MDI MEDICAL GROUP, PC

INFORMED CONSENT FOR FEMALE HORMONE REPLACEMENT THERAPY

DO NOT USE THIS SERVICE IF YOU MAY BE EXPERIENCING A MEDICAL EMERGENCY. In an emergent situation, you can: (i) call 911; (ii) go to the nearest emergency room; (iii) contact your local crisis center; (iv) if applicable, call the National Suicide Prevention Lifeline (1-800-272-8255); or (v) if applicable, contact the Crisis Text Line (text "GO" to 741-741). We are pleased you have chosen MDI Medical Group, PC and its affiliated medical practices ("MDI") for your bioidentical hormone replacement therapy (BHRT). This document is intended to inform you of what you can expect in connection with your treatment. After you have carefully read this document and had an opportunity to have your questions answered, you must sign and date it before commencing BHRT treatment.

IMPORTANT INFORMATION REGARDING BHRT, INCLUDING POTENTIAL RISKS AND BENEFITS. MDI offers BHRT treatment by various types of healthcare providers. Our providers include physicians, nurses, and equivalent licensed professionals. There are various benefits and risks associated with BHRT treatment, including the following:

BHRT / Hormone Therapy Consent

Potential Benefits

Bioidentical hormone replacement therapy, also referred to as BHRT or hormone therapy, may be recommended when symptoms, medical history, physical findings, and/or laboratory evaluation suggest hormone decline, hormone deficiency, hormone imbalance, perimenopause, menopause, surgical menopause, premature ovarian insufficiency, genitourinary syndrome of menopause, or another clinically appropriate indication.

Potential benefits may include improvement in hot flashes, night sweats, sleep disruption, mood changes, irritability, fatigue, low libido, vaginal dryness, painful intercourse, urinary/vaginal tissue symptoms, reduction of bone loss in appropriate candidates, and overall quality of life when symptoms are hormone related.

BHRT is not guaranteed to resolve symptoms and is not a substitute for evaluation of other medical causes of fatigue, weight gain, mood changes, abnormal bleeding, low libido, sleep disturbance, pain, hair loss, or other symptoms.

General Risks

All medical treatments, including BHRT, carry potential risks, side effects, and unknowns. No specific outcome or symptom improvement can be guaranteed. Risks may vary based on age, medical history, family history, smoking status, cardiovascular risk, cancer risk, clotting risk, hormone type, dose, duration, route of administration, and whether a uterus is present.

Some hormone therapy regimens may affect the risk of blood clots, pulmonary embolism, stroke, heart attack, breast cancer, uterine/endometrial cancer, gallbladder disease, liver disease, blood pressure changes, mood changes, fluid retention, and other complications. For patients with a uterus, systemic estrogen without adequate progesterone/progestogen may increase the risk of endometrial hyperplasia and endometrial cancer.

When hormone therapy is prescribed, the goal is to use an individualized treatment plan with an appropriate dose, route, and duration based on symptoms, risk factors, response to therapy, side effects, and monitoring. Continued therapy requires periodic reevaluation to determine whether benefits continue to outweigh risks.

FDA-Approved and Compounded Medications

Some hormones may be FDA-approved, while others may be compounded by a compounding pharmacy. Some FDA-approved hormone medications, including certain estradiol and progesterone products, are also bioidentical; compounded therapy is not the only form of bioidentical hormone therapy.

Compounded medications are not FDA-approved, and the FDA does not review compounded medications for safety, effectiveness, or quality before they are dispensed. Compounded medications may have variability in potency, absorption, consistency, sterility, inactive ingredients, and patient response.

"Bioidentical" does not mean risk-free, safer, more natural, or more effective. Compounded medications may be considered when a commercially available FDA-approved product does not meet the patient's clinical needs, dosing needs, formulation needs, route preference, or allergy/excipient limitations.

Telehealth Prescribing and Available Formulations

This hormone therapy program is provided through telehealth. Medications may be prescribed when clinically appropriate based on symptoms, medical history, risk assessment, prior records, laboratory testing when indicated, and provider judgment.

Formulations used in this program may include:

- Oral pills or capsules
- Sublingual tablets, troches, or RDT tablets
- Topical creams or gels
- Transdermal patches
- Vaginal creams, tablets, capsules, or suppositories
- Injections

This program does not prescribe hormone pellets. Certain symptoms, abnormal findings, contraindications, or higher-risk medical histories may require in-person evaluation, laboratory testing, imaging, specialist clearance, or referral before hormone therapy can be started or continued.

