Archangel Michael Health

Telehealth Informed Consent — Multi-State

Christopher L. Bray, MD, PhD, CPE, FACP — board-certified in Internal and Integrative Medicine

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1. Introduction & Scope of Services

Welcome to Archangel Michael Health, PA ("the Practice"). Dr. Bray offers comprehensive care through a telehealth-first Direct Primary Care (DPC) monthly subscription model. Enrollment in this subscription provides members with broad access to care, including:

- Unlimited telehealth consultations (video/audio)
- Unlimited secure messaging for non-urgent matters
- Primary care services
- Consultative services
- Integrative and lifestyle medicine consultations

Using our Athena Health Electronic Health Record (EHR) system, Dr. Bray provides comprehensive medical care including, but not limited to: diagnosis, medical record review, patient advising and education, prescribing medications, ordering laboratory tests, ordering imaging studies, managing referrals to specialists, and providing treatment plans for the full range of conditions commonly managed within internal medicine, primary care, and integrative medicine.

The Practice is telehealth-first. For patients in Alachua County, Florida, a house call (an in-person visit at the patient's location) may be arranged when Dr. Bray determines it is medically appropriate and the patient agrees.

2. Telehealth Definition & Patient Responsibilities

Telehealth involves the use of electronic communications (such as secure video, audio, and messaging) to enable healthcare providers and patients at different locations to share individual patient medical information for the purpose of diagnosis, treatment, and consultative services. It may include real-time video or audio communication.

As a telehealth patient, you are responsible for:

- Ensuring you are in a **private location** during visits, so your health information is not overheard by others;
- Having an **adequate internet connection** and a functional device (computer, tablet, or smartphone with camera and microphone);

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- Providing **accurate and complete information** about your identity, location, medical history, and current condition.

3. Multi-State Licensure & Patient Location

Dr. Bray is licensed to practice medicine in **Florida** (primary license) and — through the **Interstate Medical Licensure Compact** — in **Georgia, Texas, Arizona, North Carolina, Tennessee, and New Hampshire**.

Telehealth services can be provided only to patients who are **physically located in one of these seven states at the time of each telehealth visit**. You will be asked to attest to (confirm in writing or verbally) your physical location before each visit. Under the law, medical care is deemed delivered at the place where the patient is physically located at the time of the visit, and the laws of that state apply to the visit.

If you will be outside these seven states at the time of a scheduled visit, you must tell us in advance so the visit can be rescheduled.

4. Limitations & No Emergency Services

Archangel Michael Health provides primary, consultative, and integrative care services via telehealth and limited house-call encounters as described above. **We do not offer emergency or urgent medical services.**

> **In an emergency, call 911 or go to the nearest emergency department immediately.** If you experience symptoms such as severe shortness of breath, chest pain, sudden neurological changes (like weakness or slurred speech), severe bleeding, or any other condition you perceive as a medical emergency, do not rely on our telehealth or messaging services. Telehealth and secure messaging must never be used in an emergency.

Please note: Archangel Michael Health does not bill auto insurance and cannot conduct visits related to workplace injuries (workers' compensation) or any health issues currently involved in a pending lawsuit or criminal investigation.

5. Technology-Failure Contingency

If the video connection fails during a visit, we will attempt to complete the visit by telephone. If a technology failure prevents Dr. Bray from completing an adequate assessment, the visit will be rescheduled at **no additional charge**. A backup telehealth platform (doxy.me, operating under a HIPAA Business Associate Agreement) is available if our primary platform is unavailable.

6. Identity Verification & Provider Disclosure

To protect you, we verify every patient's identity with a government-issued photo ID at registration, and we confirm your identity before telehealth visits.

In turn, the Practice discloses the identity, credentials, license type, and contact information of your physician:

> **Physician:** Christopher L. Bray, MD, PhD, CPE, FACP — board-certified in Internal and Integrative Medicine.
> **License type:** Doctor of Medicine (MD) — Florida Medical License ME107284 (primary license), and licensed in Georgia, Texas, Arizona, North Carolina, Tennessee, and New Hampshire through the Interstate Medical Licensure Compact. NPI: 1740487271.
> **Practice contact:** Archangel Michael Health, PA · Phone 352-441-9110 · Fax 352-441-9114 · manager@archangelmichaelhealth.com · https://archangelmichaelhealth.com

7. Recording of Visits

The Practice does **not** record telehealth visits (no audio or video recordings are made or stored by the Practice). By signing this consent, you agree not to record any portion of a telehealth visit without the prior consent of Dr. Bray.

8. Controlled-Substance Prescribing Limits

Under Florida law (Fla. Stat. § 456.47), a physician may **not** prescribe Schedule II controlled substances (the most tightly regulated prescription drugs, such as most opioids and stimulants) through telehealth, except for the treatment of psychiatric disorders, for hospital inpatients, for hospice patients, or for residents of nursing-home facilities. All controlled-substance prescribing by the Practice also complies with applicable federal law. Some prescriptions may therefore require an in-person evaluation or referral.

9. Risks & Benefits of Telehealth

Potential Benefits

Telehealth offers convenience and accessibility, allowing you to connect with Dr. Bray from a private location, saving travel time and costs. It facilitates ongoing communication, continuity of care, and access to integrative and consultative advice.

