

Sierra Rehab & Wellness Center Consent for Treatment

I, the undersigned, a patient or guardian of a patient at Sierra Rehab & Wellness Center (SRWC), do hereby authorize this practice to administer treatment as is necessary. I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that as a courtesy SRWC will prepare insurance forms and bill my insurance company directly unless I have agreed to a cash payment arrangement. I hereby request assignment of payment of all insurance benefits to SRWC. I understand I am ultimately responsible for payment of all services rendered, including those incurred under a medical lien. Balances not paid by insurance after 90 days become my sole responsibility.

Deductibles/Percentages and/or Co-Payments

All unmet insurance deductibles, co-insurance percentages, co-payments and payments for supplies recommended by my therapist are outlined in the Patient Insurance Information and Responsibilities form presented to me today. These amounts are to be paid at time of each visit, unless prior arrangements have been made with the Insurance Specialist. In the event I am inadvertently overcharged for services, or my insurance company does reimburse SRWC for any supplies I have already paid for, I understand SRWC will refund the overpayment to me, but *only after all claims have been processed by my insurance carrier.*

Attendance/Cancellation/No-Show Policy

Maximum benefits from physical/occupational/speech therapy comes with consistent attendance. I understand that I may be discharged from treatment at Sierra Rehab & Wellness Center **if I cancel three (3) or more appointments or fail to show without calling for two (2) appointments** during the course of my therapy without proof of extenuating circumstances. By law, in worker's compensation cases, SRWC is required to immediately notify my case manager and my treating physician of *all* missed/cancelled appointments, regardless of the reason.

I understand that cancellations should be made at least 24 hours prior to my scheduled time, unless extenuating circumstances prevent otherwise. **A \$40 fee will be enforced for no shows or failing to notify Sierra Rehab & Wellness Center of my inability to keep my appointment within 12 hours of my appointment time.** These fees are not covered by insurance and are my sole responsibility, and must be addressed before my treatment can continue.

By signing below I am agreeing to all the above terms and conditions, and I understand that treatment may be terminated if I fail to comply with the policies of Sierra Rehab & Wellness Center.

Additionally I confirm that I have read and signed a copy of Sierra Rehab & Wellness Center's Notice of Privacy Policies and Practices.

Patient Name: _____ Date: _____

Patient or Guardian's Signature: _____

Sierra Rehabilitation & Wellness Center

Consent to Use and Disclose Protected Health Information

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Your protected health information will be used by Sierra Rehab & Wellness Center or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice. We will disclose only to your referring physician, insurance provider and/or attorney. You may designate additional persons/parties to receive this information in the space below.

THE NOTICE OF PRIVACY PRACTICES

Sierra Rehab & Wellness Center is required to provide to you a notice that describes how information about you may be used and disclosed. Additionally, we must provide you information on how you may get access to this information. These policies and practices are defined in the "Notice of Privacy Policies and Practices" brochure provided to you. PLEASE REVIEW IT CAREFULLY.

YOU MAY PLACE RESTRICTIONS ON THE USE OR DISCLOSURE OF YOUR HEALTH INFORMATION

You may request a restriction on the use or disclosure of your protected health information. However, Sierra Rehab & Wellness Center may or may not agree to your request to restrict the use or disclosure of your protected health information. You will be asked to complete an authorization to activate this request. Please consult with the Privacy Officer if you would like additional information or clarification.

It is a violation of the federal privacy standards if Sierra Rehab & Wellness Center agrees and fails to comply with your request. The restrictions requested will not affect use and disclosure of your information before the date of your request. If you still have questions after reviewing the Notice of Privacy Brochure, please consult with the Privacy Officer at the location and contact information listed on the back of the brochure.

OTHER USES AND DISCLOSURES

Disclosure of your health information or its use for any purpose other than those listed in the "Notice of Privacy Policies and Practices" brochure and/or consent require your specific written authorization. If you change your mind after authorizing a use or disclosure other than listed in the privacy notice, you must submit a written revocation of the authorization. However, your decision to revoke the specific authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision. You also have the right to request restrictions on the use and disclosure of your health information. Health information Sierra Rehab & Wellness Center collects or receives about you may be disclosed to the following persons:

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- _____ I authorize the person(s) listed above to receive all health information about appointments, treatment, and/or other information pertinent to my healthcare and/or for payment for my healthcare provided at Sierra Rehab & Wellness Center.
- _____ I do not authorize the following information to be disclosed to any other parties except to me as the patient (please specify) : _____

YOU MAY REVOKE THIS CONSENT AT ANYTIME

You may revoke this consent at anytime; however, Sierra Rehab & Wellness Center requires that you must revoke this consent in writing utilizing a form provided by the Privacy Officer. If you choose to revoke this consent, the revocation will not affect use and disclosure of your information before the date of your request. Sierra Rehab & Wellness Center reserves the right to seek payment for services that it provided under an earlier consent and meet legal obligations related to those services. Sierra Rehab & Wellness Center also reserves the right to legally discontinue treatment for a patient who revokes consent to the use and disclosure of his or her protected health information for purposes of treatment, payment or health care operations.