Estradiol

Estradiol is a form of estrogen. Estradiol may be prescribed as a transdermal patch, topical cream/gel, oral tablet, vaginal cream, vaginal tablet, vaginal capsule, vaginal suppository, or other non-injectable formulation depending on clinical need.

Estradiol may be used for symptoms such as hot flashes, night sweats, sleep disruption, vaginal dryness, painful intercourse, urinary/vaginal tissue symptoms, mood changes, headaches related to estrogen fluctuation, and reduction of bone loss in appropriate candidates.

Potential side effects may include breast tenderness, breast swelling, nipple tenderness, bloating, fluid retention, swelling, headache, migraine changes, nausea, vomiting, abdominal discomfort, mood changes, irritability, anxiety, emotional sensitivity, depressed mood, fatigue, sleep changes, acne, skin changes, melasma, vaginal discharge, vaginal irritation, yeast-like symptoms, spotting, breakthrough bleeding, heavier bleeding, cycle changes, worsening fibroid or endometriosis symptoms, application-site irritation, increased triglycerides, gallbladder symptoms, blood pressure changes, blood clots, pulmonary embolism, stroke, heart attack, and possible hormone-sensitive cancer risk depending on individual factors.

If you have a uterus and are prescribed systemic estradiol, progesterone or another progestogen may be required to protect the uterine lining. Any unexplained vaginal bleeding, heavy bleeding, persistent spotting, or bleeding after menopause must be reported promptly.

Estradiol may not be appropriate, or may require additional evaluation, if you have a history of estrogen-sensitive cancer, unexplained vaginal bleeding, blood clot, pulmonary embolism, stroke, heart attack, clotting disorder, active liver disease, pregnancy, severe uncontrolled hypertension, high-risk migraine pattern, significant gallbladder disease, or allergy/hypersensitivity to estradiol or its ingredients.

Progesterone

Progesterone may be prescribed as an oral capsule, sublingual tablet, RDT/troche, topical cream, vaginal capsule, vaginal tablet, vaginal suppository, or other non-injectable formulation depending on clinical need. Progesterone may be used to support sleep, reduce estrogen-related symptoms, regulate bleeding patterns, support luteal-phase deficiency when appropriate, and protect the uterine lining when systemic estrogen is used in a patient with a uterus.

Potential side effects may include sleepiness, drowsiness, morning grogginess, dizziness, impaired alertness, fatigue, headache, breast tenderness, nipple tenderness, breast swelling, bloating, fluid retention, swelling, weight fluctuation, nausea, abdominal discomfort, constipation, mood changes, irritability, anxiety, sadness, emotional blunting, depressed mood, vivid dreams, brain fog, acne, oily skin, rash, itching, menstrual flow changes, irregular bleeding, spotting, amenorrhea, heavier bleeding, cycle timing changes, cramping, pelvic discomfort, vaginal discharge, vaginal irritation, burning, itching, yeast-like symptoms, allergic reaction, or hypersensitivity reaction.

Oral progesterone may cause sedation or dizziness. Use caution with driving, alcohol, sleep medications, sedatives, benzodiazepines, opioids, muscle relaxers, or other medications that may increase drowsiness. Progesterone may contribute to fluid retention and should be used cautiously in patients with heart, kidney, liver, seizure, migraine, asthma, or fluid-sensitive conditions.

Progesterone may not be appropriate, or may require additional evaluation, if you have an allergy or hypersensitivity to progesterone or ingredients in the preparation, undiagnosed abnormal vaginal bleeding, active liver disease, hormone-sensitive cancer history unless cleared, pregnancy-related use outside of a treatment plan, breastfeeding, severe depression, or prior significant mood reaction to progesterone/progestins.

IF YOU HAVE A PEANUT ALLERGY PLEASE INFORM YOUR PROVIDER AS CERTAIN FORMS OF PROGESTERONE MAY NOT BE APPROPRIATE FOR YOU.

Testosterone

Testosterone may be prescribed as a topical cream/gel, vaginal cream, troche, RDT, injectable, or non-pellet formulation depending on clinical indication and provider judgment.

In women, testosterone therapy is often considered off label except in specific clinical contexts such as hypoactive sexual desire disorder. Dosing should generally remain within the female physiologic range and be monitored to avoid excessive testosterone levels.

