment. If you miss three or more appointments, your Provider may recommend a higher level of care, modify scheduling frequency, or discontinue treatment with appropriate notice and referral options, and Doctor2me may restrict your scheduling privileges on the Platform.

Medication Policy

- As part of the Services, your Provider may prescribe prescription medications, over-the-counter medications, supplements, and/or vitamins. In doing so, your Provider relies on your representations regarding: (i) your current medications, supplements, and vitamins; (ii) your medical history; (iii) your medical condition(s); (iv) your allergies; and (v) any suspected medical issues and/or conditions.
- You are responsible for knowing your own health circumstances and conditions — including medications, supplements, vitamins, allergies, medical history and conditions, and any other restrictions related to your health — for disclosing those to your Provider, and for following any related directions and advice from your other healthcare providers.
- Neither your Provider nor Doctor2me is responsible for any injuries you sustain from prescribed medications that are related to: (i) your misrepresentation or non-disclosure of your medications, supplements, vitamins, medical history or conditions, allergies, or suspected medical conditions; or (ii) your misuse or abuse of medications prescribed by your Provider or by other healthcare practitioners during the course of the Services. If you misrepresent or choose not to disclose this information, or if you misuse or abuse medications, you do so at your own risk.
- Always work with your other healthcare providers in tandem to determine what medications, supplements, and/or vitamins might be right for you, and follow their related directions and advice. You alone are responsible for knowing your own health circumstances and consulting your licensed healthcare providers when you are uncertain how any Services may affect your personal health.
- Prescribing decisions — including whether to prescribe, continue, or discontinue controlled substances — rest solely with your Provider, and many Providers avoid controlled substances when possible. Please raise any questions about prescribing policies directly with your Provider.

Privacy, Security, Medical Records, and Mandated Reporting

- **Notice of Privacy Practices.** Doctor2me and the Providers comply with all applicable state and federal medical privacy laws, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health Act ("HITECH"). Doctor2me creates, receives, stores, and transmits your health information on behalf of, and at the direction of, your Provider. These practices are summarized in the Notice of Privacy Practices. Please ask if you have questions about how your privacy is protected.
- **Medical Records.** Your Provider maintains records about your treatment. If you want a copy of your records, or if you want records sent to another provider, please request a medical records request form through the Platform. In some instances, reasonable, cost-based fees may be charged for copying, postage, scanning, or digital storage devices, in accordance with California law.
- **Child Abuse.** California law requires licensed Providers to report all suspected child abuse to the California Department of Social Services and the proper county agency. Providers must report

instances of suspected child abuse involving a child known to them in their professional capacity. Where reasonable in the Provider's professional judgment, it is the Provider's policy to notify you before contacting the agency.

- **Elder and Dependent Adult Abuse.** California law also requires Providers to report suspected abuse or neglect of elders or dependent or vulnerable adults to local law enforcement or the state or local Adult Protective Services ("APS") office. Where reasonable in the Provider's professional judgment, it is the Provider's policy to notify you before contacting APS.
- **Duty to Warn.** If you tell your Provider that you intend to cause serious harm to a specifically identifiable victim, including yourself, and your Provider determines that you present a clear and imminent risk of harm, California law may require or allow your Provider to take steps to protect the potential victim by making reasonable efforts to communicate the threat to the victim and to a law enforcement agency. This means that otherwise-confidential information may be disclosed for this purpose.

