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## Informed Consent and Patient Consent for Treatment

1. I agree to allowing Elless to provide medical services to me as a patient via telemedicine. Furthermore, I agree to provide the most up to date and accurate data while completing any part of my encounter with Elless. I understand that providing incorrect data or leaving out information may lead to misdiagnosis and incorrect treatment.
2. I have been informed that telemedicine is reserved for mild to moderate medical problems. Elless will not treat patients with complex conditions or life-threatening conditions.
3. I have been informed that there is a risk of misdiagnosis associated with telemedicine due to limited physical examination. I also agree to follow up with an in-person provider if my condition worsens or does not improve in a timely manner.

By signing this form, I am agreeing that I have read and understand the above comments.

Patient: \_\_\_\_\_

Date: \_\_\_\_\_