



Practitioner Consulting Informed Consent

All consulting, communication and information provided by Akbar Khan, MD at Neos Medical Systems are to help my licensed medical practitioner improve my health with a focus on integrative care (combination of allopathic and naturopathic medicine). I understand that integrative care is not always considered to be within the usual standards of medical care.

Consulting with Neos Medical Systems / Dr. Khan is not a replacement for medical care with a licensed medical practitioner such as a licensed medical doctor, osteopathic doctor, nurse practitioner or chiropractor. By working with Neos Medical Systems / Dr. Khan, I confirm that I have read and agree to all of the following:

- Dr. Khan is medical doctor who is not licensed. As a result, he does not diagnose, treat, operate, or prescribe for any human disease, pain, injury, deformity, or other physical or mental condition.
- There is no doctor-patient relationship with Dr. Khan.
- Health consulting services are only available in cooperation with my own licensed medical practitioner.
- The name of my main medical practitioner is _____.
- The email of my main medical practitioner is _____.
- My medical practitioner is directly supervising and controlling my medical care, including providing specific direction for diagnosis, treatment, operation, or prescription.
- My medical practitioner will be providing approval for all recommendations provided by Neos Medical Systems / Dr. Khan before I follow them, including suggested diagnoses, suggested treatment(s), suggested testing, suggested operation(s), and suggested prescription or non-prescription or natural medicine(s).
- Detailed written information and advice will be provided to my practitioner and me. My practitioner may use the information and advice in any way they deem appropriate.

I give consent to Neos Medical Systems / Dr. Khan to assist me in achieving my health goals by providing advice to me through my practitioner. I give my consent for Neos Medical Systems / Dr. Khan to use and disclose my protected health information. For complete description of such uses and disclosures, please see the Health Information Privacy pages

at <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

Neos Medical Systems / Dr. Khan may call or e-mail me in reference to any items that assist me and my practitioner in carrying out healthcare services, including appointment reminders, calls pertaining to my care, and test results.

I understand that Neos Medical Systems / Dr. Khan will protect my information as confidential unless compelled to by law or unless I have given my written consent otherwise, but that the use of technology is never perfectly secure. I accept the risks of confidentiality loss in the use of email, text, phone, video call, and other technology.

I agree Neos Medical System / Dr. Khan may use my information for research and educational purposes with my identifying information removed.

I understand that the results of any suggested therapies are not guaranteed. I acknowledge that no guarantee or assurance has been made by anyone regarding any therapies.

I understand that any suggested therapies have risks and benefits. I agree that after I review the risks and benefits, I have the choice to accept the risks and receive the suggested therapies or decline the suggested therapies.

I understand that the results of any suggested medical tests are not perfectly accurate. I acknowledge that any medical test may have false positive or false negative results.

I release, waive, acquit and forever discharge Neos Medical Systems and Dr. Khan from every claim, suit action, demand or right to compensation for damages I may claim to have or that may arise as a result of our consulting relationship. No promise, inducement, or agreement not expressed herein has been made to me to sign this agreement.

I agree this agreement shall be governed and construed in accordance with the laws of the State of Florida.

Name

Signature

Date

Akbar Khan

Neos Medical Authorized Rep

Signature

Date