



Telemedicine HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Telemedicine HIPAA Notice of Privacy Practices (the "**Notice**") is being provided to you by CompreCare Health, LLC d/b/a MediTelecare, as that entity or its subsidiaries and affiliated entities may be formed and incorporated in your state, and the employees and practitioners that work at such entity and/or for such practices (collectively referred to herein as "We" or "Our"). It contains important information regarding your medical information. You also have the right to receive a paper copy of this Notice and may ask us to give you a copy of this Notice at any time. If you received this Notice electronically, you are still entitled to a paper copy of this Notice upon your request. You can request a paper copy of our current Notice from the Privacy Officer at 877.742.6992, or you can access it on our website at <http://www.meditelcare.com/NOPP>.

The Health Insurance Portability and Accountability Act of 1996 ("**HIPAA**") imposes numerous requirements on health care practices such as ours, defined as Covered Entities, regarding how certain individually identifiable health information – known as protected health information or "**PHI**" – may be used and disclosed. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you and will use it to the minimum necessary to accomplish the intended purpose of the use, disclosure or request of it. As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of PHI. This notice also discusses the uses and disclosures we will make of your PHI. We must comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI we maintain.

PERMITTED USES AND DISCLOSURES

We can use or disclose your PHI for purposes of treatment, payment, and health care operations. For each of these categories of uses and disclosures, we have provided a description and examples below. However, not every particular use or disclosure in every category will necessarily be listed.

- "**Treatment**" means the provision, coordination, or management of your health care, including consultations between health care providers, including with skilled nursing, assisted living, short-term rehabilitation, hospital, and other long-term care providers, relating to your care and referrals for health care from one health care provider to

another. For example, your physician treating you for diabetes may need to know if you have a psychiatric disorder or are taking psychotropic medications because such disorders or medications may have disease-disease or drug-disease interactions with diabetes. In addition, the physician may need to contact another provider for purposes of treating a psychiatric disorder or condition when our providers are not available to provide your care.

- **“Payment”** means the activities we undertake to obtain reimbursement for the health care provided to you, including billing, claims management, determinations of eligibility and coverage, collections, case management, and other utilization review activities. For example, we may need to provide PHI to your insurance carrier or a party financially responsible for your care in order to determine whether the proposed course of treatment will be covered, to determine appropriate reimbursement, or to obtain payment. Federal or state law may require us to obtain a written release from you prior to disclosing certain specially protected PHI for payment purposes, and we will ask you to sign a release when necessary under applicable law.
- **“Health Care Operations”** means the support functions for our practice and providers, related to referral, facilitating the telemedicine connection and visit, care coordination, compliance reviews, compliance programs, treatment and payment, quality assurance activities, receiving and responding to patient comments and complaints, provider training, audits, business planning, development, management, legal, and administrative activities. For example, we may use your PHI to evaluate the performance of our provider staff when caring for you. We may also combine PHI about many patients to make clinical qualitative review decisions or decide what additional services we should offer, what services are not needed, and whether certain treatments are effective. We may also disclose PHI for review and educational purposes. In addition, we may remove, or deidentify, information that identifies you so that others can use the de-identified information to study health care, conduct research, collect population health data, and determine methods for improved health care delivery without learning who you are.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We may also use your PHI in the following ways:

- To provide appointment reminders and schedule your availability for your treatment.
- To tell you about or recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you.
- To your family, personal representative, power of attorney, guardian, or any other individual identified by you to the extent directly related to such person’s involvement in your care or the payment for your care. We may use or disclose your PHI to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care, of your general condition or death. If you are available, we will give you an opportunity to object to these disclosures, and we will

not make these disclosures if you object. If you are not available, incapacitated or unable to make informed consent decisions about your health care we will determine whether a disclosure to your family or personal representative is permitted or required by law, in your best interests, taking into account the circumstances, and act based upon our professional judgment.

- When permitted by law, we may coordinate our uses and disclosures of PHI with public or private entities authorized by law or by charter to assist in disaster relief efforts.

We will allow your family and friends to act on your behalf to pick-up filled prescriptions and similar forms of PHI, when we determine, in our professional judgment, that it is in your best interest to make such disclosures.