Overview of Telehealth Services

- **Method of Treatment.** Your Provider will deliver telehealth Services to you electronically, using audio-visual communications and information technologies made available through the Platform, including real-time interactive services.
- **Scope, Standards, and Professional Ethics.** Providers utilize evidence-based telehealth practice guidelines and standards of practice to the degree they are available to ensure your safety, quality of care, and positive outcomes. Services provided through telehealth must satisfy the same standards of care and professional ethics as traditional in-person treatment. Each Provider uses his or her best efforts to ensure that telehealth Services are consistent with the Provider's scope of practice, including education, training, experience, ability, licensure, and certification.
- **The Provider-Patient Relationship.** When the standard of care does not require an in-person encounter, and consistent with evidence-based standards of practice and telehealth practice guidelines addressing telehealth's clinical and technological aspects, your Provider may establish a provider-patient relationship with you through telehealth alone.
- **Rights, Risks, and Alternatives.** You have the right to withdraw your consent to receive telehealth Services at any time without affecting your right to future care or treatment. You understand that there are risks and consequences of receiving Services through electronic modalities, including:
    - **Information Disrupted.** The transmission of your personal information could be disrupted or distorted by technical failures.
    - **Information Interrupted.** The transmission of your personal information could be interrupted by unauthorized persons.
    - **Information Lost.** The electronic storage of your personal information could be unintentionally lost or accessed by unauthorized persons.
    - **Inadequate Information.** Telehealth technology may not provide adequate information during the visit. If this occurs, your Provider will inform you before the conclusion of the live telehealth interaction.

An alternative is to seek in-person treatment — including an in-home visit arranged through the Platform — or services from a different healthcare provider.

- **Considerations for Telehealth**
    - **General Considerations.** Please log in to your telehealth appointment at least five minutes before the scheduled time to confirm that your audio and video are operating properly. You are fully responsible for ensuring that you are in a safe, quiet environment that offers sufficient privacy and a good-quality internet connection. If your Provider determines that you are not in a safe or private environment, your Provider may cancel the session, and you will still be charged the full visit fee.
    - **Driving.** To ensure your safety, the safety of others, and your full ability to participate, do not drive during your scheduled session. If you attend a telehealth session while driving, the session will be canceled and you must reschedule; no refund will be issued for that session.
    - **Guests.** If you bring someone into the room during a telehealth appointment, you are consenting to their presence while you receive Services.
    - **Telehealth Technology and Equipment.** The technology used to deliver telehealth Services complies with all relevant laws, regulations, and codes for technology and technical safety for devices that interact with patients, is HIPAA-compliant, and has been determined to be sufficient in quality, size, resolution, and clarity to effectively deliver telehealth Services. Although specific technology platforms are used to provide the Services, neither Doctor2me nor your Provider has any other affiliation with them.
- **Disclosure and Functionality of Telehealth Services.** Before treatment via telehealth, the following will be disclosed to you through direct communication: the specific Services to be provided and their limitations; the costs and fees; any financial interests, other than fees charged, in any information, products, or Services provided; appropriate uses for and limitations of telehealth technologies, including in emergencies; to whom your protected health information will be disclosed; your right to privacy related to your protected health information; and information collected and passive tracking mechanisms utilized.
- **Plan in Case of Technology Failure.** Telehealth technology is not always reliable, and the most reliable backup is a phone. Please always have a phone available and provide us with your phone number so you can be contacted in the event of a technology failure. If you are disconnected from a video session, please end and restart the session. If you are unable to reconnect within ten minutes, your Provider will call you during your appointment window. If you are on a phone session and your phone disconnects, your Provider will attempt to call you back.

Discontinuing Care

- At any time during your treatment, you, your designee, or your Provider can choose to discontinue care, and Doctor2me may discontinue your access to the Platform. Reasons treatment or Platform access may be discontinued include, but are not limited to:
    - Treatment goals have been met and ongoing care is no longer required
    - The level of care needed is beyond the scope of outpatient in-home or virtual practice (for example, need for intensive outpatient, inpatient, or specialized facility-based services)

- Repeated missed appointments or inability to participate reliably in treatment
- Nonpayment of fees after reasonable notice and opportunity to arrange payment
- Failure to follow treatment recommendations in a way that affects safety
- Disruptive, threatening, or unsafe behavior toward Providers, staff, or others
- Relocation outside the Provider's licensed practice area
- Violation of these Policies and Procedures or the Platform's terms of use

