

CONSENT TO TELE-OPTOMETRY

Our Tele-Optometric Exam is designed to enable you to obtain a comprehensive eye examination by facilitating the connection between you and a healthcare provider licensed to practice in your state who specializes in the care of the eye (the "Provider"). Tele-optometry is not a replacement for in-person consultation during emergency situations. Your Provider will be a licensed optometrist trained in the diagnosis and management of eye diseases and will be identified to you at the beginning of the tele-optometry interaction. Once you are connected to a Provider through the Tele-Optometric Exam, they may be referred to as "your Provider" and you may be referred to as "the Patient." Your Provider is responsible for providing you with professional healthcare for non-emergency medical eye care needs.

In some cases, the Tele-Optometric Exam may not be the appropriate method to obtain your specific eye care needs. Certain conditions may require an in-person procedure or specialized providers not available through our exam. Your Provider may determine that tele-optometry is not appropriate for the issue you are seeking eye care for. In this case your Provider may refer you to an alternative healthcare professional, at the sole discretion of the Provider and their professional judgement. If such referral or recommendation is made by your Provider, it becomes your sole responsibility as the Patient to seek the recommended care. You understand that you may ask questions about the tele-optometry procedure at any time during the interaction. You have the right to withhold or withdraw your consent to the use of tele-optometry during your care at any time, without affecting your right to future care or treatment.

You understand that your healthcare information may be shared with other individuals for scheduling and billing purposes. Others may also be present during the examination other than my healthcare provider, including technicians, to assist in the examination and operate the tele-optometry equipment. The above-mentioned people will all maintain confidentiality of the information obtained.

You will not be charged for any services provided to you if we are unable to connect you with a Provider, or the Tele Optometric Exam is cut short due to technical difficulties. For this Tele-Optometric Exam, it may be recommended by the in-office technician to use a non-medicated artificial tear to improve the surface quality of your eyes for images and testing. However, you will not have any pharmaceutical eye drops placed in your eyes. You understand you may contact the Provider for more follow-up care and questions and that your optometric records are available upon request.

A dilated eye exam will not be provided as part of this exam. A dilated eye exam, because of its wider view of the inside of the eye, may reveal an eye health issue that has the potential to cause partial or total loss of vision, which without dilation may go undetected. If you wish to receive a dilated eye exam separate from this Tele-Optometric Exam, we can refer you to our in-office optometrist.

I, understanding that dilation will not be part of such examination, hereby give my informed consent to the use of tele-optometry for the provision of my eye examination, without dilation, and understand the limitations of such an exam as described above, and acknowledge and agree to the above statements. In addition, I hereby represent that the information that I am providing is accurate and complete to the best of my knowledge.

I also understand this Tele-Optometric Exam requires a retinal image to help assess the health of my eyes. The additional fee for this retinal imaging is \$39 and I understand this will be paid today at the end of the exam in addition to my insurance co-pays.

Patient or Patient's Representative Signature

Date