Potential side effects may include acne, oily skin, increased facial hair, increased body hair, hirsutism, scalp hair thinning, androgenic-pattern hair loss, change in body odor, increased sweating, irritability, agitation, anxiety, mood swings, anger, emotional changes, increased libido, insomnia, sleep disruption, headache, breast tissue changes, menstrual irregularities, spotting, cycle changes, ovulatory disruption, fluid retention, swelling, edema, increased red blood cell count, elevated hematocrit, blood pressure elevation, lipid changes, worsening snoring or sleep apnea, skin irritation, rash, itching, redness at application site, unwanted hair growth at application site, and transfer of topical testosterone to partners, children, or pets.

Excessive testosterone exposure may cause masculinizing or virilizing effects, some of which may be irreversible. These may include voice deepening, clitoral enlargement, significant facial/body hair growth, male-pattern scalp hair loss, severe acne, breast tissue reduction, and significant mood or personality changes. Any signs of virilization should be reported immediately.

If topical testosterone is prescribed, apply only as directed, wash hands after application, allow medication to dry before dressing, cover the application site when appropriate, and avoid skin-to-skin transfer to partners, children, or pets.

Testosterone should not be used during pregnancy, suspected pregnancy, while trying to conceive, or while breastfeeding unless specifically directed by a qualified medical provider. Testosterone may not be appropriate, or may require additional evaluation, if you have known or suspected hormone-sensitive cancer, severe acne, androgenic alopecia, hirsutism, prior virilization, elevated hematocrit, untreated/severe sleep apnea, uncontrolled hypertension, significant cardiovascular disease, active liver disease, or allergy/hypersensitivity to testosterone or its ingredients.

Thyroid Medication

Thyroid medication is not a sex hormone BHRT medication but may be prescribed when thyroid dysfunction is suspected or confirmed. Thyroid medication may include levothyroxine/T4, liothyronine/T3, desiccated thyroid, compounded thyroid, NP Thyroid, Armour Thyroid, or other preparations. Desiccated thyroid preparations are derived from porcine thyroid glands and contain T4 and T3.

Potential benefits may include improvement in symptoms related to hypothyroidism, such as fatigue, cold intolerance, constipation, dry skin, hair thinning, low mood, slowed metabolism, and difficulty with weight regulation when these symptoms are related to thyroid hormone deficiency.

Potential side effects may include palpitations, increased heart rate, anxiety, irritability, restlessness, nervousness, tremor, sweating, heat intolerance, insomnia, headache, diarrhea, increased bowel frequency, weight loss, increased appetite, menstrual changes, hair shedding, chest discomfort, worsening arrhythmia, bone loss or osteoporosis risk with overtreatment, suppression of TSH, allergic reaction, or sensitivity to inactive ingredients.

Thyroid medication should not be used solely for weight loss or obesity treatment in patients without thyroid dysfunction. Thyroid medication may not be appropriate, or may require additional monitoring, if you have untreated adrenal insufficiency, untreated hyperthyroidism, suppressed TSH, significant cardiac disease, arrhythmia, atrial fibrillation, angina, recent heart attack, severe uncontrolled anxiety/palpitations, osteoporosis, high fracture risk, or allergy/hypersensitivity to thyroid medication, pork-derived ingredients, or excipients.

You agree to disclose use of stimulant medications, including but not limited to Adderall, Vyvanse, Concerta, Ritalin, Focalin, Daytrana, Metadate, phentermine, or similar medications, as combining thyroid medication with stimulants may increase the risk of tachycardia, palpitations, anxiety, blood pressure elevation, or cardiovascular symptoms.

Symptoms-Based Prescribing

Treatment decisions may be guided by symptoms, medical history, physical findings, prior labs, current labs, risk factors, medication history, and clinical judgment.

In some cases, treatment may be initiated before updated laboratory results are available when symptoms and history support treatment. Symptoms such as fatigue, weight gain, mood changes, low libido, sleep disturbance, brain fog, hair loss, abnormal bleeding, and pain may also be caused by non-hormonal conditions, including thyroid disease, anemia, nutrient deficiencies, autoimmune disease, infection, sleep apnea, medication effects, mental health conditions, cardiometabolic disease, gynecologic disease, gastrointestinal disease, or other medical conditions.

Potential risks of symptoms-based prescribing include misdiagnosis, incomplete treatment of the underlying cause, adverse reaction, medication dose requiring later adjustment, hormone levels becoming too high or too low, need for additional testing/referrals, or need to hold, reduce, discontinue, or change therapy.

You agree to complete recommended laboratory monitoring and follow-up visits. Failure to complete recommended monitoring may result in inability to safely continue therapy.