- We may use or disclose your PHI for research purposes, subject to the requirements of applicable law. For example, a research project may involve comparisons of the health and recovery of all patients who received a particular medication. All research projects are subject to a special approval process which balances research needs with a patient's need for privacy. When required, we will obtain a written authorization from you prior to using your PHI for research.
- In certain cases, we will provide your information to contractors, agents and other parties who need the information in order to perform a service for us ("Business Associates"), including, without limitation, obtaining payment for health care services, technology services providers, or carrying out other business operations. In those situations, PHI will be provided to those contractors, agents and other parties as is needed to perform their contracted tasks. Business Associates are required to enter into an agreement maintaining the privacy of the protected health information released to them under certain terms and conditions required of them by state and federal law.
- We may share your information with an insurance company, law firm or risk management organization in order to maintain professional advice about how to manage risk and legal liability, including insurance or legal claims. However, in these situations, we require third parties to provide us with assurances that they will safeguard your information under terms and conditions required by applicable state and federal law.
- We will use or disclose PHI about you when required to do so by applicable law, only to the extent necessary to meet such a requirement.
- In accordance with applicable law, we may disclose your PHI to your employer if we are retained to conduct an evaluation of whether you have a work-related illness or injury. You will be notified of these disclosures by your employer or the provider as required by applicable law.
- Incidental uses and disclosures of PHI sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.

SPECIAL SITUATIONS

Subject to the requirements of applicable law, we will make the following uses and disclosures of your PHI:

- **Involuntary patients:** Information regarding patients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payors and others, as necessary to provide the care and management coordination needed in compliance with state and federal law.
- **Emergencies:** In life threatening emergencies, we will disclose information necessary to avoid serious harm or death.
- **Organ and Tissue Donation.** If you are an organ donor, we may release PHI to organizations that handle organ procurement or transplantation as necessary to facilitate organ or tissue donation and transplantation.
Military and Veterans. If you are a member of the Armed Forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- **Worker's Compensation.** We may release PHI about you for programs that provide benefits for work-related injuries or illnesses.
- **Public Health Activities.** We may disclose PHI about you for public health activities, including disclosures:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to persons subject to the jurisdiction of the Food and Drug Administration (FDA) for activities related to the quality, safety, or effectiveness of FDA-regulated products or services and to report reactions to medications or problems with products;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
 - to notify the appropriate government authority if we believe that an adult patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if the patient agrees or when required or authorized by law.
- **Health Oversight Activities:** We may disclose PHI to federal or state agencies that oversee our activities (e.g., providing health care, seeking payment, integrity agreements, audits, and civil rights).
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, or a guardianship proceeding, we may disclose PHI subject to certain limitations and only to the extent permissible by law.
- **Law Enforcement:** We may release PHI if asked to do so by a law enforcement official:
 - In response to a court order, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime under certain limited circumstances;

- About a death we believe may be the result of criminal conduct;
 - About criminal conduct on our premises; or
 - In emergency circumstances, to report a crime, the location of the crime or the victims, or the identity, description or location of the person who committed the crime.
- Coroners, Medical Examiners and Funeral Directors: We may release PHI to a coroner or medical examiner. We may also release PHI about patients to funeral directors as necessary to carry out their duties.
 - National Security and Intelligence Activities: We may release PHI about you to authorized federal officials for intelligence, counterintelligence, other national security activities authorized by law or to authorized federal officials so they may provide protection to the President or foreign heads of state.
 - Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution or law enforcement.

Serious Threats. As permitted by applicable law and standards of ethical conduct, we may use and disclose PHI if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or is necessary for law enforcement authorities to identify or apprehend an individual.

CONFIDENTIALITY OF MENTAL HEALTH, HIV, ALCOHOL, AND DRUG ABUSE PATIENT RECORDS

PHI related to your mental health, psychotherapy notes, HIV, genetic information, alcohol and/or substance abuse records, and other specially protected health information may enjoy certain heightened confidentiality protections under HIPAA and applicable state and federal law. Any disclosure of these types of records will be subject to these special provisions.

In the case of psychotherapy notes (i.e., notes that have been recorded by a mental health professional documenting counseling sessions and have been separated from the rest of your medical record) and alcohol and/or substance abuse records, the confidentiality of such PHI maintained by us is protected by federal law and regulations. Generally, we may not say to a person outside the facility you reside in where our care occurs that you attend psychotherapy or alcohol and/or substance abuse treatment, or disclose any information identifying you as receiving psychotherapy, or as an alcohol or drug abuser, unless:

- The patient consents in writing;
- The disclosure is allowed by a court order; or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of federal law and regulations by a alcohol and/or substance abuse program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Disclosure may be made concerning any threat made by a patient to commit imminent physical violence against another person to the potential victim who has been threatened and to law enforcement.

