TELEHEALTH URGENT CARE SERVICES
Patient Informed Consent & Acknowledgement

Purpose and Nature of Services

This form is to inform you of Telehealth & Urgent Care Services from Sequoia Integrative Medical Services, LLC ("Sequoia"). Telehealth uses electronic communication (audio/video) to allow healthcare providers in different locations to evaluate, diagnose, treat, and follow up on non-emergency medical conditions. Services may include medical evaluation, treatment recommendations, prescriptions, and care coordination. 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 may decline the use of AI in documenting your visits. If you do not want us to use this technology, please advise your provider. Telehealth is not for medical emergencies. If you are experiencing a medical emergency, call 911.

Use of Medical Information

Telehealth may involve sharing the following information securely: Medical records & history, images, audio, video, & data from medical devices. Sequoia uses reasonable safeguards to protect your information in accordance with HIPAA.

Expected Benefits and Possible Limitations & Risks

Benefits may include faster and more convenient access to care, reduced travel, improved efficiency, and access to providers who may not be local.

Possible limitations and risks include technical issues that may interrupt care, Telehealth may not be an appropriate replacement for the type of care needed or an in-person visit or higher level of care many be required in some cases, and there may be unauthorized access to information (despite safeguards).

Patient Rights

- I may refuse or withdraw consent at any time without affecting future care
- I may request in-person services when available
- I may ask questions at any time, and stop a Telehealth or Urgent Care visit at any time.
- I will be informed of anyone present during my visit and may request privacy

Privacy Practices (NPP Acknowledgement)

- I have received or been offered Sequoia's Notice of Privacy Practices.
- My information may be used for treatment, payment, & healthcare operations as permitted by law.

Financial Responsibility

I understand that services may be billed to my insurance and I am responsible for any applicable co-pays, deductibles, or non-covered services.

CONSENT: I have read and understand the information about Telehealth and Urgent Care Services as described above, and I agree to receive such services.

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

Revised 04/15/2026