Required Patient Disclosure

Before starting BHRT or thyroid therapy, you agree to notify your provider if you have or have ever had breast cancer, uterine cancer, ovarian cancer, endometrial cancer, hormone-sensitive cancer, unexplained vaginal bleeding, postmenopausal bleeding, blood clot, pulmonary embolism, stroke, heart attack, clotting disorder, thrombophilia, liver disease, gallbladder disease, migraine with aura, high blood pressure, heart disease, arrhythmia, atrial fibrillation, chest pain, palpitations, diabetes, insulin resistance, high triglycerides, endometriosis, fibroids, PCOS, endometrial hyperplasia, sleep apnea, significant snoring, severe acne, unwanted hair growth, scalp hair loss, androgen sensitivity, depression, bipolar disorder, severe anxiety, prior mood reaction to hormones, pregnancy, suspected pregnancy, trying to conceive, breastfeeding, tobacco/nicotine use, upcoming surgery, prolonged travel, immobilization, hospitalization, or current use of hormones, birth control, fertility medications, thyroid medications, steroids, blood thinners, seizure medications, psychiatric medications, stimulants, over-the-counter medications, supplements, herbs, or recreational substances.
You agree to inform your MDI medical provider of any new diagnosis, medication change, surgery, hospitalization, abnormal lab, abnormal imaging result, pregnancy, breastfeeding status, or significant change in your health while receiving treatment.

When to Seek Medical Attention

Contact your provider promptly or seek urgent/emergency care if you develop chest pain, shortness of breath, coughing blood, fainting, sudden leg swelling/pain/redness/warmth, sudden severe headache, vision loss, facial drooping, weakness, numbness, confusion, trouble speaking, new breast lump, nipple discharge, heavy vaginal bleeding, postmenopausal bleeding, persistent unexplained spotting, severe abdominal pain, right upper quadrant pain, yellowing of the skin/eyes, dark urine, severe depression, suicidal thoughts, mania, aggression, paranoia, major mood change, voice deepening, clitoral enlargement, severe acne, rapid facial hair growth, rapid scalp hair loss, hives, swelling of the lips/tongue/throat, wheezing, or trouble breathing.

Follow-Up and Monitoring

You understand that BHRT and thyroid therapy require follow-up and monitoring. Monitoring may include symptom review, blood pressure, weight, medication review, side-effect screening, breast/pelvic health screening when appropriate, and laboratory testing.

Labs may include estradiol, progesterone, total testosterone, free testosterone, SHBG, DHEA-S, CBC, CMP/liver function, lipid panel, thyroid panel, A1c/glucose/insulin markers, and additional labs based on symptoms, risk factors, and route of therapy.

Medication dose, route, or frequency may be changed based on symptoms, side effects, laboratory results, risk factors, or provider judgment.

You agree to remain current with age-appropriate and risk-appropriate preventive care and screening, which may include primary care visits, blood pressure monitoring, pelvic exams, Pap smears/HPV testing, mammograms, breast ultrasound or MRI when indicated, colon cancer screening, bone density testing, and other evaluations recommended by your healthcare providers.

Breast Cancer and Hormone Therapy

Some hormone therapy regimens may affect breast cancer risk. Risk may vary based on the type of hormone used, dose, route of administration, duration of therapy, age, personal medical history, family history, breast density, genetic risk, prior abnormal breast imaging or biopsy, and whether estrogen is used alone or with progesterone/progestogen.

Research suggests that breast cancer risk may differ between synthetic progestins and micronized progesterone; however, no hormone therapy can be considered completely risk-free. “Bioidentical” does not mean that a hormone is guaranteed to be safer, protective against breast cancer, or appropriate for every patient.
Patients with a personal history of breast cancer, estrogen-sensitive cancer, progesterone-sensitive cancer, abnormal breast imaging, breast biopsy showing atypia, unexplained breast symptoms, or strong family history of breast cancer may require additional evaluation, specialist clearance, or oncology/gynecology approval before hormone therapy can be considered.

Patients are responsible for staying current with recommended breast cancer screening, including mammogram, breast ultrasound, breast MRI, or other imaging when indicated based on age, risk factors, breast density, or provider recommendation. New breast lumps, nipple discharge, breast skin changes, focal breast pain, or abnormal breast imaging must be reported promptly.

Alternatives to BHRT

You understand that there are reasonable alternatives to BHRT, including but not limited to:
• Choosing not to start hormone therapy.
• Monitoring symptoms and hormone levels over time.
• Lifestyle and nutritional interventions.
• Non-hormonal prescription medications.
• Non-hormonal therapies for hot flashes, sleep, mood, libido, vaginal dryness, urinary/vaginal symptoms, bone health, or other concerns.
• Referral to gynecology, endocrinology, oncology, primary care, cardiology, mental health, pelvic floor therapy, nutrition, or another specialist when appropriate.

