

CONSOLIDATED BRIDGECARE SPECIALISTS' CONSENTS & POLICIES

For full and executable documents, please see website at bridgecarespecialists.com

OVERVIEW

If we are serving you as a Discharge Clinic, BridgeCare will serve as your temporary primary care provider. This includes refilling medications, managing orders, signing home health orders, providing guidance, and more. These services will be provided up to 60 days from the day you return home. All our services are eligible for insurance coverage, contingent on our ability to complete an onboarding visit promptly. To do this, patients must have the capability to participate in a video appointment, at minimum for a photo capture within fourteen calendar days of returning home. Once you've completed an initial video visit, you are considered an active patient or onboarded.

CONSENT TO TREAT

I consent to receiving medical treatment from BridgeCare and their designated medical staff. I understand that the treatment may include but is not limited to video visits, ordering of labs, imaging, referrals, and prescription medications as deemed necessary for my health and well-being.

TELEHEALTH

I understand that patients must have reliable video/audio and internet access for BridgeCare services. If these requirements cannot be met, a patient may attempt to find assistance from a patient-approved family member, friend, visiting nurse, or home therapist. While medical necessity isn't guaranteed, patients can pay out of pocket for services deemed unnecessary by BridgeCare. Delays in returning consents may impact insurance coverage and may require out-of-pocket payment if visit dates exceed 14 days from discharge.

Overall, while telehealth offers numerous benefits in terms of accessibility, convenience, and cost-efficiency, it also presents challenges related to technology, privacy, regulation, and reimbursement that must be addressed for widespread adoption and effectiveness. Please see our full explanation on our website or call us with questions.

As a virtual company, BridgeCare Specialists may communicate with me regarding my Protected Health Information and/or Personally Identifiable Information (Confidential Information) using text messaging and/or email. By requesting virtual care services, I am opting into communications by text and email unless I indicate otherwise in writing via email or postal mail.

PATIENT RIGHTS ON SERVICES

- Patients have the right to refuse BridgeCare services at any time.
- Patients can withdraw their consent to telehealth services or end the telehealth session at any time.
- BridgeCare Specialists will provide care consistent with the prevailing standards of medical practice.
- No assurances or guarantees as to the results of treatment can be made.
- Patients have the right to discuss the risks and benefits of all procedures and courses of treatment proposed by the health care provider(s), together with any available alternatives.
- BridgeCare holds the highest level of medical privacy standards and any confidentiality protections that apply to in-person treatment also apply to telehealth services.
- Patients can find the full privacy policies, including those relating to HIPAA, online at bridgecarespecialists.com, and patients without online access can request a paper copy of these policies to be sent to their mailing address.
- Once a patient's 8-week treatment plan is completed, their care will be transferred to a doctor of their choosing.
- If a patient's care needs extend beyond 8 weeks, they can request an extension of services. Extensions are at the discretion of the BridgeCare provider and cannot be guaranteed.
- BridgeCare does not do long-term scripts for pain control. All controlled substances are subject to the policies found on our website and are at the provider's discretion. If a script is written by the virtual nature of the Discharge clinic, it will be for 7 days at a time. Patients may be required to complete a urine or saliva drug screen at any time before the next script is sent.
- Patients have the right to discuss the risks and benefits of all procedures and courses of treatment proposed by the health care provider(s), together with any available alternatives.
- BridgeCare holds the highest level of medical privacy standards and any confidentiality protections that apply to in-person treatment also apply to telehealth services.
- Patients can find the full privacy policies, including all those relating to HIPAA, online at bridgecarespecialists.com, and patients without online access can request a paper copy of these policies to be sent to their mailing address.
- Once a patient's 60-day treatment plan is completed, their care will be transferred to a doctor of their choosing.

BRIDGECARE SERVICE RIGHTS

BridgeCare reserves the right to end services based on acts of discrimination, physical or verbal violence, threats, consistent treatment non-adherence, nonpayment for prior services, violation of controlled substance policy or fracture of the patient-provider relationship.