- If you wish, at the time of termination, you will be given the names of other qualified healthcare professionals or programs. If your Provider has made the decision to end treatment, your Provider will generally provide a 30-day window of coverage while new arrangements are made or until you meet with a new clinician, whichever comes first.
- Please note that if it has been a year since your last appointment, your Provider will assume you no longer wish to be seen unless you have contacted us to make other arrangements, and you will be considered discharged from the Provider's practice at that time. If you have not been seen in over a year, much of the intake process would likely need to be repeated if you choose to re-establish care.
- Additionally, you understand that you do not have to answer any question that you feel is inappropriate or whose answer you do not wish persons present to hear. However, you acknowledge that diagnosis depends on information, and treatment depends on a diagnosis. If you withhold information, you assume the risk that a diagnosis may not be made or may be made incorrectly. You understand that if you withhold information or discontinue care prior to the completion of treatment, your treatment might be less successful than it otherwise would be, or it could be entirely unsuccessful.

Patient Acknowledgment of Platform Policies and Procedures

I acknowledge that I have received, read, and had the opportunity to ask questions about the Doctor2me Platform Policies and Procedures.

I understand that Doctor2me is a technology and administrative-services platform only; that all medical care is provided by independent, licensed Providers practicing through their own independent practices; and that those Providers — not Doctor2me — are solely responsible for the care they deliver.

I understand these policies include, but are not limited to, scheduling, missed appointment and late cancellation charges, communication through phone and electronic messaging, prescription refill procedures, medical records requests, payment expectations, and circumstances under which treatment or Platform access may be terminated or transferred.

I agree to abide by these policies and understand I am financially responsible for charges incurred for services provided and for fees described above.

I understand treatment is voluntary and I may withdraw from treatment at any time, subject to appropriate clinical termination procedures.

I understand neither the Platform nor its Providers offer emergency or 24-hour crisis services. In an emergency I will call 911, go to the nearest emergency room, or call/text 988 (Suicide & Crisis Lifeline).

I acknowledge I was provided a copy of these policies.

This document may be electronically signed. Electronic signatures on this agreement are the same as handwritten signatures for validity, enforceability, and admissibility purposes.

_____

Patient Name

_____ _____

Signature **Date**

Telehealth Informed Consent

Before your Provider can deliver Services to you via telehealth, the law requires that your informed consent be obtained. Informed consent may be obtained only after a discussion of the Services to be provided and the potential risks and benefits of, and alternatives to, such Services. Therefore, you acknowledge and agree that your Provider will render Services via telehealth, as discussed.

I, the undersigned patient, understand that my signature (or e-signature) below demonstrates that I acknowledge, agree to, and authorize each of the following statements:

- **Agreement to this Document.** I have read and understand this entire document and the Platform's Policies and Procedures, and I agree to be bound by every part. I agree to update my Provider with any changes to my health. I have received the Notice of Privacy Practices.
- **Additional Agreements.** I have received a copy of my Provider's contact information, including their name, telephone number, voicemail number, business address, and email address (as applicable). I also understand that I must read and sign the intake paperwork before I receive care.
- **Agreement to Receive Telehealth Services, if Appropriate.** I agree and understand that my Provider will determine whether receiving Services through telehealth is appropriate for my case in the Provider's independent professional judgment. If my Provider decides that telehealth Services are appropriate for my case, I consent to receive telehealth Services.
- **Telehealth Platform.** I agree to be bound by the terms and conditions of use of the telehealth platform through which the Services are delivered.
- **Recording.** Neither party has consented to the recording of appointments, and I agree that I will not record any appointments.
- **Credit Card Authorization.** If I have provided a credit card through the Platform or otherwise, I hereby authorize such credit card to be charged by Doctor2me, as billing agent on behalf of my Provider, for appointments and Services consistent with the fee schedule then in effect, and for other purchases or Services, cancellation charges, and returned payment charges. I understand that my credit card will be saved on file.

The preceding information has been discussed in a way that I, the undersigned patient, understand. I have been informed of the risks and benefits of, and alternatives to, receiving telehealth Services.

I understand how to contact my Provider should additional questions arise. I agree and acknowledge that (i) Services may not have the results that I expect or desire; and (ii) I have not been given any guarantees about the outcome of any Services.

I have been offered ample opportunity to discuss my concerns about the Services before my first appointment, and all questions have been answered to my satisfaction.

