



NOTICE TO PATIENTS REGARDING CONSENT TO SCREEN, EVALUATE, AND TREAT

MediTelecare is a behavioral healthcare clinical provider at the facility where you, or your loved one, resides. Upon referral by a facility attending 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. Your rights include being informed of your 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 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 at the facility where you reside, you consent to MediTelecare's healthcare professionals providing behavioral health treatment to you and acknowledge that you have been informed of the benefits and risks of such treatment by the MediTelecare healthcare professional providing your 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 treatment or your 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 or facility representative where you are receiving treatment from a MediTelecare healthcare professional.

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 via secure electronic video conferencing technology. The electronic video conferencing systems and equipment used to facilitate your 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 me to remain at the facility I reside at while receiving behavioral healthcare expertise otherwise not able to be physically present at the facility, 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 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 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 treatment to any insurance carrier or other applicable third-party payor for the purpose of securing payments for services rendered to you, and assign and set over to MediTelecare any benefits for the cost of treatment that you 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 by MediTelecare. You are hereby notified that while your insurance may confirm your benefits, confirmation of benefits is not a guarantee of payment and that you are ultimately responsible for any unpaid balance due for such services. It is your responsibility to know if your 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 receive, and you agree to make payment in full. You understand and agree that it is your responsibility to know if your insurance carrier requires a referral from your primary care physician and that it is up to you to obtain the referral if your MediTelecare cannot obtain the referral directly on your behalf. You understand that without this referral, your insurance may not pay for any services and that in such cases you will be financially responsible for all services rendered to you and filing any claims with insurance for reimbursement. You are required to inform a MediTelecare representative of any changes in your insurance coverage. If your insurance has changed or is terminated at the time of service, you agree that you are ultimately financially responsible for the balance in full.

Medicare Patient: If you are a Medicare patient, in order to receive treatment you must provide, or ensure the facility has provided, 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.