

### **REVIEW OPINION**

If this pertains to a records consultation request, review is offered as a consultation or review opinion, and is not intended to serve as a primary diagnosis. Ghaly Neurosurgical Associates provides this service and will not have the benefit of information that would be obtained by directly examining the patient, obtaining the patient's oral history, and independently observing the patient's physical condition. Therefore, Ghaly Neurosurgical Associates clinicians may not be aware of facts or information that would affect the patient's review opinion. diagnosis. By requesting a consultation or review opinion, you understand and agree to the following:

1. The consultation, advisory opinion, and/or recommendation is limited and provisional.
2. The consultation is not intended to replace a full medical evaluation with a physician.
3. The absence of a physical examination may affect the ability to diagnose a condition or disease.
4. Use of this service does not oblige the requesting provider or patient, to refer the patient, for care, to Ghaly Neurosurgical Associates or any affiliated providers. Use of this service is not intended to establish a physician-patient relationship and does not indicate or suggest that a patient has been or will be accepted as a patient of Ghaly Neurosurgical Associates.

### **SECOND OPINION SERVICES**

If this pertains to a Second Opinion request, Ghaly Neurosurgical Associates provides this service, with the same expectations as an in-person exam, diagnosis and treatment options. I understand that "Second Opinion" includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. I understand that Second Opinion also involves the communication of my medical information, both orally and visually, to health care practitioners.

The laws that protect the confidentiality of my medical information also apply to Second Opinion. As such, I understand that the information disclosed by me during the course of my treatment is confidential. I understand that there are risks and consequences from Second Opinion, including, but not limited to, the possibility, despite reasonable every effort efforts on the part of Ghaly Neurosurgical Associates, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

### **TELEMEDICINE**

I understand that "telemedicine" includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data

communications. I understand that telemedicine also involves the communication of my medical information, both orally and visually, to health care practitioners.

The laws that protect the confidentiality of my medical information also apply to telemedicine. As such, I understand that the information disclosed by me during the course of my treatment is confidential. I understand that there are risks and consequences from telemedicine, including, but not limited to, the possibility, despite reasonable every effort efforts on the part of Ghaly Neurosurgical Associates, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

In addition, I understand that telemedicine-based services and care may not be as complete as face-to-face services. I also understand that if Ghaly Neurosurgical Associates believes I would be better served by another form of medical services (e.g. face-to-face services), I will be referred to a medical services provider who can provide such services in my area. Finally, I understand that there are potential risks and benefits associated with any form of medical treatment, and that despite the efforts of Ghaly Neurosurgical Associates, my condition may remain unchanged. Therefore, I understand that I may benefit from telemedicine, but that results cannot be guaranteed or assured.

I HAVE NO OTHER PRE-EXISTING MEDICAL CONDITIONS THAT HAVE NOT ALREADY BEEN DISCLOSED HERE. I understand that this visit/encounter does not and should not replace a traditional doctor's office visit; and therefore, I am proceeding with this telemedicine evaluation at my own risk and understanding. I also understand that should my condition be an emergency; I will contact local emergency response by dialing 911. I certify that the information provided in this medical form is true and accurate to the best of my ability. I also understand that omitting medical information or misinforming Ghaly Neurosurgical Associates may result in an inaccurate review, diagnosis and treatment.

I have read and understand the information provided above. I have discussed it with Ghaly Neurosurgical Associates, and all of my questions have been answered to my satisfaction.