Federal law and regulations do not protect any information about suspected child or elder abuse or neglect from being reported under applicable state law to appropriate state or local authorities.

When you sign a release of information regarding your psychotherapy notes and alcohol and/or substance abuse, or an authorization, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent we have already taken action in reliance thereon.

OTHER USES OF YOUR HEALTH INFORMATION

Certain uses and disclosures of PHI will be made only with your written authorization, including uses and/or disclosures:

- of psychotherapy notes (where appropriate, as described above);
- for marketing purposes; and
- that constitute a sale of PHI under the Privacy Rule. Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization.

YOUR RIGHTS

You have the right to request restrictions on our uses and disclosures of PHI for treatment, payment and health care operations. However, we are not required to agree to your request unless the disclosure is to a health plan in order to receive payment, the PHI pertains solely to your health care items or services for which you have paid the bill in full, and the disclosure is not otherwise required by law. To request a restriction, you may make your request in writing to the Privacy Officer.

You have the right to reasonably request to receive confidential communications of your PHI by alternative means or at alternative locations, including electronically. To make such a request, you may submit your request in writing to the Privacy Officer.

You have the right to inspect and copy the PHI contained in our provider records, except for:

- psychotherapy notes, (i.e., notes that have been recorded by a mental health professional documenting counseling sessions and have been separated from the rest of your medical record);
- information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
- PHI involving laboratory tests when your access is restricted by law;
- if you are a prison inmate, and access would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, any officer, employee, or other person at the correctional institution or person responsible for transporting you;
- if we obtained or created PHI as part of a research study, your access to the PHI may be restricted for as long as the research is in progress, provided that you agreed to the temporary denial of access when consenting to participate in the research;
- PHI contained in records kept by a federal agency or contractor when your access is restricted by law; and
- PHI obtained from someone other than us under a promise of confidentiality when the access requested would be reasonably likely to reveal the source of the information.

In order to inspect or obtain a copy of your PHI, you may submit your request in writing to the Privacy Officer or Medical Records Custodian. If you request a copy, we may charge you a fee for the costs of copying and mailing your records, as well as other costs associated with your request.

We may also deny a request for access to PHI under certain circumstances if there is a potential for harm to yourself or others. If we deny a request for access for this purpose, you have the right to have our denial reviewed in accordance with the requirements of applicable law. You have the right to request an amendment to your PHI but we may deny your request for amendment, if we determine that the PHI or record that is the subject of the request:

- was not created by us, unless you provide a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment;
- is not part of your medical or billing records or other records used to make decisions about you;
- is not available for inspection as set forth above; or
- is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records. In order to request an amendment to your PHI, you must submit your request in writing to the Medical Record Custodian, along with a description of the reason for your request.

You have the right to receive an accounting of disclosures of PHI made by us to individuals or entities other than to you for the six years prior to your request, except for disclosures:

- to carry out treatment, payment and health care operations as provided above;
- incidental to a use or disclosure otherwise permitted or required by applicable law;
- pursuant to your written authorization;

- to persons involved in your care or for other notification purposes as provided by law;
- for national security or intelligence purposes as provided by law; or
- to correctional institutions or law enforcement officials as provided by law; as part of a limited data set as provided by law.

To request an accounting of disclosures of your PHI, you must submit your request in writing to the Privacy Officer. Your request must state a specific time period for the accounting (e.g., the past year). The first accounting you request within a twelve (12) month period will be free. For additional accountings within twelve (12) months of the first request, we may charge you for the costs of providing the list. We will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

You have the right to receive a notification, in the event that there is a breach of your unsecured PHI, which requires notification under the Privacy Rule.

NOTICE REGARDING USE OF TECHNOLOGY

We may use electronic software, services, and equipment, including without limitation email, video conferencing technology, cloud storage and servers, internet communication, cellular network, voicemail, facsimile, electronic health record, and related technology (“Technology”) to share PHI with you or third-parties subject to the rights and restrictions contained herein. In any event, certain unencrypted storage, forwarding, communications and transfers may not be confidential. We will take measures to safeguard the data transmitted, as well as ensure its integrity against intentional or unintentional breach or corruption. However, in very rare circumstances security protocols could fail, causing a breach of privacy or PHI.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time, for any reason permissible by law. We reserve the right to make the revised or changed Notice effective for PHI and medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at <http://www.meditelcare.com/NOPP> and provide copies to the facilities we provide care at. The Notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

If you believe that your privacy rights have been violated, you should immediately contact the Privacy Officer at 877.742.6992. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of the U. S. Department of Health and Human Services.