Telehealth Limitations

You understand that BHRT services through MDI are provided by telehealth, which may limit the ability to perform a hands-on physical exam, breast exam, pelvic exam, vital signs assessment, or immediate diagnostic testing. Telehealth evaluation is not appropriate for all symptoms or medical conditions.

You agree to seek in-person medical evaluation, urgent care, emergency care, gynecology evaluation, breast imaging, pelvic ultrasound, laboratory testing, or specialist evaluation when recommended by your MDI medical provider or when symptoms require immediate assessment.

MDI’s telehealth hormone therapy program does not replace emergency medical care, primary care, gynecologic care, breast cancer screening, pelvic exams, Pap smears, mammograms, or specialist management of complex medical conditions.

State-Specific Care and Pharmacy Availability

You understand that telehealth prescribing, medication availability, pharmacy dispensing rules, laboratory requirements, and follow-up requirements may vary by state. MDI may be unable to prescribe or continue certain medications if they are not appropriate for your state of residence, current location, medical history, pharmacy availability, or applicable law/regulation.

Patient Responsibilities for Telehealth Treatment

You understand that medications prescribed through MDI’s telehealth program are self-administered. You agree to use all prescribed medications only as directed by your MDI medical provider and according to the instructions provided by MDI, the prescribing provider, the pharmacy, and/or the medication label.

You understand that incorrect use of medication, including but not limited to taking more than prescribed, using medication more frequently than directed, applying medication to the wrong site, sharing medication with another person, combining medication with other hormone therapies without disclosure, failing to follow safety

instructions, or failing to complete recommended monitoring may increase the risk of side effects, adverse reactions, or medical complications.

You agree to notify your MDI medical provider promptly of any side effects, new symptoms, medication errors, changes in your health status, new diagnoses, new medications, pregnancy, breastfeeding, surgery, hospitalization, prolonged immobilization, or other factors that may affect the safety of hormone therapy. You understand that MDI and your MDI medical provider rely on the accuracy and completeness of the information you provide, including your medical history, medication list, allergies, prior diagnoses, lab results, imaging, screening history, pregnancy/breastfeeding status, and use of prescription medications, over-the-counter medications, hormones, supplements, herbs, recreational substances, nicotine, tobacco, or alcohol.

You acknowledge that failure to provide complete and accurate information, failure to use medications as prescribed, failure to follow safety instructions, or failure to complete recommended follow-up, labs, imaging, or screening may limit MDI's ability to safely provide care and may result in therapy being adjusted, paused, or discontinued.

You understand that MDI and its medical providers are not responsible for adverse effects, complications, or lack of treatment response resulting from inaccurate or incomplete information provided by you, undisclosed medical conditions or medications, use of medication contrary to prescribed instructions, use of medications obtained outside of MDI without disclosure, or failure to follow recommended monitoring and follow-up instructions.

Patient Consent and Acknowledgment

By accepting this consent, you acknowledge and agree to the following:

1. You consent to evaluation and, if clinically appropriate, treatment with BHRT and/or related hormone therapy through MDI. You understand that potential benefits may occur, but no results are guaranteed or assured.
2. You understand that some hormone therapy uses may be considered off-label, medically controversial, not medically necessary by some clinicians or insurers, or not supported by the same level of evidence for every symptom being treated.
3. You understand that some prescribed medications may be compounded and are not FDA-approved. You understand that compounded medications may carry additional variability or uncertainty compared with FDA-approved medications.
4. You understand that medications prescribed through MDI's telehealth program are self-administered. You agree to use medications only as prescribed and to follow all instructions regarding dose, route, timing, application site, storage, and safety precautions.
5. You agree not to change your dose, increase frequency, share medication, combine with other hormone therapies, or discontinue abruptly without notifying your MDI medical provider unless you are experiencing symptoms that require urgent medical attention.
6. You agree to complete recommended follow-up visits, labs, screening, imaging, and monitoring as requested by MDI or your MDI medical provider. Failure to complete recommended monitoring may result in therapy being adjusted, paused, or discontinued.
7. You agree to promptly inform your MDI medical provider of any new symptoms, side effects, new diagnoses, abnormal imaging, surgery, hospitalization, prolonged immobilization, pregnancy, breastfeeding, medication changes, or changes in your medical history.
8. You certify that you have disclosed to MDI and your MDI medical provider your complete medical history, allergies, current medications, prescription and non-prescription medications, hormones, birth control, supplements, herbs, recreational substances, nicotine/tobacco use, alcohol use, and all relevant health information.
9. You certify that you are under the care of other physician(s) or healthcare provider(s) for medical conditions outside the scope of BHRT, and you understand that BHRT through MDI does not replace

primary care, gynecologic care, breast cancer screening, pelvic exams, Pap smears, mammograms, emergency care, or specialist care.

