IN ACCESSING A TELEHEALTH VISIT VIA THE ABOVE INSTRUCTIONS, YOU ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

IF YOU HAVE A MEDICAL EMERGENCY, IMMEDIATELY CALL YOUR DOCTOR OR DIAL 911.

In this Consent to Use "Facetime™" or "Google Duo™" technology for a telemedicine visit, the terms "you" and "yours" refer to the person using either "Facetime™" or "Google Duo™" technology mobile applications (the "Application"), any part thereof, or anything associated therewith, including its content and any products or services provided through the Application (collectively, the "Service") for the purpose of conducting a Telemedicine visit with your healthcare provider(s), or in the case of a use of the Service by or on behalf of a minor, "you" and "yours" refer to and include (i) the parent or legal guardian who provides consent to the use of the Service by such minor or uses the Service on behalf of such minor, and (ii) the minor for whom consent is being provided or on whose behalf the Service is being utilized.

When using the Service, you will be consulting with your healthcare provider(s) ("Providers") via the use of ""Facetime™" or "Google Duo™" technology
for a Telemedicine visit which will involve the delivery of healthcare services using electronic communications, information technology or other means between a healthcare provider and a patient who are not in the same physical location. The Application may be used for diagnosis, treatment, follow-up and/or patient education, and may include, but is not limited to, one or more of the following:

- Electronic transmission of medical records, photo images, personal health information or other data between a patient and a healthcare provider.
- Electronic transmission of patient photographs, some of which may be of a sensitive nature, to an email address located on a secure server.
- Interactions between a patient and healthcare provider via audio, video and/or data communications.
- Use of output data from medical devices, sound and video files.
- The medical care and treatment provided to you by your Provider(s) through the Service will be provided via Facetime or Google Duo. ™

The use of Telemedicine by Facetime™ and Google Duo™ by your Provider(s) through the Service may have the following possible benefits:

- Making it easier and more efficient for you to access medical care and treatment for the conditions treated by such Provider(s) utilizing this service.
- Allowing you to obtain medical care and treatment by Provider(s) at times that are convenient for you.
- Enabling you to interact with Provider(s) without the necessity of an in-office appointment.
- Avoiding potential exposures to COVID-19.

The use of Telemedicine by Facetime™ and Google Duo™ by your Provider(s) through the Service may have the following Possible Risks:

While the use of Facetime™ and Google Duo™ can provide potential benefits for you, there are also potential risks associated with the use of Facetime™ and Google Duo.™ These risks include, but may not be limited to the following:
- The information transmitted to Dr. Craig Singer may not be enough (e.g. poor resolution of images) to allow for appropriate medical decision making by the Dr. Craig Singer.
- The inability of Dr. Craig Singer to conduct certain tests or assess vital signs in-person may in some cases prevent Dr. Craig Singer from providing a diagnosis or treatment or from identifying the need for emergency medical care or treatment for you.
- Dr. Craig Singer may not able to provide medical treatment for your condition and you may be required to seek alternative healthcare or emergency care services.
- Delays in medical evaluation/treatment could occur due to unavailability of Dr. Craig Singer (and his staff) or from deficiencies or failures of the technology or electronic equipment used.
- The electronic systems or other security protocols or safeguards used in the Service could fail, causing a breach of privacy of your medical or other information.
- Given regulatory requirements in certain jurisdictions, diagnosis and/or treatment options, especially pertaining to certain prescriptions, may be limited.
- A lack of access to all your medical records may result in adverse drug interactions or allergic reactions or other judgment errors.
- All medical care and treatment you receive from your Provider(s) using the Service will be provided using Facetime™ or Google Duo™.
- The delivery of healthcare services via Facetime™ or Google Duo™ is an evolving field and the use of Facetime™ or Google Duo™ in your medical care and treatment from Provider(s) may include uses of technology different from those described in this Consent.
- No potential benefits from the use of Facetime™ or Google Duo™ or specific results can be guaranteed. Your condition may not be cured or improved, and in some cases, may get worse.
- There are limitations in the provision of medical care and treatment via Facetime™ or Google Duo™ and the Service and you may not be able to receive diagnosis and/or treatment through the Service for every condition for which you seek diagnosis and/or treatment.
- There are potential risks to the use of Facetime™ or Google Duo™ including but not limited to the risks described in this Consent.
- Your Provider(s) have discussed the use of Facetime™ or Google Duo™ and the Service with you, including the benefits and risks of such use and the alternatives to the use of Facetime™ or Google Duo™ (including PocketPatient™) and you have provided oral
consent to your Provider(s) for the use of Facetime™ or Google Duo™ and the Service.

--Your provider has informed you that other software applications including, PocketPatient, may provide a more secure platform for transmission of sensitive medical information.

--You have the right to withdraw your consent to the use of Facetime™ or Google Duo™ in the course of your care at any time, which you may exercise by providing written notice to todoc@singerderm.com.

--The withdrawal of such consent will prevent you from using the Service, but you may continue to seek medical care and treatment from your Provider(s) outside of the Service and your withdrawal will not impair your rights to receive such medical care and treatment outside of the Service. Any withdrawal of your consent will be effective upon receipt of the written notice described above, except that such withdrawal will not have any effect on any action taken by your Provider(s) in reliance on this Telemedicine Consent before it received your written notice of withdrawal.

--Nothing in this Telemedicine Consent modifies any rights you may have to review or receive a copy of your medical records from your Provider(s), including any information included in such medical records that has been transmitted to your Provider(s) through the Service.

--You have read the Notice of Privacy Practices provided to you outside of the Service by your Provider(s) and you understand that your medical information is subject to all applicable laws regarding the confidentiality of such medical
information. You have the right to access and amend your medical information as and to the extent permitted under applicable federal and state laws.

-You understand that the use of Facetime™ and Google Duo™ involves electronic communication of your personal medical information to Provider(s) who may be located in other areas, including outside of the state in which you reside.

-You understand that it is your duty to provide your Provider(s) truthful, accurate and complete information, including all relevant information regarding care that you may have received or may be receiving from other healthcare providers outside of the Service.

-You understand that each of your Provider(s) may determine in his or sole discretion that your condition is not suitable for diagnosis and/or treatment using the Service, and that you may need to seek medical care and treatment from your Provider(s), or a specialist or other healthcare provider, outside of the Service.

-You acknowledge that some photographic or other images you submit to the Service and that will be shared with Provider(s) may include portions of all of your breast or genitalia, and you hereby agree to the receipt of such images by your Provider(s) solely for the purposes of such Provider(s) providing you medical care and treatment via the Service.

-You understand that you are fully responsible for payment for all fees billed to you through the Service.

-You represent that (a) you have read this Telemedicine Consent carefully, (b) you understand the risks and benefits of the Service and the use of Facetime™ and Google Duo™ in the care and treatment provided to you by Provider(s)
using the Service, and (c) you have the legal capacity and authority to provide this consent for yourself and/or the minor for which you are consenting under applicable federal and state laws, including laws relating to the age of majority and/or parental/guardian consent.

____________________________
Patient’s name printed

__________________________________                         ___________________
Signature of patient or legal guardian                                      Date