

## Informed Consent and Terms of Use

I ACKNOWLEDGE THAT CLEMSON UNIVERSITY JOSEPH F SULLIVAN CENTER VIRTUAL MEDICAL VISIT IS NOT DESIGNED OR INTENDED OR APPROPRIATE TO ADDRESS SERIOUS, EMERGENCY, OR LIFETHREATENING MEDICAL CONDITIONS AND SHOULD NOT BE USED IN THOSE CIRCUMSTANCES. IF I AM HAVING A MEDICAL EMERGENCY, I WILL CALL 911.

- I acknowledge that I will answer questions truthfully, and that if I do not understand a question I will stop using Clemson University Joseph F Sullivan Center Virtual Medical Visit.
- I acknowledge that I am a resident of AND located in the State of South Carolina at the time I start this Clemson University Joseph F Sullivan Center Virtual Medical Visit visit.
- I acknowledge that I am at least 16 years of age, or if this virtual visit is for a minor child, that I am the child's parent or legal guardian.
- I acknowledge that I have agreed to the Clemson University Joseph F Sullivan Center Virtual Medical Visit Terms of Service and I understand the Clemson University Joseph F Sullivan Center Virtual Medical Visit Privacy Policy, which may be updated from time to time.
- I acknowledge that I am solely responsible for maintaining the safety and security of my login ID and password.

### Consent for treatment:

I will have a chance to discuss and / or refuse the care recommended by my Clemson University Joseph F Sullivan Center provider, a physician or an advanced practice clinician, such as a nurse practitioner, licensed to practice medicine in the State of South Carolina. Clemson University Joseph F Sullivan Center providers cannot promise specific results. To provide this care, my provider will rely on information I provide about my health, including genetic information such as family health history. I understand that my provider is not able to provide care for all conditions and I may need to schedule an in-person appointment with a provider.

### Electronic health record:

Clemson University Joseph F Sullivan Center uses shared electronic health records. This allows care providers using this record to store, update and use my health information when needed at the time I am seeking care. The electronic health record allows better access to my health information, leading to better coordination and quality of care. This shared electronic health record is a secure system. For a list of the health care providers that use this shared electronic health record please contact us at the phone number listed below. I understand that if I require a copy of my electronic health record, I may contact the Joseph F Sullivan Center.

I acknowledge that I have reviewed a copy of the CLEMSON University Joseph F Sullivan Center Notice of Privacy Practices.

I acknowledge that any care provider who uses the shared electronic record may access and use my health records as needed to provide treatment (including coordinating my care), to improve the quality of care, and in accordance with the Notice of Privacy Practices. The Notice of Privacy Practices is attached to the electronic invitation for the virtual visit.

If I have concerns with parts of this consent, I will call the number below to discuss them. The authorizations on this form will remain valid until I revoke (withdraw) them in writing or until the law states they have expired. However, any actions already taken in reliance upon these authorizations will remain valid. (I cannot undo actions that were taken while my consent was valid.)

I may get help with this process at any time by contacting Clemson University Joseph F Sullivan Center at (864) 656-3076.

NOTE: If you would like a copy of your record sent to other providers you may contact the Joseph F Sullivan Center to request.

By verbally acknowledging this form, the patient or their legal guardian, certify that I have read the consent, agree to its terms and, authorize Clemson University Joseph F Sullivan Center medical provider to assess and recommend treatment if necessary.