CONSENT FOR MEDICAL CARE AND TREATMENT

CONSENT TO DIAGNOSE AND TREAT: I understand that Sequoia Integrative Medical Services, LLC and its affiliates including Sequoia Health Services ALF, LLC (collectively, "Sequoia") is a family medicine practice that provides medical evaluation and treatment services through primary care providers. I hereby voluntarily consent to treatment, services and procedures as ordered by Sequoia's physician or non-physician advanced practice provider. Such treatment, services, and procedures may include, but are not limited to: examinations, blood draws, laboratory analysis, monitoring, medications, and other therapies. The purpose of our medical and psychological evaluation is to assess overall health and care needs. We may use a secure AI tool to audio record your visit and assist with documentation of your visit. Your provider reviews and approves all notes. You are free to decline the use of AI in documenting your visits. If you do not want us to use this technology, please advise your provider. I understand that student nurses and others in professional training programs may be among the individuals, employee, and subcontractors who participate in my care.

TELEHEALTH CONSENT: Telehealth is a way to provide treatment and evaluation through the use of electronic communications. It allows me to receive services from any place, including my home, while the provider is at a different location. With telehealth services, I understand that there is a risk that my provider cannot examine me as closely as they would at an in person office visit and that the provider may decide that I still need an office visit. I understand that there may be technical problems that interrupt or stop a visit before we are done. Sequoia uses telehealth technology that is used to protect your privacy. To help ensure your privacy, you should use a network that is private and secure and access services where your communications can be private.

NOTICE OF PRIVACY PRACTICES: I have received the Sequoia's Notice of Privacy Practices and authorize its associates and/or designees to discuss and provide documentation of my medical history, diagnosis, treatment and prognosis as described therein. It is the policy of Sequoia not to release confidential medical information to a patient's family members without the patient's written consent, which must be provided on a separately signed form.

I certify that I have read and fully understand the above statements and consent fully and voluntarily to its consent.

Patient Name	DOB
Signature of Patient	Date
Signature of Legal Representative / Relationship	Date

Revised 04/30/2026