CONTACT PERSON

If you have any questions or would like further information about this Notice, please contact the Privacy Officer at 877.742.6992

This notice is effective as of January 1, 2021.



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



MediTelecare Patient Rights and Responsibilities

Respectful and Safe Care

- Be given considerate, respectful and compassionate care.
- Be given care in a safe environment, free from abuse and neglect (verbal, mental, physical or sexual).
- Be free from restraints and seclusion unless needed for safety.
- Know the names and jobs of the MediTelecare people who care for you.
- Know when students, residents or other trainees are involved in your care.
- Have your culture and personal values, beliefs and wishes respected.
- Be treated without discrimination based on race, color, national origin, age, gender, sexual orientation, gender identity or expression, physical or mental disability, religion, ethnicity or language.
- Be given a list of protective and advocacy services, when needed. These services help certain patients (e.g., elderly or disabled) exercise their rights and protect them from abuse and neglect.
- Receive information about our charges.
- Ask for an estimate of our charges before care is provided.

Effective Communication and Participation in Your Care

- Get information during your visit in a way you can understand. This includes communication assistance, such as foreign language interpreters, as well as vision, speech and hearing assistance provided free of charge.
- Get information from your MediTelecare provider about:
 - your diagnosis
 - your test results
 - possible outcomes of care and unanticipated outcomes of care
- Be involved in your plan of care and discharge plan from our services.
- Involve your family in decisions about care.
- Ask questions and get a timely response to your questions or requests.
- Refuse care.
- Have someone with you for emotional support, unless that person interferes with your or others' rights, safety or health.
- Select someone to make health care decisions for you if at some point you are unable to make those decisions (and have all patient rights apply to that person).



Informed Consent

- Give permission (informed consent) before any non-emergency care is provided, including:
 - risks and benefits of your treatment
 - alternatives to that treatment
 - risks and benefits of those alternatives

Privacy and Confidentiality

- Have privacy with confidential treatment and communication about your care.
- Be given a copy of the MediTelecare HIPAA Notice of Privacy Practices, which includes information on how to request access to your medical record.

Patient Responsibilities

- Provide accurate and complete information about your health, address, telephone number, date of birth and insurance carrier.
- Have your facility notify us if you cannot keep your appointment.
- Be respectful to your care team, from the Psychologists, Psychiatrists, Nurse Practitioners, and Social Workers to the Facilitators that aid you in the telemedicine visit.
- Be considerate in language and conduct of other people and property, including being mindful of noise levels.
- Be in control of your behavior if feeling angry.
- Ask questions if there is anything you do not understand.
- Report unexpected changes in your health.
- Take responsibility for the consequences of refusing care or not following instructions.
- Keep all information about facility staff or other patients private.
- Pay your bills or work with us to find funding to meet your financial obligations.



Complaints & Grievances:

- If you have a complaint or grievance with MediTelecare’s services or if you believe your patient privacy rights have been violated, you may complain and have your complaint reviewed without affecting your care. MediTelecare will not take action against you for filing a complaint.

- You may contact **MediTelecare’s Compliance Department** directly to file a complaint:
 - By email at Compliance@meditelecare.com or
 - By phone at (877)-742-6992 ext. 507
 - In writing at:
 - MediTelecare
 - Attn: Compliance Department
 - 213 Court St STE 603
 - Middletown, CT 06457

- All verbal and written complaints or grievances are documented, reviewed and resolved by MediTelecare’s compliance team.

- If you are not satisfied with MediTelecare’s resolution of any complaint or grievance, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services (HHS). More information on how to file a complaint can be found directly on the HHS website, [here](#).

By signing below, I agree to MediTelecare's™ "Telemedicine HIPAA Notice of Privacy Practices" and "Notice To Patients Regarding Consent to Screen, Evaluate and Treat" policies.

Name of patient

Name of authorized agent for patient

Signature of patient

Signature of authorized agent for patient

Date

Date