



Patient Rights and Responsibilities, Consents, Financial Agreement

PATIENT RIGHTS

Thank you for choosing Prism Health as your care provider. We feel that your involvement in your health care is crucial for a successful partnership. Prism Health recognizes and affirms your rights as a patient. Your rights include:

1. To receive respectful, culturally affirming health care services with privacy, regardless of your age, race, ethnicity, gender, sexual orientation, creed, religion, disability, immigration status, or income level.
2. To be given information about Prism Health and the services we offer, as well as service limitations, our fees, and our policies for paying your bill.
3. To choose your medical provider, and to know the name and position of the provider that is caring for you.
4. To be given a copy of Prism Health's Notice of Privacy Practices. This explains how we may use your protected health information (PHI).
5. To have your personal and medical information treated confidentially and in accordance with Federal HIPAA laws and regulations.
6. To request changes to your health record and to obtain a list of non-routine disclosures of your health information.
7. To receive a copy of your medical record and complete information about your diagnosis, treatment, and prognosis without fear of consequence.
8. To participate in the development, evaluation, and revision of your health care/treatment plans.
9. To access the on-call service during off-hours for urgent medical needs.
10. To request an itemized copy of your account upon request, and to be informed of our sliding-fee schedule and which insurances we accept.
11. To express complaints or grievances regarding your care at Prism Health. Prism Health will respond to all filed complaints and grievances.
12. To ask Prism Health staff about anything that you don't understand regarding our services, policies or procedures.

Please let us know if you do not understand your rights as a patient of Prism Health or if you have questions about your rights.



PATIENT RESPONSIBILITIES

Prism Health places emphasis on your involvement in your health care. Our goal is for you and your health care provider(s) to form a partnership that will result in the best care for you. For this partnership to be successful, a level of responsibility is required on your part. The following is a list of your responsibilities as a patient of Prism Health:

1. To respect the privacy and confidentiality of all Prism Health patients and visitors.
2. To show respect for the comfort and safety of Prism Health patients, visitors, staff, volunteers and property.
3. To arrive on time for all scheduled appointments.
4. To cancel appointments with at least a 24 hour notice.
5. To actively participate in your care by working together with your health care provider(s).
6. To provide accurate and complete information about your current health complaints, past illnesses, hospitalizations, medications, allergies, and other matters relating to your health.
7. To ensure that Prism Health has up-to-date contact information for you, including your address, phone number, and email. If you do not keep your contact information current, we might not be able to contact you with important messages about your health.
8. To pay your bill to the best of your ability. This includes providing Prism Health with accurate health insurance information.
9. To not bring alcohol, marijuana, or illegal drugs into Prism Health.
10. To not smoke, vape, or use any type of tobacco products in Prism Health.
11. To not bring weapons inside Prism Health. If your job requires you to carry a weapon, you must alert the front desk and keep your weapon out of sight.
12. To not bring non-service animals into Prism Health.
13. To call 911 if you are having a medical emergency.
14. To comply with all of Prism Health's policies, procedures, and guidelines. Not doing so may affect your ability to receive services at Prism Health, up to and including discharge from care.

Please let us know if you do not understand these expectations, or if you have any questions about your responsibilities as a patient of Prism Health.



HIPAA CONSENT AND NOTICE OF PRIVACY PRACTICES

I have been offered a chance to review Prism Health's Notice of Privacy Practices as part of this registration process. I understand that the terms of the Privacy Notice may change and I may obtain these revised notices by contacting the practice by phone or in writing. I understand I have the right to request how my protected health information (PHI) has been disclosed. I also have the right to restrict how this information is disclosed, but this practice is not required to agree to my restrictions. If it does agree to my restrictions on PHI use, it is bound by that agreement.

Prism Health's Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Privacy Notice contains a section describing your rights under the law. You have the right to review our Privacy Notice before signing this consent. The terms of our Privacy Notice may change. If we change our Privacy Notice, you may obtain a revised copy by contacting our office.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payments, and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior consent. Prism Health provides this form to comply with the Health Insurance and Portability Act of 1996 (HIPAA).