10. You understand that it is your responsibility to inform your other healthcare providers that you are receiving BHRT through MDI and to coordinate care as needed, including providing records if required or requested.
11. You understand that you may stop or decline treatment at any time by notifying MDI or your MDI medical provider. If therapy is discontinued, symptoms may return and hormone levels may change.
12. **You acknowledge that you have read this document carefully, understand the potential risks, benefits, alternatives, and limitations of BHRT treatment, have had the opportunity to ask questions, and give your informed consent to receive BHRT treatment through MDI under the terms described herein.**

STATE REGULATIONS:

Alaska: You understand your primary care provider may obtain a copy of your records of your telehealth encounter. (Alaska Stat. § 08.63.210(C)(2).

Arizona: You understand that all medical records resulting from a telemedicine consultation are part of your medical record. (Ariz. Rev. Stat. Ann. § 36-3602(D)).

California: You understand that you have the right to withhold or withdraw your consent to the use of telehealth in the course of your care at any time, without affecting your right to future care or treatment, or, affecting your ability to access covered services from Medi-Cal in the future. You understand that you have the right to access Medi-Cal covered services through an in-person, face-to-face visit or through telehealth. You understand that Medi-Cal provides coverage for transportation services to in-person services when other resources have been reasonably exhausted. (Cal. Welf. & Inst. Code Ann. § 14132.725(d)).

Physicians: All physicians licensed to practice in the State of California are licensed and regulated by the Medical Board of California. To check on a physician's license or to file a complaint, go to www.mbc.ca.gov, email licensecheck@mbc.ca.gov, call (800) 633-2322 or use this QR code:

Connecticut: You understand that your primary care provider may obtain a copy of your records of your telehealth encounter, and that you can revoke your consent at any time. (Conn. Gen. Stat. Ann. § 19a-906).

D.C.: You have been informed of alternate forms of communication between you and a physician for urgent matters. (D.C. Mun. Regs. tit. 17, § 4618.10). Relevant communications with the physician, including those done via electronic methods shall be documented and filed in your medical record. (D.C. Mun. Regs. tit. 17, § 4618.9).

Florida: You can view your rights under Florida's Patient Bill of Rights and Responsibilities, by visiting the Florida Agency for Health Care Administration: https://www.flsenate.gov/laws/statutes/2011/381.026. To

view your rights under Florida's Weight-Loss Consumer Bill of Rights, click here: https://www.flsenate.gov/Laws/Statutes/2015/501.0575.

Georgia: You have been given clear, appropriate, accurate instructions on follow-up in the event of needed emergent care related to the treatment. (Ga. Comp. R. & Regs. 360-3-.07(7)).

Idaho: You have been informed that if you want to register a formal complaint about a provider, you should visit the medical board's website, here: https://dopl.idaho.gov/filing-a-complaint/ (Idaho Guidelines for Appropriate Regulation of Telemedicine). You further understand that your informed consent for the use of telehealth services shall be obtained by applicable law. Idaho Statutes 54-5708.

Indiana: If a prescription is issued to you, and subject to your consent the prescriber shall notify your primary care provider of any prescriptions the prescriber has issued for you if the primary care provider's contact information is provided by you. This requirement does not apply if: (A) The practitioner is using an electronic health record system that your primary care provider is authorized to access. (B) The practitioner has established an ongoing provider-patient relationship with the patient by providing care to the patient at least 2 consecutive times through the use of telehealth services. If the conditions of this clause are met, the practitioner shall maintain a medical record for you and shall notify your primary care provider of any issued prescriptions. Ind. Code Ann. 25-1-9.5-7.

If you are a Medicaid patient, you have the right to choose between an in-person visit or telehealth visit. Indiana Medicaid Manual: Telehealth and Virtual Services.

Iowa: To file a complaint, fill out the complaint form and email it to the medical board at ibmcomplaints@iowa.gov. Iowa Admin. Code 653-13.11(147,148,272C)(13.11(18)).

