

GEORGETOWN SLEEP EQUIPMENT AND SUPPLIES

PATIENT CONSENT FOR USE OF EMAIL COMMUNICATIONS

PATIENT ACKNOWLEDGEMENT AND AGREEMENT:

I acknowledge that I have read and fully understand this consent form.

I understand the risks associated with the communication of e-mail as set forth in this consent form.

Despite the risks associated with e-mail, I agree that Georgetown Sleep Equipment & Supplies and his/her workforce may use e-mail to facilitate communications to or about me. I understand that disclosures regarding my treatment and diagnosis may be made to not only me, but also internally within Georgetown Sleep Equipment & Supplies or to appropriate third parties for services such as billing.

Patient Signature: _____

Date: _____

Witness: _____

Date: _____

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I authorize all staff at Georgetown Sleep Equipment and Supplies to provide treatment as necessary. I acknowledge that no guarantees can be made to me as to the outcome of treatment. I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

RELEASE OF INFORMATION

I authorize Georgetown Sleep Equipment and Supplies to release information which may include diagnosis and records of any treatment to:

Please print names:

Spouse: _____

Parent: _____

Other: _____

Patient Signature

Date

Personal Representative Signature (if applicable)

Relationship to Patient

Financial Policy-Georgetown Sleep Center, PA

We require payment at the time an order is placed and products purchased. We will accept personal checks, cash, VISA, MasterCard, American Express, and Discover. Our company accepts most major insurance carriers and we will file your claim with your insurance company. We strongly believe that the best approach to successful treatment include product and services of quality and a friendly, mutual understanding between the doctor, DME and patient. We therefore invite you to discuss with us any questions you may have regarding our services, products and fees. If you anticipate problems with your insurance coverage or personal payment, you are encouraged to contact our DME Manager or Business/Billing Office at (512) 637-2002. The earlier we know of a potential problem, the better we are able to develop suitable options for both you and the practice.

Payment Options:

Private Pay/ Uninsured Patients: We strive to provide quality care for those in our community that do not have access to affordable health care coverage. Payment is expected at the time products are dispensed or ordered. Therefore, our Self Pay Patients may receive a discounted fee at the time of check out. If prior approval has been received from our office staff, payment arrangements for extended services may be accepted depending on the cost of the services.

Insured Patients: You must provide a current copy of your insurance card to the receptionist at the time products are ordered or dispensed. You must pay all deductibles, copayments, and co-insurances in full at the date of service and when you receive a statement. You may choose to pay with cash, check, or credit card. Georgetown Sleep Equipment and Supplies, LP will file your insurance claim with your carrier. Although we may estimate the portion your insurance may pay, it is the insurance company that makes the final determination of eligibility and payment. Insurance is a contract between you and your insurance company. Per your insurance contract, it is your obligation to pay those charges not covered by your insurance company.

Monthly Statement:

If you have a balance on your account, we will send you a monthly statement. All balances are expected to be paid in full upon receipt of the statement. Payments not received within 20 business days of receipt of this statement are considered past due and could be subject to late fees as well as collection activity. If you have a credit on your account, it is the patient's responsibility to request the refund on their account. Any refund balance left in the account after six months could forfeit a \$30 administrative fee for processing. Please request refunds after receiving a final statement from your insurance Plan.

Returned Checks:

There will be a returned check fee of \$20.00 for checks returned by the bank. If a returned check is received on your account, you will be required to pay all fees associated with this check in cash prior to making a new appointment. Future visits will need to be paid in cash. All returned checks left unpaid after 10 days of receipt of the check may be sent to the Williamson County Check Division.

Past Due Accounts:

If your account becomes past due, we will take the necessary steps to collect this debt. Payments not received within 15 business days of receipt of a statement are considered past due and could be subject to late fees. These accounts will receive a past due letter and are subject to collection activity. This includes account review for collection agency follow-up and reporting. If your account is sent to an outside collection agency, you may be subject to agency fees and penalties.

Workers Compensation/Personal Injury:

We do not accept Worker's Compensation or Personal Injury cases nor do we bill attorneys for medical services. Any services performed in relation to a personal injury case will be considered self-pay and payment will be required at the time services are rendered.

Medicaid and Medicare:

We do not accept or file Medicaid or Medicare claims primary or secondary. We do not dispense product to Medicaid or Medicare beneficiaries.

_____ **Initial**

Additional Services:

Please be aware that there may be fees for additional services such as medical records, depositions, or special forms or letters. Please check with the Manager for specific fees for additional services.

