CONSENT TO TREAT AND COMMUNICATE ELECTRONICALLY

DOCUMENT: Informed Consent Form — Requires Signature

Osteopathic Center for Family Medicine

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TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedures that may be used through the provision of care by the Osteopathic Center for Family Medicine ("OCFM"), so that you can make the decision whether or not to undergo any suggested treatment or procedure after knowing the risks and hazards involved. At this point in your care, no specific treatment plan has been recommended. This consent form is simply an effort to obtain your permission to perform the evaluations necessary to identify the appropriate treatment and/or procedure for any identified condition(s), should it be necessary.

This consent provides us with your permission to perform reasonable and necessary medical examinations, testing, and treatment. By signing below, you are indicating that you intend for this consent to be continuing in nature even after a specific diagnosis has been made and treatment is recommended.

You have the right to discuss any treatment plan with your physician about the purpose, potential risks, and benefits of any test ordered for you, at any time. If you have any concerns regarding any test or treatment recommended by your physician, we encourage you to ask questions.

I, as the Patient signed below, voluntarily request a physician, as well as any other physicians and health care providers or their designees at OCFM, as deemed necessary, to perform reasonable and necessary medical examination, testing, and treatment for the condition that has brought me to seek care at OCFM. I understand that if additional testing is necessary, or invasive or interventional procedures are recommended, I may be asked to read and sign additional consent forms prior to the test(s) or recommended procedure(s).

1. Information Used in Your Care

The information that may be used for diagnosis, treatment, therapy, education, and follow-up, includes, but not limited to:

- Patient medical records;
- Medical images;
- Live two-way audio and video;
- Output data from medical devices and sound and video files; and
- Voice recordings and transcripts used for clinical documentation purposes

To note, OCFM employs certain electronic systems to incorporate security protocols to protect the confidentiality, integrity, and availability of patient identification and healthcare information, including measures to safeguard the data and ensure its integrity against intentional or unintentional corruption.

2. Telemedicine

"Telemedicine" involves the use of electronic communications (e-mail, messaging applications, audio/video conference applications) to enable physicians and their patients to communicate outside of the usual office or hospital setting. It also enables physicians and health care providers, at different locations, to share individual patient medical information for the purpose of improving patient care. Telemedicine encompasses both real-time (synchronous) interactions and store-and-forward (asynchronous) communications in which clinical data is collected and transmitted for review at a later time.

Expected benefits may include:

- Improved access to medical care by enabling a patient to remain at the physician's office or at a remote location while the physician obtains test information, results, consults, and/or recommendations from physicians and/or healthcare providers at distant sites;
- More efficient medical evaluation and management; and
- Obtaining expertise from a distant specialist.

Possible risks include, but are not limited to:

- Information transmitted may not be sufficient (e.g., resolution of images) to allow for appropriate medical decision-making by the physician or consultant;
- Delays in medical evaluation and treatment could occur due to deficiencies or failure of the equipment;
- Security protocols could fail, causing a breach of personal medical information; and
- Lack of access to complete medical records may result in adverse drug reactions or allergic reactions, in addition to other judgment errors.

3. Clinical Technology and AI-Assisted Documentation

Physicians have long used dictation, transcription, and medical scribes to document patient care. OCFM utilizes the next generation of these tools — artificial intelligence ("AI") — to assist with clinical documentation. These tools may process voice recordings, transcripts, and other clinical encounter data to generate draft medical notes. Because your privacy is important to us, these tools run on OCFM-maintained infrastructure together with a small number of specialist vendors — speech-to-text and language processing — each bound by a Business Associate Agreement. All AI-generated content is reviewed, edited, and approved by a licensed Physician before it becomes part of the Patient's medical record. No AI tool makes independent clinical decisions, diagnoses, or treatment recommendations.

Additional information about OCFM's use of AI and clinical technology is provided in the Direct Primary Care Patient Agreement (Section (D)(5)) and the Practice's Notice of Privacy Practices.

4. Patient Understanding

By signing this consent, I, as the Patient, understand the following:

- The laws that protect privacy and the confidentiality of medical information also apply to telemedicine, electronic communications, and AI-assisted documentation tools, and no information obtained through

these methods that identifies me will be disclosed to researchers or other entities without my express consent;

- I have the right to withhold or withdraw my consent at any time during my care, without affecting my right to future care or treatment;
- I have the right to inspect all information obtained and recorded in the course of treatment, including telemedicine interactions and AI-assisted documentation, and may receive copies of this information for a reasonable fee;
- A variety of alternative methods of medical care may be available to me, and I may choose one or more of these at any time; these alternatives have been explained to me to my satisfaction;
- Telemedicine may involve the electronic communication of my personal medical information with my physician and to other physicians and healthcare providers who may be located in other areas, including those out-of-state;
- I authorize the exchange of information via email and text messaging, which will allow for more efficient exchange of information and benefit me as the Patient; at the same time, I recognize that email and text messaging are not completely secure means of communication;
- I am not required to authorize the use of email, text messages, or AI-assisted documentation tools, and a decision not to authorize any of these will not affect my health care in any way;
- OCFM has taken considerable effort to protect the personal health information of its patients and recommends that all patients provide this authorization so that OCFM can communicate with them efficiently and deliver high-quality documentation of care;
- It is my duty, as the Patient, to notify my physician of electronic interactions regarding my care that I may have with other healthcare providers, which may be essential and necessary to the accurate provision of healthcare by OCFM.
- While there are benefits to the use of telemedicine and clinical technology tools, assessment is limited and results cannot be guaranteed.

By signing below, I as the Patient, have read and understand the information provided above and have had the opportunity to discuss this with my physician or such assistants as may be designated. I acknowledge that all of my questions have been answered to my satisfaction and by signing this consent, hereby fully consent, voluntarily, to the contents of this document.

Patient Signature **Date**

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Patient Printed Name

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