Potential Risks

While we use HIPAA-compliant technology, electronic transmission carries inherent, though small, risks of security breaches or unauthorized data access. Technical problems (e.g., poor internet connection, equipment failure) may disrupt visits or limit the ability to perform a complete

assessment. Telehealth cannot fully replace in-person physical examinations or certain diagnostic procedures, which could potentially delay diagnosis in some cases. As stated previously, telehealth is inappropriate for emergencies.

Alternatives

Alternatives to telehealth include in-person care from a local physician or, for Alachua County, Florida patients, a house call when medically appropriate. You may decline telehealth services at any time without losing your right to future care from the Practice.

10. Direct Primary Care (DPC) Service Agreement Acknowledgment

The telehealth and direct primary care services provided by Archangel Michael Health are offered under our Direct Primary Care Service Agreement. Whether you are enrolling as a DPC member or receiving a specific consultative service, by agreeing to this consent you acknowledge that you have received, read, and agree to the terms outlined in the separate DPC Service Agreement.

This includes understanding the scope of services, payment/subscription terms, termination and refund policies, the explicit disclaimer that DPC membership is **not health insurance**, and the notice regarding our malpractice insurance status. A copy of the DPC Service Agreement should be reviewed prior to agreeing to this consent.

11. State-Specific Notices

The following notices apply based on the state where you are physically located at the time of your telehealth visit.

Florida

Telehealth services are provided in accordance with Fla. Stat. § 456.47. Care delivered by telehealth is held to the **same standard of care** as care delivered in person.

Georgia

Emergencies: call 911 or go to the nearest emergency department (see Section 4). **Follow-up care:** for questions or follow-up after any telehealth visit, contact the Practice at 352-441-9110 or manager@archangelmichaelhealth.com, or use secure messaging through the Athena patient portal.

Texas — Complaint Notice (22 TAC § 177.2)

NOTICE CONCERNING COMPLAINTS

Complaints about physicians, as well as other licensees and registrants of the Texas Medical Board, including physician assistants, acupuncturists, surgical assistants, medical radiologic technologists, non-certified radiologic technicians, respiratory care practitioners, medical physicists, and perfusionists may be reported for investigation at the following address:

Texas Medical Board
Attention: Investigations
1801 Congress Avenue, Suite 9.200
P.O. Box 2018
Austin, Texas 78768-2018

Assistance in filing a complaint is available by calling the following telephone number: 1-800-201-9353

For more information please visit our website at www.tmb.state.tx.us

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AVISO SOBRE LAS QUEJAS

Quejas sobre médicos, así como sobre otros profesionales médicos de la Junta Médica de Texas, incluyendo asistentes medicos profesionales, acupunturistas, asistentes quirúrgicos, tecnólogos médicos en radiología, técnicos radiólogos no certificados, profesionales de cuidados respiratorios, físicos médicos, y perfusionistas se pueden presentar en la siguiente dirección para ser investigadas:

Texas Medical Board
Attention: Investigations
1801 Congress Avenue, Suite 9.200
P.O. Box 2018
Austin, Texas 78768-2018

Si necesita ayuda para presentar una queja, llame al: 1-800-201-9353

Para obtener más información, visite nuestro sitio web en www.tmb.state.tx.us

Arizona

Written informed consent for telehealth, as required by A.R.S. § 36-3602, is obtained through your signature on this document.

North Carolina

The risks, limitations, and alternatives of telemedicine are described in Sections 4 and 9 of this consent, and our technology-failure contingency is described in Section 5, consistent with North Carolina Medical Board Position Statement 5.1.4.

Tennessee

The physician-patient relationship is formed by the mutual consent of you and Dr. Bray, documented by this consent. Care delivered by telehealth is held to the same standard of care as care delivered in person.

New Hampshire

As required by RSA 329:1-d, your identity is verified and your physician's name, credentials, license type, and contact information are disclosed in Section 6 of this consent. For patients under 18, written parental or guardian consent is required.

12. Acknowledgment, Location Attestation & Agreement

Please initial each statement and select one option below.

_____ **Location attestation.** I agree that I will be physically located in Florida, Georgia, Texas, Arizona, North Carolina, Tennessee, or New Hampshire at the time of each telehealth visit, and that I will attest to my location before each visit. I understand that my care is deemed delivered where I am physically located.

_____ **Emergencies.** I understand that telehealth and secure messaging must not be used in an emergency, and that in an emergency I will call 911 or go to the nearest emergency department.

_____ **DPC Service Agreement.** I acknowledge that I have received, read, and agree to the separate Direct Primary Care Service Agreement (see Section 10).

- ☐ I have read, understood, and agree to the terms outlined in this Archangel Michael Health Telehealth Informed Consent — Multi-State, including the state-specific notices.
- ☐ I have read but do **not** agree to this Telehealth Informed Consent. (Telehealth services cannot be provided without consent.)

SIGNATURES

PATIENT NAME (PRINT)

DATE OF BIRTH

SIGNATURE OF PATIENT OR AUTHORIZED REPRESENTATIVE

DATE

IF SIGNED BY A REPRESENTATIVE: REPRESENTATIVE NAME (PRINT)

RELATIONSHIP TO PATIENT

For patients under 18: a parent or legal guardian must provide written consent below.

PARENT/GUARDIAN NAME (PRINT)

PARENT/GUARDIAN SIGNATURE

RELATIONSHIP

DATE

For office use only

RECEIVED BY (STAFF MEMBER)

DATE RECEIVED

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