The patient understands that:

- Protected health information may be disclosed or used for treatments, payment, or health care operations.
- Prism Health has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice.
- Prism Health reserves the right to change the Notice of Privacy Policies.
- The patient has the right to restrict the uses of their information but Prism Health does not have to agree to those restrictions.
- The patient may revoke this consent in writing at any time and all future disclosures will then cease.
- Prism Health may condition treatment upon the execution of this consent.



NOTIFICATION OF ELECTRONIC HEALTH RECORD PARTNER

Prism Health is part of an organized health care arrangement including participants in OCHIN, Inc. A current list of OCHIN participants is available at <http://www.ochin.org/our-members/ochin-members/>. As a business associate of Prism Health, OCHIN supplies information technology and related services to Prism Health and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by Prism Health with other OCHIN participants when necessary for health care operations purposes of the organized health care arrangement.

CONSENT FOR CARE

I, with my signature, authorize Prism Health, and any employee working under the direction of the health care provider, to provide medical care for me, or to this patient for which I am the legal guardian. This medical care may include services and supplies related to my health (or the identified person) and may include (but not limited to) preventative, mental health status, function of the body, and the sale or dispensing of drugs, devices, equipment, or other items required and in accordance with a prescription. This consent includes contact and discussion with other health care professionals for care and treatment.

FINANCIAL AGREEMENT

Prism Health will adhere to the following financial policy in order to consistently deliver high quality care and services. The patient/responsible party assumes responsibility to ensure that the financial obligation is fulfilled for the health care services received. By signing this form I acknowledge that I understand the following:

- I am responsible for all co-payments, amounts applied to deductibles, and any other amounts that may be deemed my responsibility by the payment sources, as required by my contract with my insurance plan and state regulations.
- If I have an insurance co-payment, I am expected to make payment when I am checking in for my appointment.
- That my contract with my insurance carrier may or may not cover some services. All insurance policies are not the same and they can vary by each individual policy. Staff at Prism Health is not responsible or able to know every policy available, but we will do our best to assist you with any questions that you may have. It is my responsibility to verify applicable coverage prior to receiving services. If I seek care outside of my insurance contract terms, I am aware that I may be responsible for all charges that are incurred.



CONSENT FOR RELEASE OF INFORMATION AND ASSIGNMENT OF BENEFITS

I also authorize this practice to furnish information to the identified insurance carrier(s) for any and all payment activities. I consent to assign all payments for services directly to this practice. I further consent to the use for any practice operational needs as identified in the Privacy Practices Notice. If I do not have insurance coverage, Prism Health may be able to assist me in applying for the Oregon Health Plan. By signing this form, I give Prism Health permission to contact me in regards to applying for the Oregon Health Plan.

INSURANCE ASSISTANCE

If you do not have health insurance coverage, our staff can determine if you qualify for The Oregon Health Plan and help you with the application process.

BILLING FOR LAB SERVICES

Most diagnostic tests performed in conjunction with your medical visit will be an **additional** charge that is billed **separately** to your mailing address by **Quest Diagnostics**. If you receive a Quest Diagnostics bill that you find in error, please call them directly at: 1-866-846-4027.

FINANCIAL ASSISTANCE

If you do not have health insurance and are at or below 200% of the Federal Poverty Guideline (FPG), Prism Health can offer enrollment assistance to apply for our sliding scale discount. Should you qualify, your office visits and procedures will be billed at a discounted rate, subject to **annual** income re-verification. To apply for the Financial Assistance Program, patients must fill out an application with the Prism Health.

I have read and I understand the above listed Patient Rights and Responsibilities, Consents, Notice of Privacy Practices, and Financial Policy for Prism Health. I agree to accept the full responsibility as described above.

Patient/Responsible Party

Date