

Zima EasyConsult Informed Consent and Authorization

Agreement

Effective Date: April 12, 2025

This agreement serves to inform the user of the limitations, expectations, and potential risks associated with the telemedicine services provided by **EasyConsult**, a platform operated by **Zima Concierge Medical Services, PLLC** ("Zima Concierge," "we," or "our"). By using our platform, you agree to the terms below and acknowledge your informed and voluntary participation in the EasyConsult service.

1. Introduction

EasyConsult provides asynchronous telemedicine services for the evaluation and treatment of **minor medical conditions and non-emergent chronic illnesses**. Our services are not intended for the diagnosis or management of complex or life-threatening medical conditions.

2. Patient Authorization

I, the undersigned patient, hereby authorize licensed medical providers affiliated with Zima Concierge to:

- ☒ Review my submitted medical history and symptom details.
- ☒ Evaluate my condition via the EasyConsult platform.
- ☒ Deliver a personalized treatment plan or prescribe medications when medically appropriate.

I understand that consultations are conducted through **asynchronous messaging** and/or secure online forms, and that these methods, while HIPAA-compliant, may not provide the same level of diagnostic accuracy as in-person examinations.

3. Prescription Authorization

I authorize Zima Concierge providers to prescribe medications based on their medical judgment. I acknowledge that:

Providers may prescribe **alternative medications** if the preferred or requested drug is found to be unsafe, contraindicated, controlled, or inappropriate in combination with my current medications.

EasyConsult does NOT prescribe narcotics, controlled substances, certain muscle relaxants, or medications that require routine lab monitoring.

4. Conditions of Treatment

I understand and accept that:

EasyConsult is appropriate for **mild to moderate medical conditions**. Services may be refused or canceled at the discretion of the provider if my condition requires in-person evaluation or urgent/emergency care.

I am responsible for seeking **immediate medical attention** if advised to do so, or if my symptoms worsen.

5. Follow-Up Care Obligation

I agree to:

- ☒ **Seek follow-up care** with my primary care provider if symptoms persist or do not improve within a reasonable timeframe.
- ☒ **Go to the nearest emergency room** if I experience severe or worsening symptoms.

I understand that failure to follow up appropriately may result in serious health consequences and absolves Zima Concierge of liability for complications arising from delayed care.

6. Voluntary Agreement

I confirm that:

- ☒ I am participating in EasyConsult services **voluntarily**.
- ☒ I understand the **nature, limitations, and risks** of asynchronous telemedicine.
- ☒ I have read and agree to all terms presented in this consent form.

7. Cancellation and Refund Policy

I understand that:

- ☒ I may cancel **my consultation and request a full refund only** if the provider has **not** yet **responded** or **sent a prescription** to the pharmacy.
- ☒ Once a medical provider has **reviewed** my **case** or **issued a prescription**, the **consultation fee becomes non-refundable** - regardless of outcome or satisfaction.

8. Consultation Turnaround Time

I acknowledge that:

- ☒ EasyConsult aims to complete consultations within **2 hours** during normal business hours.
- ☒ **Delays may occur**, especially during **overnight hours, weekends, or holidays**, due to high volume or technical limitations.
- ☒ If I wish to cancel due to delay, I must do so **before** the provider completes their review or sends a prescription. **Refunds will not be honored** if cancellation occurs after that point.

9. Payment for Medication

I understand that:

- ☒ The EasyConsult **consultation fee does not include the cost of prescribed medications**.
- ☒ I am responsible for paying for any prescriptions at the pharmacy.
- ☒ I may choose to use my **insurance** at the pharmacy to offset medication costs, but EasyConsult does **not bill insurance** for the consultation itself.

10. Affirmation of Understanding

By electronically signing or submitting this form, I affirm that:

- ☒ I have **read, understood, and agree** to the terms and conditions described in this informed consent and authorization agreement.
- ☒ I am **at least 18 years old** and legally capable of entering into this agreement.
- ☒ I am **voluntarily participating** in a telemedicine consultation through Zima EasyConsult.

If you have any questions or require assistance, please contact us at:

Zima Concierge Medical Services, PLLC

12030 Bandera Rd, Suite 128

Helotes, TX 78023

Email: contact@zimamedical.com

Website: <https://easyconsult.zimamedical.com>

Your consent will be securely stored and associated with your patient record as required under HIPAA and applicable medical documentation standards.