

TELEHEALTH INFORMED CONSENT AND CONSENT TO TREATMENT

Effective Date: _____

Provider: Feonie Eleuterio, FNP-BC

Practice: Holistic Origin Her Wellness

Service Area: New York, New Jersey, and Connecticut

PURPOSE

Holistic Origin Her Wellness is a telehealth-based women's health practice providing virtual healthcare services to adult women age 21 years and older.

This document explains the nature of telehealth services, benefits and risks, privacy protections, practice limitations, patient responsibilities, referral policies, and consent for treatment.

By signing this document, you acknowledge that you have read, understood, and voluntarily agree to receive healthcare services through telehealth.

CONSENT TO TREATMENT

I voluntarily consent to evaluation, assessment, counseling, education, care coordination, medication management, laboratory review, and healthcare services determined appropriate by Holistic Origin Her Wellness within the provider's scope of practice and clinical judgment.

I understand that no specific outcome or result can be guaranteed.

NATURE OF TELEHEALTH SERVICES

Telehealth allows healthcare services to be delivered through secure electronic communication technology.

Services may include:

- Secure video visits
- Electronic prescribing
- Laboratory review
- Preventive health counseling
- Care coordination
- Patient portal communication
- Medication management
- Follow-up monitoring

Holistic Origin Her Wellness is a telehealth-only practice.

No in-person healthcare services are provided.

No hands-on physical examination can be performed through telehealth.

I understand that certain conditions may require referral for in-person evaluation, specialist consultation, urgent care evaluation, emergency care, or primary care follow-up.

SERVICES PROVIDED

Holistic Origin Her Wellness provides telehealth services within the following areas:

- Women's Wellness and Metabolic Health
- Family Planning and Reproductive Wellness
- Contraceptive Management
- Preconception Counseling
- Perimenopause Care
- Menopause Care
- Preventive Health Counseling
- Nutrition and Lifestyle Counseling
- Medication Management within provider scope

TELEHEALTH LIMITATIONS

I understand that:

- Telehealth does not replace emergency medical care.
- Telehealth does not replace my primary care provider or specialist.
- Certain diagnoses require physical examination or diagnostic testing.
- Technology limitations may impact care delivery.
- The provider's ability to assess my condition may be limited compared to an in-person visit.
- Additional testing, referrals, or in-person evaluation may be required.

BENEFITS OF TELEHEALTH

Potential benefits include:

- Improved access to healthcare
- Reduced travel time
- Increased convenience
- Greater scheduling flexibility
- Continuity of care
- Access to specialized women's health services
- Secure communication through patient portal technology
- Ongoing preventive health support

RISKS OF TELEHEALTH

Potential risks include:

- Technology failures
- Internet connectivity issues
- Delays in care caused by technical problems
- Incomplete assessment due to lack of physical examination
- Security risks despite reasonable safeguards
- Need for additional in-person evaluation

STATE LICENSURE REQUIREMENTS

Healthcare services are only available to patients physically located in:

- New York
- New Jersey
- Connecticut

Patients must be physically located in one of these states at the time of each telehealth appointment.

Appointments cannot be conducted when a patient is traveling outside these states and may need to be rescheduled.

IDENTITY AND LOCATION VERIFICATION

For patient safety and regulatory compliance, the following information must be verified at each visit:

- Full legal name
- Date of birth
- Current physical location
- State of residence during the visit

The provider may request government-issued identification when necessary.

EMERGENCY LOCATION VERIFICATION

In the event of a medical emergency during a telehealth encounter, emergency services may be contacted based on the patient's reported physical location.

Patients are responsible for providing accurate location information at the beginning of each visit.

PRIVACY AND CONFIDENTIALITY

Holistic Origin Her Wellness is committed to protecting patient privacy and confidentiality.

Reasonable administrative, technical, and physical safeguards are used to protect protected health information in accordance with applicable privacy laws and regulations.

Patient information may be stored, transmitted, or accessed through secure healthcare technology systems used for treatment, payment, healthcare operations, and legally authorized purposes.

OPTIMANTRA ELECTRONIC HEALTH RECORD

Holistic Origin Her Wellness utilizes OptiMantra as its official electronic health record, patient portal, telehealth communication platform, documentation system, and patient management platform.

Patients acknowledge and consent to the use of these systems as part of their care.

AI-ASSISTED DOCUMENTATION

Holistic Origin Her Wellness may utilize secure, HIPAA-compliant artificial intelligence-assisted documentation technology to support clinical documentation and administrative efficiency.

The provider remains responsible for reviewing, editing, and approving all clinical documentation.

No clinical decisions are made solely by artificial intelligence systems.

PATIENT PORTAL COMMUNICATION

Patients may communicate with the practice through the secure patient portal.

