

Informed Consent to Telehealth Services and Dr. Laurie Marti, MD Office Policies

This form describes Dr. Laurie Marti's Telehealth treatment and payment policies and includes:

- **Your consent to receive medical treatment from Dr. Laurie Marti (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.**

I understand and agree that I am signing this Consent 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 Dr. Laurie Marti, MD Privacy Notice 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. 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, Dr. Laurie Marti, MD 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 medical provider.
- Dr. Laurie Marti MD is licensed in the states of Washington and California.
- Potential benefits of telehealth (which are not guaranteed or assured) include: (i) access to medical care if I am unable to travel to Dr. Laurie Marti's office; (ii) more efficient medical evaluation and management; and (iii) during the COVID-19 pandemic, reduced exposure to patients, medical staff and other individuals at a physical location.
- Potential risks of telehealth include: (i) limited or no availability of diagnostic laboratory, x-ray, EKG, and other testing, and some prescriptions, to assist my medical provider in diagnosis and treatment; (ii) my provider's inability to conduct a hands-on physical examination of me and my condition; and (iii) delays in evaluation and treatment due to technical difficulties or

interruptions, distortion of diagnostic images or specimens resulting from electronic transmission issues, unauthorized access to my information, or loss of information due to technical failures. I will not hold Dr. Laurie Marti, MD responsible for lost information due to technological failures.

- I further understand that Dr. Laurie Marti's advice, recommendations, and or decisions may be based on factors not within her control, including incomplete or inaccurate data provided by me. I understand that Dr. Laurie Marti 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 medical care that is complete and accurate to the best of my ability.
- I may discuss these risks and benefits with Dr. Laurie Marti 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 Dr. Laurie Marti.
- I understand that the level of care provided by Dr. Laurie Marti is to be the same level of care that is available to me through an in-person medical 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 the nearest hospital emergency department or other 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 have the right to discuss the risks and benefits of all procedures and courses of treatment proposed by Dr. Laurie Marti, together with any available alternatives.
- Dr. Laurie Marti 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, Dr. Laurie Marti may review information from the Prescription Drug Monitoring Program in my state of residence regarding my prior receipt of controlled substances.
- I have the right to review and receive copies of my medical records, including all information obtained during a telehealth interaction, subject to Dr. Laurie Marti's standard policies regarding request and receipt of medical records and applicable law.
- The laws of the state in which I am located will apply to my receipt of telehealth services.

Notice of Privacy Practices (“Privacy Notice”)

Dr. Laurie Marti will protect the privacy of my health information and will not use or disclose it except as permitted by law. By signing this Consent, I acknowledge receipt of the Privacy Notice and consent to Dr. Laurie Marti’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. It is my responsibility to determine whether Dr. Laurie Marti’s services will be reimbursed by my insurer as an “out-of-network provider”. I understand that my insurer may deny reimbursement for Dr. Laurie Marti’s appointment and testing fees.
2. I will pay at time of service any required charges, outstanding balances and acknowledge that some services will not covered by insurance.
3. By providing my credit card information and receiving telehealth services, I (i) authorize Dr. Laurie Marti MD to charge my credit card for any and all unpaid amounts that Dr. Laurie Marti 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 Dr. Laurie Marti may charge my credit card for such amounts at the end of my telehealth visit or at a later date.

4. I will be billed for all unpaid balances deemed by Dr. Laurie Marti MD to be my responsibility and agree to pay such amounts in full. Dr. Laurie Marti will charge late fees of 1.5% per month on unpaid balances starting 30 days after the first statement, as well as a \$30 fee for returned checks. Delinquent accounts may be turned over to a collection agency at which time I am responsible for a \$40 collections charge and all associated legal fees in addition to the amount owed.
5. Dr. Laurie Marti MD reserves the right to deny non-emergency services if my account is delinquent.

(Patient Signature)

(Date)