Any disputes of your account should be done in writing within 30 days of the receipt of your statement. Your dispute will be addressed immediately and you will be notified of the outcome within 30 days of the receipt of your dispute.

Patient's Signature

Date

This is an agreement between Georgetown Sleep Equipment and Supplies, LP and the Patient named on this form. By executing this agreement, you (the Patient/Guarantor) are agreeing to pay for all products dispensed. Please understand that insurance coverage is not a guarantee of benefits and does not release you from any financial obligation to pay for products rendered by Georgetown Sleep Equipment and Supplies, LP

James E. Curlee, Jr. DO, owns and operates Georgetown Sleep Center, PA and Georgetown Sleep Equipment & Supplies, LP

ELECTRONIC MAIL INFORMED CONSENT FORM

Many patients prefer the convenience of electronic mail (“e-mail”) to other forms of communication. Georgetown Sleep Equipment & Supplies offers patients the opportunity to communicate by e-mail. Georgetown Sleep Equipment & Supplies will follow the practice’s Electronic Mail Policy (see p. 108 of this Manual). As provided in that policy, patients will be required to meet face-to-face with the physician at his/her discretion.

- **Patient Treatment and Diagnosis:** No emails containing Patient Treatment and Diagnosis will be emailed to the patient. All outside communication regarding Patient Treatment and Diagnosis will be physically mailed, or added to the secure link provided through the Electronic Health Record.
- **Disclosures within Georgetown Sleep Equipment & Supplies Office:** Georgetown Sleep Equipment & Supplies may forward or send e-mails internally to workforce members as necessary for diagnosis and treatment.
- **Patient Scheduling:** Georgetown Sleep Equipment & Supplies may email scheduling information to the patient if asked.

Although Georgetown Sleep Equipment & Supplies acknowledges the conveniences of e-mail, transmitting patient information by e-mail has a number of risks that you should seriously consider prior to using e-mail. These risks include, but are not limited to, the following:

- E-mail can be circulated, forwarded, and stored in numerous paper and electronic files.
- E-mail can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- E-mail senders can easily send an e-mail to the wrong address.
- E-mail is easier to falsify than handwritten or signed documents.
- Backup copies of e-mail may exist even after the sender or the recipient has deleted his/her copy.
- Employers and on-line services have a right to archive and inspect e-mails transmitted through their systems.
- E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- E-mail can be used to introduce viruses into computer systems.
- E-mail can be used as evidence in court.

Taking into account these risks, Georgetown Sleep Equipment & Supplies will use reasonable means to protect the security and confidentiality of e-mail communications as required by HIPAA, HITECH and Texas Law. However, it is impossible for Georgetown Sleep Equipment & Supplies to guarantee the security and confidentiality of e-mail communications.

Should confidential information be improperly disclosed, through no fault of Georgetown Sleep Equipment & Supplies, Georgetown Sleep Equipment & Supplies will not be liable for such disclosures.

E-MAIL SHOULD NOT BE USED FOR MEDICAL EMERGENCIES.

Georgetown Sleep Equipment & Supplies will make every effort to read and respond to an e-mail from you. Georgetown Sleep Equipment & Supplies cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Therefore, should you need immediate assistance, please call Georgetown Sleep Equipment & Supplies or your physician’s office.

By consenting to communicate with Georgetown Sleep Equipment & Supplies through e-mail, you also agree to the following responsibilities:

- If you send an e-mail to Georgetown Sleep Equipment & Supplies that requires or invites a response, and one is not given within a reasonable time frame, it is your responsibility to notify Georgetown Sleep Equipment & Supplies that the e-mail was received. You cannot assume that because it was not returned that it was received.
- It is your responsibility to schedule appointments.
- You should NOT use e-mail in order to make disclosures about sensitive medical information such as:
 - a. Substance Abuse
 - b. AIDS/HIV
- It is your responsibility to inform Georgetown Sleep Equipment & Supplies of any changes to your e-mail address.

Should you want to restrict any other kind of information that may be disclosed through the use of e-mail, please list the restrictions below:

Georgetown Sleep Equipment & Supplies is not required to comply with your request. If we chose not to comply, we will not communicate with you via e-mail.

Should you wish to revoke this consent, revocation must be made in written form or e-mail. In either case, the revocation must be addressed to Ryan Charriere – HIPAA Officer, who may be contacted at the following address or e-mail: ryan.charriere@georgetownssleepcenter.com