



Patient Name: _____ **Patient Date of Birth:** _____

Welcome to the Rocky Mountain Diabetes Center (Clinic). We thank you (Patient/Guardian) for seeking medical care from us.

Purpose of this Agreement: This agreement is provided to patients of the Clinic to inform Patient about the care and treatment that Patient will receive from the Clinic, and to obtain Patient's consent to allow Clinic to provide Patient's care. In the case of patients under the age of 18, or other individuals who may not be capable of making informed choices about their healthcare, Clinic provides this form for parents, guardians, or caregivers to read and sign on behalf of the patient.

General Consent and Conditions of Treatment: Patient/Guardian consents to the treatment that will be provided to Patient by Clinic providers, their assistants, and other staff members. Patient/Guardian understands that a medical record will be prepared and maintained about Patient by the Clinic, and that Patient/Guardian will be entitled to obtain a copy of Patient's medical record as permitted by law.

Acknowledgment of Notice of Privacy Practices: The Clinic is committed to maintaining the privacy and security of Patient's protected health information (PHI), while providing high-quality medical care. In accordance with the HIPAA regulations, Patient will receive a full written notice of Clinic's privacy practices on or before the first office visit. This notice will explain:

- How Clinic may use and disclose Patient's PHI
- Patient's privacy rights regarding Patient's PHI
- Clinic obligations concerning the use and disclosure of Patient's PHI

Please read the privacy practice notice and feel free to meet with Clinic's privacy officer for clarification or assistance if needed. A copy of the current privacy notice is available on Clinic's website at www.RockyMountainDiabetes.com

Assignment of Benefits / Financial Agreement: Patient is eligible for the insurance indicated in the information provided by Patient/Guardian. Patient/Guardian understands that it is Patient/Guardian's responsibility to let the Clinic know if there are any special requirements for Patient's insurance/third-party payer.

Patient/Guardian hereby assigns to Rocky Mountain Diabetes Center the right to pursue and receive payment of all medical benefits/insurance reimbursement, if any, otherwise payable to Patient/Guardian for medical services, treatments, procedures, therapies,/medications rendered or provided by the Clinic.

This Assignment of Benefits shall apply to all insurance coverage, including but not limited to, the Centers for Medicare and Medicaid Services, its intermediaries, carriers or administrative contractors, State Medicaid programs, or any other governmental or commercial insurance.

Patient/Guardian understands that Patient/Guardian is financially responsible for all charges regardless of any applicable insurance or benefit payments. Patient/Guardian hereby authorizes Rocky Mountain Diabetes Center to release all medical information necessary to process claims relating to Patient's care.



Patient/Guardian have been informed that Medicare will only pay for services that it determines to be reasonable and necessary under Section 1862(a)(1) of the Social Security Act. Patient/Guardian certify that the information given by Patient or by Patient's authorized representative in applying for payment for health care under the Medicare or Medicaid programs is correct.

Patient/Guardian request that payment of the authorized benefits be made to Rocky Mountain Diabetes Center. In Medicare and all other insured assigned cases, the provider agrees to accept the charge determination of the insurance carrier and Patient/Guardian is responsible for the deductible, coinsurance, or for any non-covered services. The assignment shall remain in effect until revoked by Patient/Guardian in writing.

Student Participation: The Clinic participates in the education of healthcare students. Patient/Guardian can decline healthcare student participation in Patient's care at any time.

Communication With Healthcare Providers: To safeguard Patient's health information, Patient/Guardian understand that the Clinic's practice is to communicate test results to patients by phone, mail (to the address provided by the patient or caregiver), patient portal, or in person. Patient/Guardian understand that the Clinic's policies do not permit discussions about Patient's health information or transmission of Patient's test results via unsecured email. Patient/Guardian understands that Patient always has the option to call the Clinic or make an appointment to come in to discuss test results or health issues with a provider.

Emergency Situations: Patient/Guardian understands that in emergency situations, it may be necessary or advisable for the Clinic to perform services/procedures that may not be fully discussed with Patient/Guardian in advance. Patient/Guardian consents to these services/procedures under those circumstances.

Clinical Research: Clinic's clinical research participation provides a way for patients to receive treatment and education about their diseases in a very cost-effective way and enhances the providers' ability to stay on the leading-edge of treatments for conditions Clinic treats. Through Clinic's clinical study involvement, Clinic helps bring new treatments to the market for many diseases and makes it easier for all patients to manage their health while ensuring their safety.

