TELEHEALTH INFORMED CONSENT
(INCLUDING CONSENT TO EVALUATION & TREATMENT)

Last Updated: December 31, 2025

1. What Telehealth Is

Telehealth involves the delivery of health care services using electronic communications, information technology, or other means between a patient and a licensed healthcare professional who is not in the same physical location as the patient. Telehealth may include live two-way audio/video, asynchronous communications (including images and "store-and-forward"), interactive audio, and the use of certain data from medical devices.

2. Who Provides Clinical Care

I understand that telehealth services are provided by licensed third-party professionals (and/or their affiliated medical groups) who have agreed to work with Marek. Marek is not a health care provider. Clinical services are provided by the treating providers and/or their affiliated medical groups.

3. Consent to Evaluation & Treatment via Telehealth

By agreeing to this Telehealth Informed Consent, I voluntarily consent to be evaluated and treated via telehealth by my treating provider(s), including receiving medical advice and treatment recommendations, and (when clinically appropriate) orders for laboratory testing, prescriptions, and referrals for follow-up care. I understand that my provider will determine, in their professional judgment, whether telehealth is appropriate for my situation, and may recommend an in-person visit or other care. I understand my provider may ask me to confirm my identity and current physical location at the time of the visit.

4. Information Use and Documentation

I understand that information I provide may be used for diagnosis, treatment, follow-up, and/or patient education, and that care may be documented in my electronic health record.

I understand that my provider may use documentation support tools, including AI-assisted scribing and speech-to-text technologies (such as ambient documentation tools), to help create an accurate clinical record. Any such tools are used for documentation purposes and do not change my provider's responsibility for the content of my medical record.

5. Informed Decision-Making

As part of my care, I understand I will be informed about tests, treatments, procedures, and medications recommended for me, including material benefits, risks, potential complications, and alternatives, and I may ask questions at any time.

6. Benefits, Risks, and Limitations

Telehealth can increase accessibility and timeliness of care, but it is not suitable for all conditions.

I understand the risks and limitations of telehealth compared to in-person visits, including potential technical failures, interruptions, delays, or distortion in transmitted information that could affect communication and/or care.

7. Privacy and Confidentiality

I understand that privacy laws protecting the confidentiality of my health information generally apply to telehealth, subject to applicable exceptions. I am responsible for choosing a private location and protecting my own environment (e.g., who can overhear) during telehealth encounters.

I understand that members of my care team may access my health information as needed to coordinate care.

8. Relationship to Primary Care / Care Continuity

I understand that providers who provide care in association with Marek are not a replacement for my primary care physician. Responsibility for my overall medical care should remain with my local primary care doctor.

9. Withdrawal of Consent

I understand that I may withhold or withdraw my consent to use telehealth at any time without affecting my right to future care or treatment.

I understand I may suspend or terminate use of telehealth services by contacting compliance@marekhealth.com.

Withdrawal may limit or prevent my ability to receive telehealth services, and my provider may recommend an in-person visit or other care options.

10. Emergencies

Telehealth is not for emergency care. I understand that if I am experiencing a medical emergency, I must dial 9-1-1 immediately.

11. Acknowledgment

I have read and understand this Telehealth Informed Consent. I have had the opportunity to ask questions. By affirmatively agreeing by checking the box, I consent to receive health services under these conditions, including evaluation and treatment via telehealth.