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ViewMyConsult® Consent Form
(Signed by Patient in Practice's Office)

I, _____,
Patient's Printed Name

Understand/acknowledge and authorize my Health Care Provider
(HCP)/Practice/Corporation/Business (Representative) to:

- Upload my Protected Health Information (PHI) to a physician/patient web-based communication portal ViewMyConsult (Portal) hosted by Canfield Scientific, Inc. (Canfield). The information uploaded to the Portal will include my protected health information ("PHI), such as my images/stimulations, analysis results, product/treatment/procedure recommendations, physician notes and annotations, comparison to norms, demographic information, and any other information related to my consultation(s) with the Representative.
- My uploaded PHI will be available to the Representative on the Portal.
- The Representative may use my PHI as analytics in the fields of medicine, health care, fitness, cosmetology, and beauty care. The Representative is responsible for its HIPAA compliance and this form is not intended to be a HIPAA form, or, if outside of US, the Representative is responsible for its compliance with its applicable national privacy law.
- Canfield as the host of the Portal will have access to my PHI for the purposes of maintenance and administration of the Portal. Canfield will also reserve the right to store and use my PHI anonymously in its aggregated form for statistical analysis purposes.
- To access and use the Portal, I will have to agree to abide by the ViewMyConsult Terms of Use provided by Canfield upon first logging into the Portal.

I understand that if information used or disclosed pursuant to this authorization is redisclosed by the Representative, it may no longer be subject to federal or state privacy law protections.

This authorization will be valid until I revoke it. I can revoke this authorization by notifying the Representative. I am aware of my right to delete my PHI from the Portal at any time under any circumstances.

By signing below, I acknowledge that I am of legal age within my jurisdiction of primary residence and I have made the Representative aware of this fact; alternatively, if I am not of legal age, my Legal Guardian's consent has been obtained by the Representative.

(Signature: Client/Client's Legal Guardian)