

PRIVATE PAY CUSTOMER AGREEMENT

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READY HEALTH AND WELLNESS SERVICES, LLC

CONSENT TO TREAT

I hereby consent to evaluation, diagnostic procedures, testing, and treatment as directed my physician or his/her designee. I understand that Ready Health and Wellness Services, LLC includes teaching facilities and therefore I may be attended to by students of various disciplines and affiliated with various educational programs. I understand that I may request and receive information on the specific affiliation(s) of any particular healthcare provider I encounter during my care.

I understand that this Consent to Treat will be valid for each visit I make to Ready Health and Wellness Services, LLC until revoked by me in writing.

NOTICE OF FINANCIAL POLICY

I acknowledge that I am financially responsible for and agree to pay for all services and products received at Ready Health and Wellness Services, LLC. Ready Health and Wellness Services, LLC is a fee for service practice and does not accept any medical insurance. I acknowledge that payment may be required at the time of service or prior to the time services.

I understand that Ready Health and Wellness Services, LLC is NOT Medicare or Medicaid providers and that claims from our practice can't be submitted to Medicare or Medicaid for reimbursement.

I understand that I am responsible for filing claims with my own insurance company for reimbursement, and realize that Ready Health and Wellness Services, LLC would be considered an out of network provider.

I understand that there will be a \$35 fee assessed for any appointment cancellation within 24 hours of the scheduled appointment time and for all no-show appointments.

Ready Health and Wellness Services, LLC accepts VISA, MasterCard, Discover Card, American Express, HSA cards and cash.

Sign

Print

Date

Witness

NOTICE OF PRIVACY POLICIES

Here is the legalese. (This is the well -known “HIPAA Policy” that is now part of healthcare in America). 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.

PRIVACY LAW

At [Ready Health and Wellness Services, LLC], we are committed to protecting the privacy rights our patients. You have a variety of rights under the federal law known as HIPAA, the Health Insurance Portability and Accountability Act of 1996, and the related Privacy Rule published by the U.S. Department of Health and Human Services. Those rights are described in this notice.

Under the HIPAA and the Privacy Rule, we have certain obligations:

- We are required by law to maintain the privacy of protected health information.
- We must provide you with this notice of our legal duties and privacy practices with respect to your protected health information.
- We are required to abide by the terms of the privacy notice currently in effect.

WHAT IS PROTECTED HEALTH INFORMATION?

Health information includes more than just information about medical procedures. The term includes all information that relates to:

- The past, present, or future physical or mental health or condition of an individual.
- The provision of health care to an individual.
- The past, present, or future payment for the provision of health care to an individual.

Health information that identifies an individual or which can probably be used to identify the individual is protected by law. This protected health information is known as PHI.

Obviously, when treating you, we need to use all available relevant medical information. However, in other circumstances, we will use the minimum PHI necessary for the transaction.

WHEN WE CAN USE HEALTH INFORMATION WITHOUT WRITTEN AUTHORIZATION FROM YOU

In the following circumstances, we are permitted to use or disclose health information without obtaining written consent (called “authorization”), or without giving you a chance to object or agree to the use of disclosure.

- *For Treatment.* Treatment means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another. For instance, if we refer you to a specialist, we will provide your relevant files to that specialist.
- *For Payment.* Payment means both the activities undertaken by a healthcare provider or health plan to obtain or provide reimbursement for the provision of health care; and by a health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan.
- *For Health Care Operations.* Health care operations include (1) conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines; (2) reviewing the competence or qualifications of healthcare professionals and plans evaluating practitioner and provider performance; or (3) certain underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. For instance, we may occasionally share your information with the supervising doctor in this clinic when we are reviewing the work of our staff.

USES REQUIRING CONSENT

We may make certain other uses and disclosures of your health information that require your consent. We will only make these uses or disclosures with your written authorization. You may revoke this authorization in writing at any time. However, the revocation does not affect actions taken before we receive it.

OTHER PRIVACY RIGHTS YOU CAN EXERCISE

You have a variety of rights under HIPAA and the Privacy Rule that you may choose to exercise. These consist of:

- The right to request restrictions on certain uses and disclosures of protected health information. For example, you can ask us to restrict use or disclosure of PHI for health care operations, restrict disclosure to persons involved in the individual's health care, or payment for healthcare. You can ask us to limit disclosures made to notify family member or others about the person's condition or location. We are not obligated to agree to these restrictions. If we do agree, we must honor that agreement (except in certain emergency situations).
- The right to receive confidential communications of protected health information. For instance, you may wish to be contacted only at home and not at work, or vice versa. For instance, if you request us to contact you only at a specific address or telephone number, we will do so or we will make every effort to accommodate reasonable requests, and have an obligation to comply if you tell us that noncompliance may endanger you.
- You can inspect and copy the protected health information we have in our files.
- You can request amendment of any inaccurate protected health information.
- On request, you can receive an accounting of the disclosures of protected health information that we have made.
- Even if you have agreed to receive privacy notices electronically, you can have, on request, a paper copy of any notice.

PERSONAL INFORMATION SHARING AND DISCLOSURE

Your personal information is never shared outside [Practice name] without your permission, except under conditions explained below. [Practice Name] may send your personal information to other companies or people under any of the following circumstances:

- When we have your consent to share the information;
- We need to share your information to provide the product or service you have requested;

- We need to send the information to companies who work on behalf of Ready Health and Wellness Services, LLC to provide a product or service to you (we will only provide those companies the information they need to deliver the service, and they are prohibited from using that information for any other purpose); Or we want to keep you up to date on the latest product announcements, software updates, special offers or other information we think you'd like to hear about.

We will also disclose your personal information if required to do so by law, to enforce our Terms of Use, or in urgent circumstances, to protect personal safety, the public or our websites.

PRIVACY COMPLAINTS

If you have a complaint about privacy matters, please let us know. You can make a complaint by writing or emailing our Privacy Officer.

You may also contact the Office for Civil Rights of the federal Department of Health and Human Services. You will find information about the HIPAA complaint procedure on their website. You can call toll-free for assistance at: 1-800-368-1019. We will not retaliate against you in any way for making a privacy complaint.

CONTACT INFORMATION

If you have any questions, or need further information, or wish to make a privacy complaint, please contact us on our website or by phone, www.readyhealthandwellness.com Ph: (904) 686-8929.

Patient Signature

Date

AMERICAN ACADEMY OF



NURSE ENTREPRENEURS

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