



This Comprehensive Media Consent Form (hereinafter referred to as the "Consent Form") authorizes Northview Wellness PC (hereinafter referred to as the "Clinic") to employ various forms of media for the purposes of telehealth services, electronic communications, patient notifications, and marketing. By executing this Consent Form, you, the undersigned (hereinafter referred to as the "Patient"), consent to the use of your personal information, image, voice, and likeness in accordance with the terms specified herein. The Clinic is committed to adhering to all applicable privacy and confidentiality laws, including but not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

## Telehealth Services Consent

Telehealth services involve the use of electronic communication technologies to provide health care services remotely. These technologies may include, but are not limited to, two-way video/audio communication systems.

- Consent to Telehealth Services: The Patient hereby consents to participate in telehealth services facilitated by the Clinic. The Patient understands that these services may include remote consultations, diagnoses, and treatment discussions.
- Confidentiality Assurance: The Clinic affirms that all telehealth communications will be conducted in a manner that is secure and compliant with HIPAA regulations, ensuring the confidentiality and integrity of the Patient's medical information.
- Acknowledgment of Technological Risks: The Patient acknowledges the inherent risks associated with the use of electronic communication technologies, including but not limited to potential data breaches and technical malfunctions, and agrees to assume such risks.

## Electronic Communications Consent

The Clinic utilizes electronic communications to disseminate information regarding practice updates, appointment reminders, patient notifications, and other relevant communications.

- Scope of Electronic Communications: The Patient consents to receive communications from the Clinic via electronic means, which may include email, text messages, and other digital platforms.
- Compliance with HIPAA: The Clinic assures that all electronic communications will be managed in compliance with HIPAA and other applicable privacy laws to safeguard the Patient's personal health information.
- Right to Opt-Out: The Patient retains the right to opt-out of receiving electronic communications from the Clinic at any time. Such a request must be made in writing and will be honored promptly upon receipt by the Clinic.

## Marketing and Media Consent

The Clinic may use the Patient's testimonials, photographs, videos, and other likenesses for the purpose of marketing and promoting its services.

- Authorization for Use of Likeness: The Patient hereby grants the Clinic the right to use their image, voice, and likeness in any form of marketing and promotional material, including but not limited to the Clinic's website, social media platforms, and printed publications.
- Request for Anonymity: The Patient may request that their identity be kept anonymous in any marketing materials. Such a request must be communicated to the Clinic in writing.
- Revocation of Marketing Consent: The Patient may revoke their consent for the use of their likeness in marketing materials at any time by providing a written notice to the Clinic. This revocation will apply to future uses and will not affect materials already published or distributed.

## General Provisions and Revocation Rights

- HIPAA Compliance: The Clinic will ensure that all uses and disclosures of the Patient's information are in strict compliance with HIPAA and all relevant state and federal privacy laws.
- Revocation of Consent: The Patient has the right to revoke any of the consents provided herein at any time by submitting a written notice to the Clinic. Such revocation will be effective upon receipt and will not affect any actions taken by the Clinic prior to the receipt of the revocation notice.

## Acknowledgment and Execution

By signing below, the Patient acknowledges that they have read and fully understand the terms of this Consent Form. The Patient agrees to the terms outlined herein and provides their informed consent freely and voluntarily.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_