



CONSENT FOR TREATMENT | USE OF PROTECTED HEALTH INFORMATION | FINANCIAL OBLIGATION

- I hereby consent to medical evaluations, testing, and/or treatment provided by the staff of this medical facility (PCP Urgent Care Holdings LLC, dba “Patient Plus Urgent Care”) I understand that prior to treatments, procedures or receiving medications and vaccines, I will be informed of the benefits, risk and possible side effects and allowed to ask questions for full knowledge to give informed consent, and I understand that implied consent may apply in instances of serious illness, injury or altered mental status. I understand that female patients may require a pregnancy test prior to receiving certain testing, treatment, and/or written prescriptions. I understand that it is my responsibility to provide any information relevant to health history, possible medication interactions and allergies. I authorize the facility to obtain and utilize my medication history from other health care providers or third-party pharmacy benefit payers to e-prescribe my prescriptions.
- I acknowledge that I have reviewed the company Payment Policy and have been given the opportunity to ask questions and to have concerns and written request addressed. I hereby authorize the facility to accept assignment of contracted insurance benefits and I understand that I am responsible for co-insurance, co- payments, and/or deductibles at the time of service. I understand that if my insurance is a non-contracted plan (out- of- network), the facility will courtesy file the claim for services rendered and any monies received by the facility will be reimbursed to me. In the event that I have no insurance coverage, I understand that fees are due at the time of service. I understand that previous balances owed to the facility will be requested at time of registration and any outstanding balance will be billed with accrued interest. I understand that the facility may be contracted with specific Medicaid plans.
- If my plan is not under contract with the facility, I understand that I am responsible for the payment of services incurred at this facility. I understand that all fees are due at the time of service and prior to receiving discharge paperwork and/or prescriptions that complete the visit encounter.
- I understand that if the provider has ordered additional laboratory tests that the collected specimens will be sent to a local laboratory for testing. The facility will forward my payer information to the laboratory, but I will be responsible for the charges incurred for these services and will receive a separate bill from the laboratory. I understand that there may be a portion of the cost of Durable Medical Equipment that is not covered by my insurance company, and I will be responsible for the balance.
- I understand that the provider may use telemedicine and video technologies, and photographs of my injury or wound, etc. for treatment, consultation, or specialist referrals.
- I understand that I may be referred to a health care provider for follow up care and that I will be given the freedom of choice in referral selection. If I do not have an established health care provider and have no preference in selection, I understand that my PHI may be sent to an affiliated health care organization to follow up with me to help coordinate my care. I understand that my insurance may not cover the services for which I am being referred and that I should verify coverage with that provider prior to my visit.



- I understand that the company may use or disclose my Protected Health Information (PHI) necessary to carry out treatment, payment, or healthcare operations or in other instances as permitted by HIPAA. I opt to authorize the company to use and disclose my PHI utilizing health information exchange portals for continuity of care. I understand that the contact information I provide such as my physical address, phone number, and email may be used to provide me with information on health-related benefits and services that may be of interest to me, to provide me with marketing and fundraising material and to send me patient satisfaction surveys. I acknowledge and agree to my survey feedback being used on an anonymous basis on the website or other public sites to identify comments that the public may view and objectively review. I understand that I have the right to opt out or unsubscribe to any information, materials, or survey that I may receive.
- I acknowledge that I was provided access to the Notice of Privacy Practices, the Notice of Nondiscrimination, and Patient Rights and Responsibilities. I have been allowed the opportunity to ask questions, to file a complaint to have my concerns addressed, to submit a special written request and to object to the release of my PHI to a specific person if I so choose.

The following policies can be found on our website, www.patientplusuc.com. A paper copy of the below policies is available upon request.

Notice of Privacy Practices: www.patientplusuc.com/privacy-policy

Notice of Nondiscrimination: www.patientplusuc.com/nondiscrimination

Patient Rights and Responsibilities: www.patientplusuc.com/patient-rights-and-responsibilities

Full Name (Printed)

Date

Signature



NOTICE OF PRIVACY PRACTICES

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

This notice of privacy practices is adopted to ensure that PCP Urgent Care Holdings LLC dba Patient Plus Urgent Care (“Patient Plus”), fully complies with all federal and state privacy protection laws and regulations, in particular, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Patient Plus is required by law to maintain the privacy of Protected Health Information and to provide its patients with a copy of its Notice of Privacy Practices outlining its legal duties and privacy practices with respect to protected health information. This notice of privacy practices shall become effective as of March 24, 2022, and shall remain in effect until it is either amended or canceled. You have a right to receive a paper copy of this notice of privacy practices. If you have any questions or comments concerning this notice, you should contact PCP Urgent Care Holdings, 5800 One Perkins Place Building 5 Suite A Baton Rouge, LA 70808 by mail or by telephone at (225) 224-8690.