This document may be electronically signed. Electronic signatures on this agreement are the same as handwritten signatures for validity, enforceability, and admissibility purposes.

_____

Patient Name

_____ _____

Signature **Date**

Psychiatry and Medication Management Informed Consent

Before your Provider can provide psychiatry and medication management Services to you, the law requires that your informed consent be obtained. You can only provide informed consent after a discussion of the proposed Services, the potential risks of the Services, the potential benefits of the Services, and information about any potential alternative service options. To do this, your Provider will conduct an initial evaluation and discuss which Services may be most suitable for you.

Therefore, you acknowledge and agree that your Provider performs Services, which include outpatient psychiatry and medication management delivered through in-home and telehealth visits. Your signature indicates that you consent to receive such Services.

Please tell your Provider immediately if you are pregnant, breastfeeding, post-surgery, taking new medications, have allergies, have chronic liver and/or kidney dysfunction, or have had any other procedures recently. **By signing this form, you represent and warrant that you have truthfully disclosed all allergies, your current medication and supplementation regimen, and any current and past medical conditions, surgeries, and procedures. You agree to inform your Provider immediately of any changes to your current health status and medical conditions.**

Summary of Services

Assessment and treatment may include:

- Performing initial evaluations.
- Diagnosing acute and chronic conditions.
- Treating and managing psychiatric conditions, which may involve ordering prescription and over-the-counter medication and laboratory testing.
- Creating medication management plans.
- Detecting changes in patients' health and modifying medication plans as needed.
- Referrals to other healthcare providers.

Benefits of Services

The general benefits of receiving Services may include:

- Access to outpatient psychiatry and medication management services in your home or virtually.
- Improvement in your conditions or symptoms.
- Building a relationship with a healthcare professional, which can make your visits less stressful and more comfortable.

Risks of Services

Potential risks of these Services may include:

- The possibility that it may take several or ongoing medication adjustments to address your condition properly.
- Sluggish response of psychiatric conditions to medication management, which can be frustrating or upsetting.
- Inability to successfully manage all psychiatric conditions.

- Other risks and side effects associated with your medication.

Alternatives to Services

Potential alternatives to receiving these Services may include:

- Declining to receive care or halting your treatment.
- Turning to another healthcare provider.

As described above, my Provider has explained the specific Services I, the patient, will receive and their material risks and benefits. I agree and acknowledge that:

- The Services may not have the results that I expect or desire;
- Provision of Services is not an exact science;
- I have not been given any guarantees about the outcomes from receiving Services; and
- My Provider has offered me ample time and opportunity to discuss my concerns, and all of my questions have been answered to my satisfaction.

With respect to any medication prescribed to me by my Provider, I acknowledge and understand that:

- I agree to take my medication only as prescribed to me alone by my Provider;
- My Provider is under no obligation to prescribe, or to continue to prescribe, prescription medications to me, and at any time, my Provider may discontinue the prescribing of medications;
- When possible, my Provider will avoid prescribing controlled substances or using them in my treatment; and
- If I should choose to use my medication in any way other than as prescribed, neither my Provider nor Doctor2me shall be responsible for any damage to my health or well-being.

I further acknowledge and agree that:

- I have read and understand this entire document;
- I have truthfully and to the best of my knowledge provided the information requested;
- I am bound by the Platform's Policies and Procedures and by this whole document;
- I understand that Doctor2me does not provide medical care and that my Provider is solely responsible for my treatment;
- I authorize the use of my personal health information to obtain treatment;
- I have received the Notice of Privacy Practices; and
- I authorize my Provider and Doctor2me to contact my emergency contact, as listed in my intake paperwork, if deemed appropriate.

I understand how to contact my Provider and the Platform should additional questions arise. My Provider has offered me ample time and opportunity to discuss my concerns, and all my questions have been answered to my satisfaction.

Thus, I provide my informed consent to receive the treatment as described in this document.

This document may be electronically signed. Electronic signatures on this agreement are the same as handwritten signatures for validity, enforceability, and admissibility purposes.

Patient Name

Signature **Date**