CHANGES TO PRIVACY PRACTICES

Sierra Rehab & Wellness Center reserves the right to change or modify the privacy practices outlined in the Notice of Privacy Brochure. Sierra Rehab & Wellness Center will notify you of any changes of privacy practices either by mail or at your next appointment.

SIGNATURE

I have reviewed this consent form, received the brochure entitled "Notice of Privacy Policies and Practices" and give my permission to Sierra Rehab & Wellness Center to use and disclose my health information in accordance with this consent and the notice provided.

Name of Patient (Print or Type)

Signature of Patient / Date

Patient Representative (Print or Type)

Signature of Representative / Date

Relationship of Patient Representative to Patient

FINANCIAL CONTRACT/AGREEMENT

I _____, understand if I do not pay my account with Sierra Rehab & Wellness Center in full, my account may be assigned to a collection agency for collection.

I understand if my account is assigned to a collection agency, the collection agency will charge a commission or fee that may be as much as 50% of the amount I owe to Sierra Rehab & Wellness Center. In addition to this fee/commission, Sierra Rehab & Wellness Center may add a monthly service charge of \$10.00 per month for overdue accounts 45 days past the initial billing date.

I understand and agree that in the event legal action is commenced to force my obligations hereunder, that I will pay court costs and reasonable attorney's fees.

Signature of Patient or Guarantor

Date

SIERRA REHAB & WELLNESS CENTER

KNOW YOUR INSURANCE PLAN

Your health insurance is based upon a contract between the insured party's employer and the insurance company, or in some cases, between you and the insurance company. If your employer has selected your plan, it is routine for the employer to describe the benefits of the plan with the employee. It is the responsibility of the insurance company to provide a Plan Benefit Booklet and an Enrollment Card to the insured.

It is your responsibility as the insured party, who benefits from this plan, or who receives benefits from this plan to know:

- The effective date of the plan.
- If there is an annual deductible, and how much.
- The amount of your co-pay.
- If there is a limitation on the number of therapy visits allowed per calendar year.
- If there are any exclusions or limitations for speech therapy.

It is your responsibility to present all the health insurance cards to this office. It is also your responsibility to notify this office of any changes or termination of your plan and if you have received therapy somewhere else this year. Failure to do so will result in direct billing to the patient for the full amount of service rendered.

The contract between Sierra Rehab & Wellness Center with any insurance company is:

- To provide quality care to the patient.
- To submit the claim for service to the appropriate carrier in a timely fashion.
- To give credit to the patient for any "contracted discount".
- To collect co-pays and other balances due from the patient at the time of service.

As a courtesy, Sierra Rehab & Wellness Center will call the insurance company to verify benefits and eligibility. This information is provided to you and you are required to sign the insurance information statement that you have read over the information and understand the contents. If you have questions regarding your coverage contact your employer or call the number listed on the back of your insurance card. Please refer to the Explanation of Benefits processed by your insurance company for detailed payment information.

Signature

Date

NOTICE OF PRIVACY POLICIES AND PRACTICES

FOR Sierra Rehab & Wellness Center

DEAR PATIENT:

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

INTRODUCTION

At Sierra Rehab & Wellness Center, we are committed to treating and using protected health information about you responsibly. This Notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR MEDICAL RECORD / HEALTH INFORMATION

Each time you visit Sierra Rehab & Wellness Center a record of your visit is made. Typically, this record contains information about your visit including your examination, diagnosis, test results, treatment as well as other pertinent healthcare data. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication with other health professionals involved in your care
- Legal document outlining and describing the care you received
- A tool that you, or another payer (your insurance company) will use to verify that services billed were actually provided
- An education tool for medical health providers
- A source for medical research
- Basis for public health officials who might use this information to assess and/or improve state as well as national healthcare standards
- A source of data for planning and/or marketing
- A tool that we can reference to ensure the highest quality of care and patient satisfaction

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, determine what entities have access to your health information, and make an informed decision when authorizing the disclosure of this information to other individuals.

YOUR RIGHTS

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information or request/receive your personal health information by alternate means (for example by fax) or at an alternate location. This request must be made in writing utilizing a form provided by the clinic privacy officer. A fee will be charged for copying & postage.
- The right to amend or submit corrections to your protected health information. This request must be made in writing utilizing a form provided by the clinic privacy officer.
- The right to receive an accounting of how and to whom your protected health information has been disclosed. This request must be made in writing to the clinic privacy officer.
- The right to receive a printed copy of this notice

OUR RESPONSIBILITIES

Sierra Rehabilitation & Wellness Center is required to:

- Maintain the privacy of your health information
- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have regarding communication of health information via alternative means and / locations

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your

next office visit. The revised policies and practices will be applied to all protected health information that we maintain. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to procedures included in the authorization.

HOW WE MAY USE AND/OR DISCLOSE YOUR HEALTH INFORMATION

We will use your health information for treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your condition to provide the appropriate course of treatment. For example: results of your evaluation, treatment plan, & response to treatment will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

We will use your health information for payment. Your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated in order to pay for the service rendered to you.

