

PATIENT CONSENT FORM - FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

1408

VMP (Virtual Medical Practice, LLC) respects the privacy of your personal medical records and follows HIPAA guidelines to protect this information in our Electronic Health Record system. Please understand that managing patients and their medical information is a complex process. We strive to provide the minimum necessary information to only those we feel are in need of your TPO (treatment, payment, healthcare operations).

Following are the types of disclosure and means of communication that we utilize (including but not limited to):

Disclosures:

Referring physician(s), hospitals involved in your care, primary care providers, laboratories that will be involved in testing, other physician groups (surgeons, consultants), other 3rd party billing entities, business related activities (quality assurance, information technology), insurance companies.

Communication: Consults, reports, clinical and laboratory results, and general communication may be communicated to you (or other's specified by you), to your physician(s), to your insurance company, and to other health care professionals involved in your care that assist VMP in carrying out TPO by:

VoIP (*Voice over Internet Protocol*), Website, Internet, Skype and/or Webcam, Telephone (*verbal and voice message*), Facsimile (*secure or none secure*), Email (*encrypted or unencrypted*), Patient Portals

PATIENT STATUS

We deal with complex medical conditions that can quickly change for a patient. If not specifically noted by the physician, a person must have an appointment at least once every 12 months to allow our physician to continue to participate in their care. A person will be considered inactive if they have not had an appointment in the past 2.5 years and will be considered a new patient, at the associated fees and conditions, if they seek an appointment.

TESTING

We have no laboratory affiliation or financial incentive in the tests we order. Testing will be performed at outside, independent 3rd party laboratories and they will bill your insurance and discuss billing issues with you. It is your responsibility to seek explanation of any testing from a VMP physician during your appointment with them.

REPORTING RESULTS

VMP will contact you if a result requires immediate action or changes the management recommendations while negative or benign results will be retained for discussion during follow up appointments. Testing results will be provided to you within a follow up appointment when requested.

PAYMENT OF SERVICES & INSURANCE MATTERS

You agree to be held solely responsible for any & all charges from VMP. VMP requests deposits and requires that balances be paid prior to or at the time of your appointment. It is your responsibility to fully understand your particular insurance coverage and to obtain any required referral from your primary care physician. VMP does not bill insurance companies, nor Medicaid, nor Medicare. Any testing will be billed through the laboratory used.

INSURANCE PRIOR APPROVALS AND LETTERS OF MEDICAL NECESSITY

Insurance can demand a PA (Prior Approval) or LOMN (Letter of Medical Necessity) without compensating for the time their demand cause. We will assist the laboratory or pharmacy who will perform these tasks for you by providing them the information that they may need for them to secure approval.

MEDICAL RECORD FEES

Records will be supplied directly to patients for free through our patient portal and for \$25 for all others if they had an appointment within the last 14 months. If the patient has not had an appointment within 14 months, there will be a \$50 charge for each request for records whether it is to be released to the patient or others.

Initial & return with next sheet



Voice: 404.793.7800
Fax: 866.744.5665
www.vmpgenetics.com

By signing this consent form, you signify that you understand and agree to the above and:

- 1) Understand and agree to VMP's Patient Privacy Notice (see separate Patient Privacy Notice),
2) Understand and agree to the types of uses and disclosures of your personal health information, as well as the means of communication that VMP will use,
3) Understand and agree that any internet enabled or traditional communications with VMP teleports you by its use to VMP's offices in the State of Georgia and that by doing so you agree & consent that exclusive jurisdiction for any dispute with VMP, its licensors, officers, members, employees, agents, and suppliers, resides in the courts of the State of Georgia. You expressly consent to the exercise of personal jurisdiction in the courts of the State of Georgia in connection with any such dispute.
4) Have the right to request, in writing, that VMP restrict how it uses or discloses your personal health information. However, VMP is not required to agree to these restrictions, but if it does, it is bound by this agreement,
5) Have the right to revoke consent, at any time, in writing, except to the extent that VMP has already made disclosures in reliance upon your prior consent,
6) Understand and agree if you do not sign this consent, or later revoke it, VMP may decline to provide services to you,
7) Understand and agree that genetic information may be obtained during the course of your evaluation,
8) Understand and agree that you may make inquiries during your VMP appointment concerning any ordered testing,
9) Understand and agree to the implications to you for any ordered testing,
10) Understand and agree that VMP is not but you will be solely responsible for working directly with your insurance company to obtain any insurance benefit and to gain approvals as may be required for reimbursement,
11) Agree that account balances owed to VMP will be paid in full prior to or at the appointment, unless special arrangements have been made,
12) Agree to pay a \$30 Returned Check Fee for the first check not honored by your bank for any reason. A second returned check will additionally be assessed a returned check fee of 5% of the face value of the check or \$30, whichever is greater as allowed by Georgia state law.
13) Rescheduling or Cancellations:
- Rescheduling or Cancellation notification will be accepted only in fax or email form.
- Rescheduling or Cancellation notification made more than 21 days prior to an appointment will incur no charge,
- Rescheduling notification:
 - made 10 to 21 days prior to an appointment will incur a \$25 fee,
 - made 9 days or fewer prior to an appointment will incur a \$75 fee,
 - rescheduling a prior rescheduled appointment will be charged \$75 in addition to the above
- Cancellation notification:
 - made 10 to 21 days prior to an appointment will incur a \$50 fee,
 - made 9 days or fewer prior to an appointment will incur a \$150 fee,
 - Canceling a prior rescheduled appointment will be charged \$100 - \$350 in addition to the above
- No shows or no response to a scheduled appointment will be charged \$350-\$500,
- Exceptions may be made under the sole discretion of VMP if unusual circumstances apply.

I have read the contents of this Consent, and I fully understand and accept all terms by signing below. My consent to the above and any or all associated assignments remains effective until I revoke it in writing.

Please sign and date on the lines below and return to our office by mail/email/fax prior to your appointment. We cannot provide notes, claim forms, orders, or prescriptions unless we have this signed form on file.

PLEASE PRINT - PATIENT NAME

DATE OF BIRTH

PLEASE PRINT - NAME OF PARENT/GUARDIAN OF PATIENT AND THE RELATIONSHIP TO PATIENT if so signing

SIGNATURE - PATIENT OR PARENT/GUARDIAN

DATE SIGNED