As appropriate your provider will identify the medical home or treating physician(s) for you, when available, where in-person services can be delivered in coordination with the telemedicine services. Your provider shall provide a copy of the medical record to your medical home or treating physician(s). Iowa Admin. Code 653-13.11(147,148,272C)(13.11(11))

Kansas: You understand that if you have a primary care provider or other treating physician, the person providing telemedicine services must send within three business days a report to such primary care or other treating physician of the treatment and services rendered to you during the telemedicine encounter. (Kan. Stat. Ann. § 40-2,212(2)(d)(2)(A).

Kentucky: You have been informed that if you want to register a formal complaint about a provider, you should visit the medical board's website, here:

https://kbml.ky.gov/board/Pages/default.aspx.

If requested by you, your physician must share the medical record with your primary care physician and other relevant members of your existing care team. Kentucky Board Opinion on the Use of Telemedicine Technologies (2014), as amended September 15, 2022.

Louisiana: You understand the role of other health care providers that may be present during the consultation other than the telehealth provider. (46 La. Admin. Code Pt XLV, § 7511).

Maine: You have been informed that if you want to register a formal complaint about a provider, you should visit the medical board's website, here: https://www.maine.gov/md/complaint/file-complaint. (Code Me. R. tit. 02-373 Ch. 11, § 3.).

Nebraska: If you are a Medicaid recipient, you retain the option to refuse the telehealth consultation at any time without affecting your right to future care or treatment and without risking the loss or withdrawal of any program benefits to which the patient would otherwise be entitled. All existing confidentiality protections shall apply to the telehealth consultation. You shall have access to all medical information resulting from the telehealth consultation as provided by law for access to your medical records. Dissemination of any patient identifiable images or information from the telehealth consultation to researchers or other entities shall not occur without your written consent. You understand that you have the right to request an in-person consult immediately after the telehealth consult and you will be informed if such consult is not available. (Neb. Rev. Stat. Ann. § 71-8505; 471 Neb. Admin. Code § 1-006.05).

New Hampshire: You understand that the telehealth provider may forward your medical records to your primary care or treating provider. (N.H. Rev. Stat. § 329:1-d).

New Jersey: You understand that you have the right to request a copy of your medical information and you understand your medical information may be forwarded directly to your primary care provider or health care provider of record, or upon your request, to other health care providers. If you do not have a primary care provider or other health care provider of record, the health care provider engaging in telemedicine or telehealth may advise you to contact a primary care provider, and, upon request by you, may assist you with locating a primary care provider or other in-person medical assistance that, to the extent possible, located within reasonable proximity to you. N.J. Rev. Stat. Ann. § 45:1-62.

New York: Patients that are prescribed GLP-1 medications, such as Semaglutide, for weight-loss - You have been provided with the Weight-Loss Consumer Bill of Rights.

WEIGHT LOSS AND DIETING INFORMATION

A. WARNING! Rapid weight loss may cause serious health problems. Rapid weight loss is weight loss of more than 1 1/2 to 2 pounds per week or weight loss of more than 1 percent of body weight per week after the second week of participation in a weight loss program.

B. Consult your physician before starting any weight loss program or using any diet medications or formulas.

C. Long term weight control is the safest and most important goal of any diet program. Permanent lifestyle changes such as eating nutritious foods, calorie control and increasing physical activity help promote long term weight loss according to medical experts.

D. Ask the person providing or selling you weight loss advice or diet products, medications or formulas about their qualifications and training in nutrition and health.

E. You have the right to:

    a. Ask questions about the potential health risks of this program or product, its nutritional content, and its psychological-support and educational components;

b. Know the price of treatment, including the price of any extra products, services, supplements and laboratory tests; and

c. Know the program duration of the program recommended to you. N.Y. Gen. Bus. Law § 642.

Ohio: You understand that the telehealth provider may forward your medical records to your primary care or treating provider. Ohio Admin. Code 4731-37-01(C)(4).

Oregon: If you have a concern or complaint about the providers providing care to you, you may contact a board agency to assist you. You understand that the provider may ask if you need more detail. ORS 17-52-677.07. *See also* Or. Medical Board, Statement of Philosophy: Telemedicine (Oct 2, 2020)

Complaints may be filed with:

Oregon Medical Board

1500 SW 1st Ave., Suite 620

Portland, OR 97201-5847

Complaint Resource Staff: 971-673-2702 | complaintresource@omb.oregon.gov

Rhode Island: If you use e-mail or text-based technology to communicate with your provider, then you understand the types of transmissions that will be permitted and the circumstances when alternate forms of communication or office visits should be utilized. You have also discussed security measures, such as encryption of data, password protected screen savers and data files, or utilization of other reliable authentication techniques, as well as potential risks to privacy. You acknowledge that your failure to comply with this agreement may result in the telehealth provider terminating the relationship. (Rhode Island Medical Board Guidelines).

