



Patient Consents

CONSENT FOR TREATMENT

I, the undersigned, hereby authorize James Cullison, MD, or any other provider of Mojo Vitality Health Group, LLC ("Mojo Vitality"), to examine and treat me, as deemed necessary to provide proper aesthetics care and treatment. I understand that any aesthetics and medical procedures involve risks.

CONSENT FOR COMMUNICATION

Patient acknowledges that communications with Mojo Vitality or its Providers using email, facsimile, video chat, instant messaging, and cell phone are not guaranteed to be secure or confidential methods of communications. Patient accepts the risk inherent in the use of any of the above-indicated communication methods for diagnoses, treatment, or any other healthcare or business-related reason. Patient expressly waives any obligation to guarantee confidentiality with respect to correspondence using such means of communication. Patient acknowledges that all such communications may become a part of Patient's medical records. Patient is responsible for utilizing Mojo Vitality's electronic medical record patient portal according to the instructions provided at the time of enrollment and for taking reasonable precautions to ensure no unauthorized access to Patient's login information or confidential information. Patient agrees not to access any information through Mojo Vitality's website regarding anyone other than Patient and not to falsify or misrepresent identity or authority to act on behalf of another person. Patient must promptly notify Mojo Vitality of any change in contact information previously provided to Mojo Vitality.

CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Mojo Vitality has made available to you, a Notice of Privacy Practices. You have the right to request a copy of the Notice of Privacy Practices prior to signing this consent. A current copy of the Notice is posted in our offices in a visible location and on our website at all times and may be printed from our website. The terms of the Notice of Privacy Practices may be revised or amended and you have the right to request a current copy of the Notice at any time. The Notice of Privacy Practices provides information about how we may use and disclose Protected Health

Information about you. The Notice of Privacy Practices contains a section explaining the patient's rights regarding your Protected Health Information. You have the right to request that we restrict or limit how Protected Health Information is used or disclosed for treatment, payment, or health care operations. By signing and enrolling, you acknowledge that you have either received or waived your right to receive a current copy of the Notice of Privacy Practices. At any time, you have the right to revoke this consent by submitting your request in writing and signed by you, to Mojo Vitality.

Please click NEXT to go to the next form. You will sign at the end, after the last form.