MEDICAL RELEASE

By signing this consent form, I hereby authorize BridgeCare and its parent company MED CLUBS to obtain and review my medical records for medical treatment, payment, or as requested by the courts. I understand that this information may include sensitive medical history, test results, and other relevant data. I acknowledge that I have been informed of my rights regarding the disclosure of my medical information and that my consent is voluntary. I trust that my privacy will be respected, and all necessary measures will be taken to safeguard my personal health information.

FINANCIAL

By signing this consent, patients are authorizing payment directly to BridgeCare Specialists via the parent company, MEDCLUBS PLLC, from any insurance policy or benefit plan to which they are entitled. Patients are responsible for payment of any required co-payments, co-insurance, and deductibles per their health insurance plan, as well as charges (if applicable) for any services not covered by their insurance benefits. After insurance determines a patient's financial responsibility, a bill will be sent for any remainder amount. While a patient may discontinue BridgeCare services at any time, this does not release them from the obligation to pay for previous services rendered. Bills must be paid within 60 days to avoid any additional billing fees. BridgeCare Specialists reserves the right to deny non-emergency services if an account is delinquent. If an office visit cannot be arranged for form completion, BridgeCare charges a \$50 fee per form or request. The following forms will incur a completion fee: • FMLA • Employment short-term/long-term disability • Workers' compensation • Letters of condition • School forms • Miscellaneous patient requests

NOTICE OF NONDISCRIMINATION

BridgeCare Specialists adheres to federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. We treat all individuals equally, without regard to these protected characteristics.

PRIVACY NOTICE

I consent to BridgeCare Specialists taking my picture for insurance verification, care management, and progress monitoring purposes, such as wound healing assessment, and to ensure accurate identification. I understand that BridgeCare Specialists will handle my medical information in compliance with state and federal laws and policies, including HIPAA. This information may be securely stored online and shared electronically with other healthcare providers and payers. It includes details of my diagnosis, treatments, medications, mental health, infectious diseases, and substance use disorders. I authorize the sharing of my protected health information (PHI) among my healthcare providers for optimal medical care. PHI will not be disclosed to anyone outside the medical and insurance system without my consent, except as required by court order. I acknowledge my rights and responsibilities when receiving services. I have access to the Notice of Privacy Practices and have had the opportunity to ask questions about its contents. I have read and understood this form, and all my questions have been addressed.

SIGNATURE

I voluntarily consent to the proposed treatment and authorize the healthcare provider to proceed with the necessary medical interventions. I acknowledge that I have been informed of the nature and purpose of the proposed treatment, as well as any potential risks, benefits, and alternatives. I understand that I have the right to ask questions and seek clarification regarding my care. I understand that I have the right to withdraw this consent at any time. Have read BridgeCare Specialists' Consents and Policies. All my questions have been answered to my satisfaction. I understand that failure to comply will result in the interruption of my treatment until my account is in good standing. I understand that violation of the practice's consents and policies can result in discontinuation of the controlled medication and/or potential discharge from the practice. By signing below, I hereby acknowledge that I have read, understand, and agree to all the following policies of BridgeCare Specialists virtual discharge services as they are laid out in full on BridgeCare's website at www.Bridgecarespecialists.com/forms. I understand that I can request a hard copy of the forms by calling or emailing the clinic. I also understand that a delay in receiving consent can put me out of the insurance coverage window for discharge services.

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|------------------------|---|--------------------------------|
| - Service agreement | - Financial Obligations | - Patient Termination Policy |
| - Consent to Treat | - Controlled Substance Policy | - Notice of Non-discrimination |
| - Telehealth Agreement | - and Michigan's "Opioid Start Talking" | |
| - Privacy and HIPAA | | |

Print the name of the patient:

Date of Birth:

Today's Date:

Signature:

Name of Responsible party (if different from patient):

Signature of Responsible party (if different from patient):

Send via: Secure Fax: 517-879-0374 | Secure Email: contact@bridgecarespecialists.com