



## **NOTICE TO PATIENTS REGARDING CONSENT TO SCREEN, EVALUATE, AND TREAT**

MediTelecare is a behavioral healthcare clinical provider that provides services via telemedicine (telehealth). Upon referral by a physician or other qualified clinical staff, MediTelecare evaluates and diagnoses psychiatric and neuropsychiatric behavioral health symptoms and conditions, and provides psychiatric and/ or psychotherapeutic treatment and care to patients suffering from such symptoms and conditions.

**Informed Consent to Screen, Evaluate and Treat:** As a patient of MediTelecare, you have the right to make informed decisions regarding your care or, if you are the legal representative, the care of your loved one. Your rights include being informed of your or your loved one's health status, being involved in care planning and treatment, and being able to request or refuse treatment. MediTelecare healthcare professionals will discuss with you the nature of your or your loved one's mental health symptom(s) and condition(s), the proposed treatment(s), the benefits and risks associated with treatment, the probability of successful outcomes, and alternatives to the proposed treatment(s) if any. By accepting screening, evaluation, and treatment from a MediTelecare provider, you consent to MediTelecare's healthcare professionals providing behavioral health treatment to you or your loved one and acknowledge that you have been informed of the benefits and risks of such treatment by the MediTelecare healthcare professional providing your or your loved one's care. You may revoke consent to further care at any time by informing a MediTelecare representative of your desire to do so.

**Medical Records/Confidentiality:** MediTelecare is a behavioral health provider, and will not disclose with anyone any information regarding your or your loved one's treatment or personal information (i.e. protected health information, or "PHI"), other than what the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") authorizes for coordination of care, emergency care, quality management, insurance verification, or claims payment purposes, unless you specifically authorize MediTelecare to do so in writing. You have been provided with a copy of MediTelecare's Notice of Privacy Practices with this Notice. You may also review MediTelecare's Notice of Privacy Practices at any time by visiting <https://www.meditelcare.com/NOPP> or requesting a copy from a MediTelecare representative.

**Consent to Telemedicine:** MediTelecare provides its care and services via telemedicine. Telemedicine involves the use of electronic communications to enable health care providers at different locations to share individual PHI and for MediTelecare healthcare professionals to screen, evaluate, and treat you or your loved one via secure electronic video conferencing technology. The electronic video conferencing systems and equipment used to facilitate your or your loved one's care will incorporate industry-standard and HIPAA-compliant network, software, and hardware security protocols to protect the confidentiality of your identity and PHI

and will include measures to safeguard the data transmitted, as well as ensure its integrity against intentional or unintentional breach or corruption. Benefits of telemedicine include improved access to care by enabling you or your loved one to remain at the home you or your loved one reside at while receiving behavioral healthcare expertise, and more efficient evaluation and management. As with any medical care, there are potential risks associated with the use of telemedicine. These risks include, but may not be limited to: rarely, information transmitted may not be sufficient (poor resolution/connectivity) to allow for appropriate evaluation and treatment; delays in evaluation and treatment caused by deficiencies in connectivity or failures in equipment; and in very rare circumstances security protocols could fail, causing a breach of privacy or PHI. By accepting initial screening, evaluation, and treatment via telemedicine initiated by a MediTelecare provider and/or telepresenter/facilitator you consent to its utilization for your or your loved one's care and acknowledge that you have been adequately informed of its risks and benefits. You may revoke consent to further care at any time by informing a MediTelecare representative of your desire to do so.

**Delegation:** You have the right to delegate your right to make informed decisions to another person. To the degree permitted by state law, and to the maximum extent practicable, MediTelecare must respect your wishes and follow that process. In the case that you are unable to make medical decisions because you are unconscious or otherwise incapacitated, MediTelecare may consult with your or your loved one's advance directives, medical power of attorney, or patient representative, if any of these are available. In such cases, relevant information will be provided to the applicable representative so that informed health care decisions can be made for you. As soon as you are able to be informed of your rights regarding your treatment, MediTelecare will provide that information to you.

**Insurance Authorization:** By accepting treatment from a MediTelecare healthcare professional, you are authorizing the release of any PHI or other information regarding your or your loved one's treatment to any insurance carrier or other applicable third-party payor for the purpose of securing payments for services rendered to you or your loved one, and assign and set over to MediTelecare any benefits for the cost of treatment that you or your loved one may be entitled to. You further authorize the third-party payor to make payment directly to MediTelecare.

