**Patient Informed Consent**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby agree to have personal health information, such as digitized photographs, clinical information, family history information and genetic information of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of Patient] to be recorded, processed and stored, using a computer software accessible securely only by the examining physician and clinical team.

Dr. Rachael is a suite of tools that facilitate comprehensive and precise genetic evaluations. Its core technology helps detect phenotypic traits to support clinical evaluations and enhance the interpretation diagnostic tests. The de-identified data is used for continued development and improvement of the technology behind Dr. Rachael and for scientific research advancements and discoveries.

Dr. Rachael is fully compliant with HIPAA regulations and EU Patient Privacy laws, as well as other privacy laws around the world. Any personal health information uploaded to Dr. Rachael is accessible only to an examining physician and his clinical team (if applicable) unless you also agree to one of the following options:

 Information may be also shared with a group of expert healthcare professionals for professional commentary and consultation for clinical purposes. An example is posting a case to the Dr. Rachael Online Unknown Forum.

 Information may be also shared with all users of Dr. Rachael for informational and educational purposes. An example is including the interaction record and related material in the Dr. Rachael Academy, medical databases, or a publication in a scientific journal or conference.

Other than indicated above, personal health information of patients will not be shared or published and you have the right to request no further usage of these data by contacting the following individuals:

|  |  |
| --- | --- |
|  | |
| **Name of examining physician** | |
|  |
| Signature / Guardian's Signature | Date |
|  | |
| Relationship (if signed by guardian) | |