

**Telehealth/E-Visit Consent for treatment:**

I understand that telehealth/E-visits do not have a hands on component.

Telehealth: I consent to video chat. I understand that no video will be stored.

E-Visit: I consent to the electronic exchange of information via email, text, etc.

I understand that technology has the potential to fail. I do not hold Whole Body, LLC at fault if information is lost due to technology malfunction.

I understand that text or Facebook is not a secure way to exchange information.

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Patient signature

Date