

Informed Consent to Telehealth Services and Forefront Policies

This form describes the telehealth treatment and payment policies of Forefront Telecare, Inc. and its affiliated professional corporations (hereinafter "Forefront") and includes:

- **Your consent to receive medical treatment from Forefront (and your other rights and responsibilities);**
- **Your agreement to receive services using telehealth technology; and**
- **Your agreement to pay in full any charges that are your responsibility.**

By typing my name and clicking "I agree to Terms of Use" on the Forefront telehealth portal, I understand and agree that I am signing this Consent electronically and that (i) I have reviewed, understand and accept the risks and benefits of telehealth services as described below and wish to receive such services, and (ii) I agree to the remaining terms of this Consent, including the terms of the Forefront Telecare Notice of Privacy Practices described below.

If I am signing on behalf of a minor, incapacitated or otherwise legally dependent patient, I certify that I am a person with legal authority to act on behalf of the patient, including the authority to consent to medical services, and I accept financial responsibility for services rendered.

1. By using the Forefront telehealth portal, I agree to receive telehealth services. Telehealth involves the delivery of health care services, including assessment, treatment, diagnosis, and education, using interactive audio, video, and data communications. During my visit, my Forefront provider and I will be able to see and speak with each other from remote locations.
2. I understand and agree that:
 - I will not be in the same location or room as my provider.
 - My Forefront provider is licensed in the state in which I am receiving services. I will report my location accurately during registration.
 - Potential benefits of telehealth (which are not guaranteed or assured) include: (i) access to medical care regardless of my location; (ii) more efficient behavioral health evaluation and management; and (iii) during the COVID-19 pandemic, reduced exposure to patients, staff and other individuals at a physical location.
 - Potential risks of telehealth include: (i) my provider's inability to conduct a hands-on physical examination of me and my condition; (ii) potential delays in evaluation and treatment due to technical difficulties or interruptions, distortion of images resulting from electronic transmission issues, unauthorized access to my information, or loss of information due to technical failures. I will not hold Forefront responsible for lost information due to technological failures.
 - I further understand that my Forefront Provider's advice, recommendations, and or decisions may be based on factors not within his/her control, including incomplete or inaccurate data provided by me. I understand that my Forefront provider relies on information provided by me before and during our telehealth encounter and that I must provide information about my medical history, condition(s), and current or previous care that is complete and accurate to the best of my ability.
 - I may discuss these risks and benefits with my Forefront provider and will be given an opportunity to ask questions about telehealth services. I have the right to withdraw this consent to telehealth services or end the telehealth session at any time without affecting my right to present or future treatment by Forefront.
 - I understand that the level of care provided by my Forefront provider is to be the same level of care that is available to me through an in-person behavioral health visit. However, if my provider believes I would be better served by face-to-face services or another form of care, I will be referred to another appropriate health care provider.

- In case of an emergency, I will dial 911 or go directly to the nearest hospital emergency room.
3. I consent to, understand and agree that:
- I hereby voluntarily give consent to Forefront to conduct any and all assessment and treatment services deemed by a licensed professional (i.e., doctor, advanced practice nurse, psychologist, therapist, and/or other healthcare provider), within the scope of their practice to be necessary to diagnose, measure and alleviate the psychological, social and/or physical conditions associated with me.
 - I have the right to discuss the risks and benefits of all procedures and courses of treatment proposed by my health care provider(s), together with any available alternatives.
 - Forefront will provide care consistent with the prevailing standards of medical practice but makes no assurances or guarantees as to the results of treatment.
 - Before prescribing any controlled substance to me, Forefront may review information from the Prescription Drug Monitoring Program in my state of residence regarding my prior receipt of controlled substances.
 - My Forefront provider will not prescribe opioids to me during a telehealth visit.
 - I have the right to review and receive copies of my medical records, including all information obtained during a telehealth interaction, subject to Forefront’s standard policies regarding request and receipt of medical records and applicable law.
 - I authorize Forefront to use unencrypted electronic mail and/or text messaging to notify me of upcoming appointments with my health care provider and provide links to those telehealth sessions. I understand that (1) Forefront will never include any medical information in unencrypted email or text messaging; and that (2) I may stop delivery of email or text messages at any time by notifying Forefront of my wish to stop these types of communications. The Internet is not secure and unencrypted email or text messages may be accessed or altered by unauthorized third parties. I agree to provide Forefront with prompt notice of any change in my email address or phone number used for text messaging. By signing this authorization, I accept the risk that a third party may be able to access or modify my information.
 - The laws of the state in which I am located will apply to my receipt of telehealth services.

Forefront Notice of Privacy Practices (“Privacy Notice”)

Forefront will protect the privacy of my health information and will not use or disclose it except as permitted by law. Forefront’s privacy policies are more fully described in the Privacy Notice, which is available for review and download at <https://forefronttelecare.com/notice-of-privacy-practices/>. By signing this Consent, I acknowledge receipt of the Privacy Notice and consent to Forefront’s use and disclosure of my health information in accordance with its terms. I understand that all existing confidentiality protections that apply to in-person treatment apply to telehealth services.

Payment Policy

I acknowledge, understand and agree that:

1. I will pay the cost of any service that is not covered by my health plan for any reason or are covered but applied to a deductible.
2. I will pay at time of service any required co-payments, co-insurance and deductibles, as well as charges for services not covered by insurance, outstanding balances and delinquent accounts.
3. I assign to Forefront all health care benefits to which I am entitled under any insurance policy or benefit plan and authorize payment of benefits directly to Forefront.
4. If I have health care benefits, Forefront will submit a claim to my insurer and allow 60 days for a response. If my insurer does not respond within 60 days, Forefront will assume that the visit is not covered and will, to the extent permitted by law, bill me for the visit charges.
5. By providing my credit card information and receiving telehealth services, I (i) authorize Forefront to charge my credit card for any and all unpaid amounts that Forefront or my insurer determines are my responsibility, and

(ii) agree to pay all amounts charged pursuant to this consent and authorization in accordance with the issuing bank cardholder agreement. I agree that Forefront may charge my credit card for such amounts at the end of my telehealth visit or at a later date.

6. I will be billed for all unpaid balances deemed by Forefront or my insurer to be my responsibility and agree to pay such amounts in full. Forefront will charge late fees of 1.5% per month on unpaid balances starting 30 days after the first statement.
7. Forefront reserves the right to deny non-emergency services if my account is delinquent.