South Carolina: You understand your medical records may be distributed in accordance with applicable law and regulation to other treating health care practitioners. You understand the value having of having a primary care medical home and, if requested, we can provide assistance in identifying available options for a primary care medical home. S.C. Code Ann. § 40-47-37.

You also understand that if you are a Medicaid beneficiary, you can withdraw your consent at any time. South Carolina Health and Human Svcs. Dept. Physicians Provider Manual, p. 35 (Feb. 2024)

South Dakota: You have received disclosures regarding the delivery models and treatment methods or limitations. You have discussed with the telehealth provider the diagnosis and its evidentiary basis, and the risks and benefits of various treatment options. (S.D. Codified Laws § 34-52-3).

Tennessee: You understand that you may request an in-person assessment before receiving a telehealth assessment if you are a Medicaid recipient. (TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services Telecommunications Guidelines, p. 8, (2012) (Accessed Jan. 2024)).

Texas: You understand that your medical records may be sent to your primary care physician within 72 hours. Tex. Occ. Code Ann. § 111.005. You have been informed of the following notice:

NOTICE CONCERNING COMPLAINTS -Complaints about physicians, as well as other licensees and registrants of the Texas Medical Board, including physician assistants, acupuncturists, and surgical

assistants may be reported for investigation at the following address: Texas Medical Board, Attention: Investigations, 333 Guadalupe, Tower 3, Suite 610, P.O. Box 2018, MC-263, Austin, Texas 78768-2018, Assistance in filing a complaint is available by calling the following telephone number: 1-800-201-9353, For more information, please visit our website at www.tmb.state.tx.us.

AVISO SOBRE LAS QUEJAS- Las quejas sobre médicos, asi como sobre otros profesionales acreditados e inscritos del Consejo Médico de Tejas, incluyendo asistentes de médicos, practicantes de acupuntura y asistentes de cirugia, se pueden presentar en la siguiente dirección para ser investigadas: Texas Medical Board, Attention: Investigations, 333 Guadalupe, Tower 3, Suite 610, P.O. Box 2018, MC-263, Austin, Texas 78768-2018, Si necesita ayuda para presentar una queja, llame al: 1-800-201-9353, Para obtener más información, visite nuestro sitio web en www.tmb.state.tx.us

Utah: You are able to a (i) access, supplement, and amend your patient-provided personal health information; (ii) contact your provider for subsequent care; (iii) obtain upon request an electronic or hard copy of your medical record documenting the telemedicine services, including the informed consent provided; and (iv) request a transfer to another provider of your medical record documenting the telemedicine services. Utah Admin. Code r. 156-1-602.

Virginia: You acknowledge that you have received details on security measures taken with the use of telemedicine services, such as encrypting date of service, password protected screen savers, encrypting data files, or utilizing other reliable authentication techniques, as well as potential risks to privacy notwithstanding such measures; You agree to hold harmless the MDI Practices for information lost due to technical failures; and you provide your express consent to forward patient-identifiable information to a third party. (Virginia Board of Medicine Guidance Document 85-12).

Vermont: You understand that you have the right to receive a consult with a distant-site provider and will receive one upon request immediately or within a reasonable time after the results of the initial consult. You understand that receiving telehealth services via store-and-forward technologies by the MDI Practices does not preclude you from receiving real-time telemedicine or face-to-face services with the distant provider at a future date. (Vt. Stat. Ann. § 9361).

You have been informed that if you want to register a formal complaint about a provider, you should visit the medical board's website, here: http://www.healthvermont.gov/health-professionals-systems/board-medical-practice/file-complaint; Board of Osteopathic Examiners can be found at: https://sos.vermont.gov/opr/complaints-conduct-discipline/#emr (Vt. Board of Medical Practice, Policy on the Appropriate Use of Telemedicine Technologies in the Practice of Medicine (March 1, 2023).

You have read this document carefully, and understand the risks and benefits of the telehealth services and have had your questions regarding the services explained and you hereby give your informed consent to participate in a telehealth consultation under the terms described herein.

By typing your name into the appropriate field on your questionnaire for this "INFORMED CONSENT FOR FEMALE HORMONE REPLACEMENT THERAPY" you hereby state that you have read, understood, and agree to the terms of this document.