DEFINITIONS

For the purposes of this notice, the following defined terms shall have the following definitions. “HHS” shall mean the United States Department of Health and Human Services and “Health Information”, “Protected Health Information” or “PHI” shall mean certain Individually Identifiable Health Information, as defined in 45 C.F.R. § 164.501 of the Privacy Standards.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit Patient Plus, a record of the care and/or services provided to you by Patient Plus is made. This record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information may be used to plan your care or treatment, communicate with other providers who contribute to your care, serve as a legal document, receive payment from you, your plan, or your health insurer, assess and improve the care we render, and the outcomes we achieve and comply with state and federal laws that require us to disclose your health information.

HOW PATIENT PLUS MAY USE OR DISCLOSE YOUR PHI

Patient Plus collects your PHI and stores it in an electronic medical record (“EMR”). This is your medical record. The medical record is the property of Patient Plus, but the information in the medical record belongs to you. You have a right to access the EMR in a machine-readable electronic format and to direct Patient Plus to send a machine-readable copy directly to a third party. It is the policy of Patient Plus that all PHI may not be used or disclosed unless it meets one of the following conditions:

Treatment. Patient Plus collects information from you regarding your past medical history, present medical problems and/or complaints, as well as any diagnosis and/or past medical treatment at Patient Plus. Information obtained by a nurse, physician, or another member of your healthcare team will be recorded in your medical record and used to determine the treatment that should work best for you. To promote quality care, Patient Plus operates an EMR. This is an electronic system that keeps health information about you. Patient Plus may also provide a subsequent healthcare provider with health information about you



(e.g., copies of various reports) that should assist him/her in treating you in the future. Patient Plus may also disclose health information about you to as well as obtain your health information from electronic health information networks in which community health care providers may participate to facilitate the provision of care to patients such as yourself. Patient Plus may use a prescription hub that provides electronic access to your medication history. This will assist Patient Plus healthcare providers in understanding what other medications may have been prescribed for you by other providers.

Payment. Patient Plus will collect billing information from you such as your present address, social security number, date of birth, health insurance carrier, policy number, and any other related billing information. Patient Plus may disclose this information to your health insurance provider, Medicare, Medicaid, or another payor of healthcare claims to process your health insurance claim. We may also send you or a third-party payor a bill. The information on or accompanying the bill may include information that identifies you, your diagnosis, procedures, and supplies used.

Regular Healthcare Operations. Patient Plus may disclose your healthcare information to physicians, medical assistants, nurses, nurse practitioners, physician assistants, radiology personnel, billing clerks, administrative staff, and other employees involved in your healthcare treatment. We may use the information in your health record to access the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Authorizations. You may sign a written authorization giving Patient Plus authorization to use or disclose your healthcare information to a third party. This authorization may be revoked by providing Patient Plus with a written revocation of said authorization. Without the authorization, Patient Plus may not disclose the patient's psychotherapy notes.

Notification and Communication with Family. Patient Plus may use and disclose your PHI to notify or assist in notifying your family member, your personal representative, or another person responsible for your care about your location, your general condition, or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

Open Treatment Areas. Sometimes patient care is provided in an open treatment area. While special care is taken to maintain patient privacy, others may overhear patient information while receiving treatment. Should you be uncomfortable with this, please bring this to the attention of our Chief Medical Officer.

Voicemail Message. Patient Plus may call your home or other designated location and leave a message on your voice mail, in person or by text, in reference to any items that assist Patient Plus in carrying out treatment, payment, and health care operations, such as appointment reminders, insurance items and any call pertaining to your clinical care. We may mail/email your home or other designated location any items that assist Patient Plus in carrying out treatment, payment, and healthcare operations such as appointment reminders, patient satisfaction surveys, and patient statements.



To Avert a Serious Threat to Health or Safety. Patient Plus may use your health information or share it with others when necessary to prevent a serious threat to your health or safety or the health or safety of another person or the public.

Public Health. Patient Plus may disclose your PHI to public health authorities for purposes related to preventing or controlling disease, injury, or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Health Oversight Activities. Patient Plus may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the healthcare system, government benefit programs, such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Marketing. Patient Plus may contact you via mail, email, or text to provide you with a treatment alternative or other health-related benefits or services that may be of interest to you. You have the right to opt-out by notifying us in writing.

