



Omnibodied NP PLLC — Telehealth Consent and Treatment Authorization

Address:

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By accessing or using telehealth services provided by Omni Health, Shatika James, DNP, NP in Family Health PLLC, a New York professional limited liability company, doing business as Omni Health NP and Omnidbodied NP, you acknowledge that you have read, understood, and agree to the terms outlined below.

1. Purpose of Telehealth Services

Telehealth involves the delivery of healthcare and clinical services using electronic communications, including video, audio, and secure digital platforms. Telehealth services may include clinical care, follow-up visits, education, care coordination, and consultative or advisory clinical review.

Telehealth services are not intended to replace emergency care, inpatient services, or in-person specialty evaluation when clinically indicated. If you are experiencing a medical emergency, call 911 or seek immediate in-person medical attention.

2. Scope of Telehealth Services

Depending on the nature of the service selected, telehealth encounters may include:

- Medical evaluation, diagnosis, treatment, and prescribing when clinically appropriate and permitted by licensure
- Review and interpretation of medical history, symptoms, and laboratory data
- Consultative or advisory clinical review services that do not establish an ongoing provider-patient relationship and do not include diagnosis, treatment, or prescribing unless explicitly stated

The specific scope of services provided will be determined by the service selected and clinical appropriateness.

3. Risks and Limitations of Telehealth

You understand that telehealth has inherent limitations, including:

- Physical examinations may be limited or not possible
- Clinical decisions are based on information you provide
- Technical issues may interrupt communication
- Electronic data transmission carries inherent privacy risks despite safeguards

Telehealth may not be appropriate for all conditions, and the clinician may recommend in-person evaluation or referral when necessary.

4. Privacy and Security

The Practice uses HIPAA-compliant technology to protect the privacy and security of your health information. While reasonable safeguards are implemented, absolute confidentiality cannot be guaranteed.

You are responsible for ensuring that your telehealth session occurs in a private and secure environment.

5. Consent to Treatment and Consultative Services

By accepting this consent, you authorize Omni Health NP PLLC and its licensed clinicians to provide telehealth services within the scope of the selected service. This may include:

- Medical evaluation, diagnosis, treatment, and prescribing when clinically indicated
- Consultative clinical review, interpretation, and guidance without treatment or prescribing

Medication risks, benefits, alternatives, and potential side effects will be explained when prescribing is clinically indicated.

6. Patient Responsibilities

You agree to:

- Provide accurate and complete medical information
- Disclose current medications, supplements, and medical history
- Inform the clinician of changes in symptoms or condition
- Follow clinical recommendations and safety instructions
- Confirm that you are physically located in a jurisdiction where the Practice is authorized to provide telehealth services at the time of the encounter

7. Financial Responsibility

You are responsible for all charges associated with telehealth and consultative services. Fees are due at the time of booking unless otherwise arranged. No refunds are provided for services already rendered.

8. Arbitration, Jury Trial Waiver, Jurisdiction, and Governing Law

Any dispute, claim, or controversy arising out of or relating to telehealth services, consultative or advisory services, or this Agreement shall be resolved by binding arbitration

administered by the American Arbitration Association (AAA) and conducted in White Plains, Westchester County, New York, unless otherwise required by applicable law.

TO THE EXTENT PERMITTED BY LAW, you knowingly and voluntarily waive any right to a trial by jury in any action arising out of or relating to services provided.

You may opt out of this arbitration provision within thirty (30) days of accepting this Agreement by submitting written notice to Omni Health NP PLLC. For individual patients, opting out does not affect access to services. For organizational or professional consulting engagements, acceptance of arbitration may be required as a condition of engagement.

This Agreement shall be governed by and construed in accordance with the laws of the State of New York.

9. Acknowledgment and Acceptance

By signing below, you acknowledge that you understand the nature, benefits, and limitations of telehealth services and consent to receive telehealth and/or consultative services as outlined above.

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