**Patient Responsibility:** By accepting treatment from a MediTelecare healthcare professional you are also accepting financial responsibility for all charges for any and all services rendered to you or your loved one by MediTelecare. You are hereby notified that while your or your loved one's insurance may confirm your benefits, confirmation of benefits is not a guarantee of payment and that you or your loved one is ultimately responsible for any unpaid balance due for such services. It is your responsibility to know if your or your loved one's insurance has any deductible, co-payment, co-insurance, out-of-network limit, usual and customary limit, prior authorization requirements or any other type of benefit pre-authorization, requirement, or limitation for the services you or your loved one receive, and you or your loved one agree to make payment in full. You understand and agree that it is your responsibility to know if your or

your loved one's insurance carrier requires a referral from your or your loved one's primary care physician and that it is up to you to obtain the referral if MediTelecare cannot obtain the referral directly on your behalf. You understand that without this referral, your or your loved one's insurance may not pay for any services and that in such cases you or your loved one will be financially responsible for all services rendered to you or your loved one and filing any claims with insurance for reimbursement. You are required to inform a MediTelecare representative of any changes in your or your loved one's insurance coverage. If your or your loved one's insurance has changed or is terminated at the time of service, you agree that you are or your loved one is ultimately financially responsible for the balance in full.

**Medicare Patient:** If you are or your loved one is a Medicare patient, in order to receive treatment you must provide, both your Medicare ID card and, if applicable, your secondary insurance ID card. If MediTelecare does not receive the proper information for a secondary insurance, any such insurance will not be billed. It will be your responsibility to pay the balance and then file a claim with such insurance for reimbursement.

**You have the right to revoke consent to further MediTelecare treatment at any time by informing a MediTelecare representative of your desire to do so. However, such revocation shall not affect any disclosures or obligations already made in compliance with your prior consent to treatment. MediTelecare provides this Notice to its patients in order to comply with HIPAA, the Centers for Medicare & Medicaid Services, and any applicable state and federal laws.**

ADDENDUM: Chronic Care Management (CCM), Behavioral Health Integration (BHI) & Principal Care Management Services (PCM) Consent

**Consent for Chronic Care Management, Behavioral Health Integration and Principal Care Management Services (PCM)**

As a patient with two or more chronic conditions, you or your loved one may benefit from new Medicare benefits called Chronic Care Management (CCM) and/or Behavioral Health Integration (BHI) or Principal Care Management Services (PCM) that we are now offering (together, CCM, BHI & PCM Services will be referred to as “CCH/BHI/PCM Services”). CCM/BHI/PCM Services are available to you because you or your loved one have: 1) been diagnosed with two or more chronic conditions expected to last at least 12 months, and which place you or your loved one at significant risk of decline and or 2) been diagnosed with one or more behavioral health conditions. Our goal is to ensure you or your loved one get the best care possible, to keep you or your loved one out of the hospital, and to minimize costs and inconvenience to you or your loved one due to unnecessary visits to doctors, emergency room visits, laboratory testing, or hospital admissions.

You hereby consent to a MediTelecare Provider (referred to as “Provider”), providing CCM/BHI/PCM Services to you or your loved one as more fully described below.

- CCM/BHI/PCM Services may include 24-hours-a-day, 7-days-a-week access to a health care provider in Provider’s practice via telehealth to address acute needs; a systematic assessment of your or your loved one’s health and behavioral health care needs; processes to assure that you or your loved one timely receive preventative care services; medication reviews and oversight; a plan of care covering your or your loved one’s health issues; and management of care transitions among health care providers and settings. The Provider will discuss with you the specific services that will be available to you or your loved one and how to access those services.

**Provider’s Obligations.** When providing CCM/BHI/PCM Services, the Provider must:

- Explain to you, and offer to you, all the Services that are applicable to your or your loved one’s conditions.
- Provide a copy of the CCM/BHI/PCM care plan to you according to your preference specified below.

**Beneficiary Acknowledgement and Authorization.** By signing this consent, you agree to the following:

- You consent to the Provider providing CCM/BHI/PCM Services to you or your loved one.
- You authorize electronic communication of your or your loved one’s medical information with other treating providers as part of the coordination of your or your loved one’s care.
- You opt in to receiving occasional (estimated frequency is one per month) text messages and/or email messages to help identify care needs you or your loved one may have and to help your or your loved one’s provider align resources.
- You acknowledge that only one practitioner can furnish CCM/BHI/PCM Services to you or your loved one during a calendar month.

- You understand that cost sharing will apply to these CCM/BHI/PCM Services, so you or your loved one may be billed for a portion of the CCM/BHI/PCM Services even though CCM/BHI/PCM Services will not involve a face-to-face meeting with the Provider.

**Beneficiary Rights.** You have the following rights with respect to CCM/BHI/PCM Services:

- My preference is that I would like to receive / review my or my loved one's CCM/BHI/PCM care plan using the following method:
  - I would like to receive a copy of my or my loved one's CCM/BHI/PCM care plan electronically by email or text message.
  - I would like a written copy provided during a provider visit
  - I would like to discuss my or my loved one's care plan orally with my or my loved one's chronic care coordinator

Email Address: \_\_\_\_\_

Mobile Number (used for text messages): \_\_\_\_\_

- You have the right to stop CCM/BHI/PCM Services by revoking this consent at the end of a calendar month. You may revoke this consent verbally or in writing by notifying Provider or care team member.

Effective: January 1, 2021