Portal messaging is intended for:

- Non-urgent healthcare questions
- Follow-up communication
- Medication-related questions
- Administrative requests

Portal messaging should never be used for:

- Medical emergencies
- Chest pain
- Shortness of breath
- Stroke symptoms
- Severe allergic reactions
- Suicidal thoughts
- Any condition requiring immediate medical attention

COMMUNICATION EXPECTATIONS

Business Hours:

Monday: 5:00 PM – 7:00 PM

Friday: 5:00 PM – 7:00 PM

Saturday: 10:00 AM – 4:00 PM

Patient portal messages are reviewed during normal business hours.

Messages are not continuously monitored.

Response times may vary based on provider availability, weekends, holidays, and message complexity.

EMERGENCY CARE

Holistic Origin Her Wellness does not provide emergency medical services.

If I experience a medical emergency, I agree to:

- Call 911
- Proceed to the nearest emergency department
- Seek urgent medical attention when appropriate
- Contact my primary care provider when appropriate

PRESCRIBING POLICIES

Prescriptions are provided only when clinically appropriate and within applicable laws and regulations.

Prescriptions are not guaranteed.

Holistic Origin Her Wellness does not prescribe:

- Controlled substances
- Narcotic medications
- Opioid medications
- Stimulant medications
- Benzodiazepines
- Testosterone therapy
- Pellet hormone therapy
- Compounded hormone therapy
- Compounded GLP-1 medications

The practice does not provide emergency contraception services.

PREGNANCY VERIFICATION

For women ages 21 through 55, pregnancy verification may be required before initiation or modification of:

- Contraceptive therapy
- Hormone therapy
- GLP-1 medications
- Reproductive health medications
- Other medications with reproductive safety considerations

Preferred verification includes a home urine pregnancy test completed within fifteen minutes before the telehealth visit, patient attestation to results, and visual review when appropriate.

FOLLOW-UP CARE

Typical follow-up schedules may include:

- Four to six week follow-up after medication initiation or adjustment
- Ongoing follow-up approximately every three months when clinically appropriate
- Additional visits based upon clinical need

Patients are responsible for attending recommended follow-up appointments.

HORMONE THERAPY

Hormone therapy recommendations are individualized and based upon clinical evaluation, risk assessment, patient preferences, and current evidence-based guidelines.

Hormone therapy may not be appropriate for all patients.

REFERRALS AND CARE COORDINATION

Patients may be referred to outside providers when clinically appropriate.

Examples include:

- Primary Care Providers
- Obstetrician-Gynecologists
- Endocrinologists
- Cardiologists
- Reproductive Endocrinology and Infertility Specialists
- Bariatric Specialists
- Behavioral Health Providers
- Urgent Care Facilities
- Emergency Departments

Referral decisions are based upon clinical findings, safety considerations, provider scope, and patient needs.

PRECONCEPTION AND FERTILITY REFERRALS

Patients younger than 35 years attempting conception may be referred to a reproductive endocrinology and infertility specialist after twelve months without conception.

Patients age 35 years or older attempting conception may be referred after six months without conception.

PROGRAM AND PATHWAY LIMITATIONS

Structured care pathways are generally designed for up to twelve months.

Continued care, transition planning, referral coordination, or ongoing medication management will be individualized based on clinical needs and provider recommendations.

GLP-1 MANAGEMENT

When clinically appropriate, GLP-1 medications may be prescribed using FDA-approved medications only.

Compounded GLP-1 medications are not prescribed.

GLP-1 care pathways are generally limited to twelve months.

Patients with severe obesity, including body mass index greater than 45, may be referred for additional specialty management.

SERVICES NOT PROVIDED

Holistic Origin Her Wellness does not provide:

- Emergency medical care
- Hospital-based care
- In-person examinations
- Pap smears
- Mammograms
- Ultrasound services
- Infertility procedures
- In vitro fertilization services
- Management of Type 1 Diabetes
- Comprehensive management of established Type 2 Diabetes
- Bariatric medicine services
- Behavioral health treatment

- Emergency contraception services
- Controlled substance prescribing

SUPPORT PERSON PARTICIPATION

Patients may request the participation of a spouse, partner, family member, caregiver, interpreter, or support person during telehealth visits.

TECHNOLOGY REQUIREMENTS

Patients are responsible for maintaining access to:

- A device capable of secure video communication
- Reliable internet service
- A private environment suitable for healthcare discussions

FINANCIAL RESPONSIBILITY

I understand that I am financially responsible for services rendered, including applicable co-payments, deductibles, coinsurance, self-pay fees, membership fees, laboratory costs, and pharmacy expenses not otherwise covered by insurance.

WITHDRAWAL OF CONSENT

I understand that I may withdraw my consent for telehealth services at any time by providing written notice to Holistic Origin Her Wellness.

Withdrawal of consent does not affect services previously rendered.

PATIENT ACKNOWLEDGMENT

By signing below, I acknowledge that:

- I have read and understand this Telehealth Informed Consent and Consent to Treatment.
- I have had the opportunity to ask questions.
- My questions have been answered to my satisfaction.
- I understand the benefits, risks, and limitations of telehealth services.
- I voluntarily consent to receive telehealth services through Holistic Origin Her Wellness.

Patient Name: _____

Patient Signature: _____

Date: _____

Provider Signature: _____

Date: _____