Sale of PHI. Patient Plus may not “sell” your PHI (i.e., disclose such PHI in exchange for remuneration) to a third party without your written authorization that acknowledges the remuneration unless such an exchange meets a regulatory exception.

Food and Drug Administration. Patient Plus may disclose to the FDA health information relative to adverse events with respect to food, supplement, product and product defects, or post-marketing surveillance information to enable product recalls repairs or replacement.

Worker’s Compensation. Patient Plus may disclose health information to the extent authorized by and to the extent necessary to comply with laws related to workers’ compensation or other similar programs established by law.

Law enforcement. Patient Plus may disclose a patient’s PHI to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and/or other law enforcement purposes.

Judicial and Administrative Proceedings. Patient Plus may disclose a patient’s PHI in the course of any administrative or judicial proceeding if we have been ordered to do so by a court that is handling a lawsuit or other dispute. Patient Plus may also disclose your PHI in response to a subpoena or discovery request, filed and executed in accordance with the law.

Deceased Individuals. It is the policy of Patient Plus that privacy protections extend to information concerning deceased individuals. Patient Plus may disclose your PHI to coroners, medical examiners, and funeral directors.

Specialized Government Functions. Patient Plus may disclose your PHI for military, national security, and prisoner purposes.



Change of Ownership. In the event that Patient Plus is sold or merges with another organization, your PHI will become the property of the new owner.

Restriction Requests. It is the policy of Patient Plus that serious consideration must be given to all requests for restrictions on uses and disclosures of PHI as published in this privacy policy. You have a right to request restrictions on certain uses and disclosures of their PHI. You may do so by completing Patient Plus's form entitled "Restrictions". Patient Plus is not required to agree to the restriction that you request. If a particular restriction is agreed to, Patient Plus is bound by that restriction. If you pay for a specific health product or service out of pocket, you have the right to request that Patient Plus not disclose your information to your insurer. Such a request can also be made in writing by completing Patient Plus's form entitled "Restriction - Self Pay" and checking the particular box indicating that the service or product was paid for by you. If such a request is made, Patient Plus must agree with your request.

Access to Information. You have the right to inspect and copy your PHI. It is Patient Plus's policy that access to your PHI must be granted when such access is requested. Such request shall be submitted in writing by completing Patient Plus's request form entitled "Request for Inspection and/or Copy of Protected Health Information". Costs associated with the copying of any PHI shall be in accordance with applicable state and federal law.

Designation of Personal Representative. Access to PHI must be granted to your designated personal representative as specified by you when such access is authorized by you. This designation of a personal representative must be made in writing by completing Patient Plus's form entitled "Designation of Personal Representative".

Confidential Communications Channels. You have the right to receive your PHI through a reasonable alternative means or at an alternative location. Confidential communication channels can be used within the reasonable capability of Patient Plus, (i.e., do not call me at work, call me at home) as requested by the patient. Such request shall be made in writing by completing Patient Plus's form entitled "Confidential Channel Communication Request".

Amendment of Incomplete or Incorrect Protected Health Information. You have a right to request that Patient Plus amend your PHI that is incorrect or incomplete. Patient Plus is not required to change your PHI and will provide you with information about Patient Plus's acceptance and/or denial and how you can disagree with the denial. A request to amend a patient's PHI shall be made in writing by completing Patient Plus's form entitled "Request for Amendment of Health Information".

Accounting of Disclosures. You have a right to request an accounting of disclosures. Such written request for an accounting shall be made by completing Patient Plus's form entitled "Request for Accounting of Disclosures".

Breach Notification. It is the policy of Patient Plus as required by law to maintain the privacy of a patient's PHI and to provide the patient with a copy of/access to our legal duties and privacy practices relating to their PHI. If there is a breach (an inappropriate use or disclosure of the patient's PHI that the law requires to be reported) Patient Plus must notify the patient of said breach.

Preemption of State Law. It is the policy of Patient Plus that the federal privacy regulations are the minimum standard to be used regarding the privacy of a patient's PHI. If the laws of



the State of Louisiana are more stringent in certain areas, the state laws in these areas shall prevail. In all other areas, the federal privacy regulations shall prevail.

Cooperation with Privacy Oversight Authorities. It is the policy of Patient Plus that oversight agencies such as the Office for Civil Rights of the Department of Health and Human Services be given full support and cooperation in their efforts to ensure the protection of PHI within this organization. It is also the policy of Patient Plus that all personnel cooperate fully with all privacy compliance reviews and investigations.

