


# Patient Informed Consent

**Notice:**

Before we begin your appointment, we want to inform you about how we document your care to ensure accuracy and efficiency. Our practice uses an advanced documentation tool called Juvonno, designed to securely capture key details from your consultation. This tool allows your clinician to focus more on you during your visit while ensuring your medical records are comprehensive and accurate.

Your consent is important for us to use Juvonno during your consultation. Rest assured, your information is always handled with the highest level of security and privacy, in full compliance with applicable privacy laws.

 <h2 style="color: #00A69A;">What you need to know</h2> <ol style="list-style-type: none"> <li>1. Purpose of Juvonno:             <ul style="list-style-type: none"> <li>• Juvonno is used to assist with documenting your consultation, capturing only what is necessary for accurate medical records.</li> <li>• Juvonno supports but does not replace your clinician’s professional judgment. All medical decisions are made solely by your clinician.</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>2. Your Data Privacy:             <ul style="list-style-type: none"> <li>• Your data is securely processed and stored in your jurisdiction, fully complying with privacy regulations.</li> <li>• None of your information is used for purposes outside of your care.</li> <li>• A rigorous de-identification process is applied to remove personal identifiers, ensuring your data remains confidential.</li> <li>• Data is safeguarded with encryption and regular audits to ensure compliance.</li> </ul> </li> <li>3. Your rights:             <ul style="list-style-type: none"> <li>• You may opt out of using Juvonno—just inform your clinician, and your care will be documented manually.</li> </ul> </li> </ol>
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By signing this consent form, you acknowledge that:

1. You have been informed about the use of Juvonno and its purpose.
2. You understand how your information will be handled, stored, and protected.
3. You agree to allow your clinician to use Juvonno to assist with documenting your consultation.
4. You understand that you can withdraw your consent at any time without affecting the quality of care you receive.

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

Signature: \_\_\_\_\_