

**ALLIED PHYSICIANS GROUP
CAMP-BASED TELEHEALTH PROGRAM - CRESTWOOD COUNTRY DAY CAMP**

TELEHEALTH SERVICES INFORMED CONSENT FORM

Thank you for your interest in receiving telehealth services from Allied Physicians Group, PLLC (“Allied”) in connection with the Crestwood Country Day Camp (“Crestwood”) Camp-Based Telehealth Program.

Allied offers real-time, remote, interactive medical exams and telehealth visits to patients for certain medical conditions, through products and services offered by Tyto Care, Inc. (“TytoCare”), an independent medical technology company. As part of the Crestwood Camp-Based Telehealth Program, Allied, with the permission of parents/guardians and Crestwood, may provide telehealth services to a child located at Crestwood, during regular camp hours, without a camper having to leave the school, and with the parent/guardian not present at the camp or otherwise participating in the particular visit. The Crestwood personnel that facilitate the child’s telehealth examination perform as lay facilitators, generally executing the functions that a parent/guardian would perform when engaged in a telehealth visit involving a child.

As part of this arrangement, Crestwood maintains and uses a TytoPro Kit (“Kit”). The Kit includes a digital handheld device to which different adapters may be attached, to examine the throat, ears, skin, and abdomen, check body temperature, capture images of skin, measure and record heart rate, and hear heart and lung sounds (the “Device”). The Device transmits this patient data to a TytoCare mobile application (“App”) that has been downloaded to a dedicated iPad (the “iPad”) also maintained and used by Crestwood in the delivery of these services, and which Crestwood is required to use solely for such services. The App transmits the Device data to a TytoCare cloud-based platform (the “Platform”) that is accessed by Allied for treatment and related purposes. The Platform and App also permit, during a telehealth visit, live video chatting among Allied, the Crestwood personnel facilitating the child’s examination, and the child.

CONSENT

1. I understand that the initiation of a request to provide any specific telehealth visit under the Camp-Based Telehealth Program will solely be within the discretion of Crestwood, and that such a request by Crestwood to Allied will be necessary and sufficient for Allied to furnish a telehealth visit to my child. However, the final determination of whether Allied will make available telehealth services to my child, whether involving the Kit, the Device, the App or any other technology, will be based on Allied’s independent professional determinations, and that Allied may deem certain conditions not appropriate for telehealth services. For example, telehealth services are not the same as an in-person visit, and a health care provider using telehealth technologies does not have access to all of the information that is obtained during an in-person examination. This means that in some cases the information transmitted through the TytoCare Device or App, including in light of my child’s condition, may not be sufficient to allow for appropriate medical decision making, and so the telehealth service will not be provided by Allied, even if I request the service. I agree to accept any decision by my health care provider to not provide telehealth services at any given time, and I agree to immediately discontinue receiving telehealth services if I determine or believe that it is not appropriate or safe to continue receiving the services.
2. **I UNDERSTAND THAT TELEHEALTH SERVICES ARE NOT APPROPRIATE FOR MEDICAL EMERGENCIES, LIFE-THREATENING CONDITIONS, OR OTHER URGENT MEDICAL MATTERS. I AGREE THAT FOR ALL URGENT OR EMERGENCY MATTERS OF WHICH I AM AWARE I WILL IMMEDIATELY CALL, OR DIRECT THE CAMP TO CALL, 911, OR GO TO, OR DIRECT THE CAMP TO HAVE MY CHILD SENT TO, AN EMERGENCY ROOM AT A HOSPITAL OR OTHER APPROPRIATE HEALTH CARE PROVIDER.**

3. I understand there are potential risks to using any telehealth technology that relies upon the Internet and personal mobile devices, such as Internet service interruptions, mobile device malfunctions, data security incidents, and other technical difficulties, and there are no guarantees that the operation of the TytoCare Kit, Device and App will be uninterrupted or error free.
4. I understand that Crestwood is solely responsible for the Kit, Device and App, and for maintaining the Kit, Device, iPad and App in accordance with TytoCare and other applicable manufacturer and/or supplier terms, conditions and instructions. I understand that Allied shall have no responsibility for the functionality and operation of the Kit, Device, iPad and App, including with respect to malfunctions, service interruptions, returns, warranties and related matters.
5. I understand that in connection with the delivery of the Camp-Based Telehealth Program, TytoCare will collect and manage personally-identified information of me and my child that is health-related information. I also understand that Crestwood, not Allied, will be solely responsible for the privacy of the personal and health information that Crestwood obtains about my child in connection with the Camp-Based Telehealth Program, such as health information learned by Allied personnel in connection with facilitating the child's examination during a telehealth visit.
6. I understand that Allied's regular financial and scheduling policies apply to Allied's telehealth services. **I ALSO UNDERSTAND THAT ALLIED'S TELEHEALTH SERVICES MAY NOT, IN WHOLE OR IN PART, BE COVERED BY MY HEALTH INSURANCE POLICY OR HEALTH PLAN.** I further understand that as consistent with applicable laws and the policies of my health insurance policy or health plan, I will be responsible to pay Allied for all Allied telehealth services not covered by my health insurance policy or health plan, and it is my responsibility to understand my coverage.
7. I understand that in connection with the delivery of these telehealth services: (a) Allied may receive health and other personal information about me and my child from Crestwood and its personnel; (b) during telehealth visits, Crestwood personnel will be facilitating my child's telehealth examination as lay facilitators, generally executing the functions that a parent/guardian would perform when engaged in a telehealth visit involving a child (such as using Device sensors to take body temperature, examine ears and throat, and listen to heart and lung sounds); and (c) telehealth services will be provided by Allied to my child located at Crestwood, during regular camp hours, without the need for my presence or participation in the particular visit. I understand that Allied will make reasonable efforts to contact me directly regarding any telehealth services it furnishes to my child through the Camp-Based Telehealth Program.

I have read and fully understand this Consent Form. I have had the opportunity to ask Allied health professionals questions about this Consent Form and the telehealth services offered by Allied through the Camp-Based Telehealth Program. The risks, benefits, and alternatives to these telehealth services have been discussed with me in a manner that I understand, and my questions have been answered to my satisfaction.

I hereby consent to and authorize Allied to provide these telehealth services through the Camp-Based Telehealth Program, as Allied deems medically necessary, and I acknowledge that no guarantees have been made to the results that may be obtained.

Patient Name(s)

Parent/Guardian signature

Date

Print Parent/Guardian Name

Relationship to Patient(s)