Changes to this Notice of Privacy Practices. Patient Plus reserves the right to amend this Notice of Privacy Practices at any time in the future and will provide a copy of such amendment to the patient upon request or upon the patient's next visit. Until such an amendment is made, Patient Plus is required by law to comply with this notice.

Complaints. It is the policy of Patient Plus that all complaints by employees, patients, providers, or other entities relating to PHI be investigated and resolved in a timely fashion. Complaints about this Notice of Privacy Practices or how Patient Plus handles a patient's PHI should be directed to Patient Plus Urgent Care, 5800 One Perkins Place Building 5 Suite A Baton Rouge, LA 70808. If you are not satisfied with the manner in which Patient Plus handles a complaint, you may submit a formal complaint to Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Bldg. 200 Independence Avenue, S.W. Room 509F HHH Building. Washington, DC 20201.



NOTICE OF NONDISCRIMINATION

PCP Urgent Care Holdings LLC dba Patient Plus Urgent Care (“Patient Plus”) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Patient Plus does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Patient Plus:

- Provides free aids and services to people with disabilities to communicate effectively with us
- Provides free language services to people whose primary language is not English

If you believe Patient Plus failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex - you can file a grievance online at patientplusuc.com/patient-concerns, attach it to an email and send to feedback@patientplusuc.com, OR you can mail it to:

Patient Plus Urgent Care
Attn: Grievances
5800 One Perkins Place Building 5 Suite A
Baton Rouge, LA 70810

You can file a grievance in person, by mail, or by email. If you need help filing a grievance, the Human Resources Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201

or by phone at 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



PATIENT RIGHTS AND RESPONSIBILITIES

The patient is entitled to certain rights and is required to comply with certain responsibilities to fulfill health care needs.

PURPOSE

To contribute to more effective patient care and greater satisfaction for the patient, their family, the provider, and the center caring for them. Patients shall have the following rights without regard to age, race, sex, national origin, religion, cultural, or physical handicap, personal value, and benefits.

PATIENT RIGHTS

- Every patient has the right to courtesy, respect, dignity, privacy, responsiveness, and timely attention to his/her needs.
- Every patient has the right to every consideration of his privacy and individuality as it relates to their social, religious, and psychological well-being.
- Every patient has the right to confidentiality, to approve or refuse the release of medical information to any individual outside the facility, except in the case of transfer to another health facility, or as required by law or third-party payment contract.
- Every patient has the right to express grievances or complaints without fear of reprisals.
- Every patient has the right to continuity of health care. The physician may not discontinue treatment of a patient as long as further treatment is medically indicated, without giving the patient sufficient opportunity to make alternative arrangements.
- Every patient is provided complete information regarding diagnosis, treatment, and prognosis, as well as alternative treatments or procedures and the possible risk and side effects associated with treatment.
- Every patient has the right to make decisions regarding the health care that is recommended by the provider. Accordingly, the patient may accept or refuse any recommended medical treatment. If the patient is unable to participate, the patient's rights shall be exercised by the patient's designated representative or another legally designated person.
- Every patient has the right to be informed of any research or experimental projects and to refuse participation without compromising the patient's usual care.
- Every patient has the right to appropriate treatment and care including the assessment/management of pain as appropriate and consistent with clinical practice guidelines.
- Access to provider credentialing.



PATIENT RESPONSIBILITIES

- Patients are responsible to be honest and direct about matters that relate to them, including answering questions honestly and completely.
- Patients are responsible to provide accurate past and present medical history, present complaints. Past illnesses, hospitalizations, surgeries, the existence of an advance directive, medication, and other pertinent data.
- Agree to accept all caregivers without regard to race, color, religion, sex, age, gender preference, handicap, or national origin.
- Patients are responsible for assuring that the financial obligations for health care rendered are paid in a timely manner.
- Patients are responsible to sign required consents and releases as needed.
- Patients are responsible for their actions if they should refuse a treatment or procedure, or if they do not follow or understand the instructions given to them by the provider or Patient Plus Urgent Care employees.
- Patients are responsible for the disposition of their valuables, as the clinic does not assume the responsibility.
- Patients are responsible to be respectful of others, or other people's property, and the property of the clinic.
- Patients are to observe safety and no smoking regulations.

PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you may contact the human resources department by phone at 225-224-8690, by email at feedback@patientplusuc.com, online at www.patientplusuc.com/patient-concerns, or by mail to our address at 5800 One Perkins Place Building 5 Suite A Baton Rouge, LA 70808. Complaints and grievances may also be filed with the Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Bldg. 200 Independence Avenue, S.W. Room 509F HHH Building. Washington, DC 20201.