Patient/Guardian hereby authorizes the Rocky Mountain Diabetes Center to disclose protected health information to Rocky Mountain Clinical Research LLC for the purpose of Patient's potential participation in research studies. Patient/Guardian understands that this is to only review Patient's personal health information to determine if there is a current or future research study that would fit criteria for Patient's current demographics, medications, diagnosis, and lab results.

Patient/Guardian understands if Patient becomes a candidate for a research study, Patient will be contacted by Rocky Mountain Clinical Research LLC for further consent. Patient/Guardian understands that a revocation is not effective to the extent that the Clinic has relied on the use of disclosure of protected health information. Patient/Guardian understands that the information used to disclose pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law. Patient/Guardian understands that the Clinic will not



condition Patient's treatment on whether Patient provides authorization for the requested use or disclosure.

Patient/Guardian consents to Rocky Mountain Clinical Research reviewing Patient's diagnosis and protected health information to determine if Patient is a candidate for current/new research studies.

No-shows or Cancellations: Patient/Guardian acknowledges that if Patient does not show up for an appointment, or if Patient cancels or re-schedules within 24 hours of the appointment that it will be considered a "no-show." Patient no-shows result in a disservice to other patients who are trying to get appointments and can be costly to the Clinic.

No shows may be charged as follows:

- New-Patient Appointment: \$75.00
- Follow-up Appointments: \$45.00
- Education Appointments: \$45.00

Future scheduling will not be accommodated if these fees have not been paid. These fees are typically not covered by insurances companies. Continued no-shows may result in scheduling restrictions or dismissal from the practice.

Pets or Service Animals: No pets are allowed inside the Clinic facilities. Service animals specifically trained to aid a person with a disability are welcome.

Decorum: Patient/Guardian understands that words or actions that are disrespectful, racist, discriminatory, hostile, or harassing are not welcome at the Clinic.

Nondiscrimination: Rocky Mountain Diabetes Center complies with applicable Federal civil rights laws and does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, or payment source.

Rocky Mountain Diabetes Center will take reasonable measures to provide aids or services to patients with special needs, such as language assistance.

Authentication: Patient/Guardian understands that the Clinic will require patients to provide identification in connection with visits to the Clinic or in connection with any telephone calls in which personal information may be requested. This helps the Clinic ensure that it is not divulging personal information nor treating an unauthorized person. If Patient/Guardian cannot provide the necessary identification, Patient may not be able to receive treatment or receive the information that Patient is seeking from Patient's medical record until Patient/Guardian is able to satisfy the Clinic's authentication requirements. Such documents will include Patient/Guardian's valid driver's license/a picture ID from Patient/Guardian's employer.

Patient Portal: For your convenience, Clinic provides 24/7 online resources at RockyMountainDiabetesCenter.com or by using the Healow App. The secure and convenient online resources include access to Patient's health record, remote TeleVisit connections, and online payment.



Insurance Authorizations: Patient/Guardian understands that insurance companies may require that their financial coverage for a procedure, medication, diabetes-related device, or a medical treatment be authorized prior to its fulfillment. Patient/Guardian understands that it is Patient's responsibility to cooperate with Clinic and provide all information necessary for the submission of any required prior authorization request.

If an authorization is denied, and Patient/Guardian requests that the Clinic process an appeal, Patient will be charged a \$100 processing fee. Appeals are rarely approved.

Summary of Patient Responsibilities: Patient/Guardian understands that it is Patient/Guardian's responsibility to provide accurate and current information about Patient's health including but not limited to health history, current and previous medications, previous or current drug and alcohol use and any other health-related information .

Patient/Guardian understands that it is Patient/Guardian's responsibility to pay for the services rendered by the Clinic. Patient/Guardian also understand that the Clinic will bill Patient's insurance company in Patient's behalf as a courtesy but it is Patient's responsibility to provide accurate and current insurance plans and coverage information. Patient/Guardian understands that insurance companies have varying levels of financial disbursement based on the plan Patient/Guardian has selected.

*Signed: _____ *Date: _____

*Printed Name: _____

If not signed by the patient, please indicate relationship to the patient (e.g., parent)

Relationship: _____