We will use your health information for regular health operations. Your health information may be used as necessary to support the day-to-day activities and management of Sierra Rehab & Wellness Center. For example: information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Business Associates. In some instances, we have contracted separate entities to provide services for us. These "associates" require your health information in order to accomplish tasks that we ask them to provide. Some examples of these "business associates" might be a billing service, collection agency, equipment/DME provider, and/or computer software/hardware provider.

Communication with family. Due to the nature of our field, we will use our best judgment when disclosing health information to a family member, other relatives, or any other person that is involved in your care or that you have authorized to receive this information. Please inform the clinic in writing when you do not wish a family member or other individual to have authorization to receive your information.

Research / Teaching / Training. We may use your information for the purpose of research, teaching, and training.

Healthcare Oversight. Federal law requires us to release your information to an appropriate health oversight agency, public health authority or attorney, or other federal/state appointee if there are circumstances that require us to do so.

Public health reporting. Your health information may be disclosed to public health agencies as required by law.

Law enforcement. Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Appointment reminders. The clinic may use your information to remind you about upcoming appointments. Typically, appointment reminders are a brief, non-specific message which may be left on your answering machine. If you don't approve of this method, please inform the clinic within (5) five days of receipt of this notice in writing.

Other uses and disclosures. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a revocation of the authorization utilizing a form provided by the privacy officer. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have complaints, questions or would like additional information regarding this notice or the privacy practices of Sierra Rehab & Wellness please contact:

PRIVACY OFFICER
Sierra Rehabilitation & Wellness Center
679 Sierra Rose Drive, Suite A
Reno, NV 89511
(775) 324-4800

If you believe that your privacy rights have been violated, please contact the aforementioned practice Privacy Official, or, you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the practice's Privacy Official or with the Office for Civil Rights. The address for the Office for Civil Rights is listed below:

OFFICE FOR CIVIL RIGHTS
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building, Washington, D.C., 20201

Patient Signature : _____

Date : _____

SIERRA REHAB & WELLNESS CENTER

It is the policy of Sierra Rehab & Wellness Center to protect and maintain the rights in regard to medical care of all patients treated (including: neonate, child, adolescent, adult, and elderly) at this clinic.

1. A patient has the right to reasonable access to care and respectful care given by competent personnel, without regard to race, color, national origin, gender, religion, age or disability (including AIDS and/or related conditions).
2. A patient has the right of every consideration of his/her privacy concerning his own medical care. Case discussion, consultation, examination, and treatment are considered confidential and will be conducted discretely.
3. A patient has the right to have all records pertaining to his/her therapy program treated as confidential except as otherwise provided by law or third-party contractual arrangements.
4. A patient has the right to know what clinic rules and regulations apply to his/her conduct as a patient.
5. The patient has the right to expect emergency procedures to be implemented without unnecessary delay.
6. The patient has the right to good quality care and high professional standards that are continually maintained and reviewed.
7. The patient has the right to full information in Layman's terms, concerning his diagnosis, treatment procedures, problems related to recuperation and the likelihood of success, including information about significant alternative treatments or procedures and possible complications.
8. The therapist must obtain the necessary informed consent prior to the start of any procedure or treatment or both.
9. A patient has the right to consult with another therapist at the patient's request and own expense.
10. A patient has the right to therapy services without discrimination based upon race, color, religion, gender, age, national origin or disability (including AIDS and/or related conditions).
11. The patient who does not speak English, is hearing or speaking impaired will have access, when possible, to an interpreter and/or a means of effectively communicating.
12. The clinic shall provide the patient, or patient designee, upon request, access to all information contained in his/her medical records in accordance with applicable Federal, State and local law.
13. When medically permissible, a patient may be transferred to another clinic or facility after he or his next of kin or other legally responsible representative has received complete information and an explanation concerning the needs for and alternatives to such a transfer.
14. The patient has the right to examine and receive a detailed explanation of his/her bill. Initial billing is itemized.
15. The patient has the right to full information and counseling on the availability of known financial resources for his/her health care. Explanations and conflicts regarding billing are handled to the best of the clinic's ability without real or perceived harassment.
16. A patient has the right to expect that SRWC will provide a mechanism whereby he is informed upon discharge of his continuing therapy care requirements following discharge and the means for meeting them.
17. A patient cannot be denied the right to access to an individual or agency who is authorized to act on his/her behalf to assert or protect the rights set out in this section.
18. A patient has the right to be informed of his rights at the earliest possible moment in the course of his/her treatment. Patients shall receive a copy of Patient Rights and Patient Responsibilities upon initiation of treatment.
19. A patient or the patient's family have the right to contact the clinic administration or social services to resolve any conflicts that arise concerning the care of the patient, or to present any complaints.
20. A patient has the right of freedom of choice of therapist. Since the therapist/patient relationship is based upon contractual principles, a patient may discharge his/her therapist at any time by simply informing the therapist of such decision, and may choose another therapist to assume the responsibility of the care and treatment of the patient.

By signing this I acknowledge that I have read and understand my rights as a patient.

Patient's Signature

Date