

General Consent for Care and Treatment Consent

You have the right, as a patient, to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be used so that you may make the decision whether or not to undergo any suggested treatment or procedure after knowing the risks and hazards involved. At this point in your care, no specific treatment plan has been recommended. This consent form is simply an effort to obtain your permission to perform the evaluation necessary to identify the appropriate treatment and/or procedure for any identified condition(s).

This consent provides us with your permission to perform reasonable and necessary medical examinations, testing and treatment. By signing below, you are indicating that (1) you intend that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended; and (2) you consent to treatment at this office or any other satellite office under common ownership. The consent will remain fully effective until it is revoked in writing. You have the right at any time to discontinue services.

You have the right to discuss the treatment plan with your physician about the purpose, potential risks and benefits of any test ordered for you. If you have any concerns regarding any test or treatment recommended by your healthcare provider, we encourage you to ask questions.

I voluntarily request a physician, and/or mid level provider (Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist), and other health care providers or the designees as deemed necessary, to perform reasonable and necessary medical examination, testing and treatment for the condition which has brought me to seek care at this practice. I understand that if additional testing, invasive or interventional procedures are recommended, I may be asked to read and sign additional consent forms prior to the test(s) or procedure(s).

I understand that Beats Cardiology may request and use my prescription medication history from other healthcare providers and/or third party pharmacy benefit payers for treatment purposes.

FINANCIAL AND OFFICE POLICIES

1. NO SHOW FEES: There is a \$50 no show fee for office visit appointments made and not canceled within 1 business day prior to the appointment. There is a \$100 no show fee for testing appointments (such as echo, Stress echo, treadmill stress test and doppler studies) and \$250 no show fee for Nuclear stress tests made and not canceled within 1 business day. Exception is if the appointment is on Monday, 2 full business days are needed to notify us which is no later than Thursday prior to the appointment.

2. Credit card information will be saved in our system and will be charged for any unpaid balance after 30 days. No show fees will be charged on the day of the appointment missed.

3. Holter monitors not returned within 30 days after they are placed will be charged \$200.

4. There will be a \$50 fee for all returned checks and must be resolved as soon as possible.

5. All copays, deductibles and coinsurances are due at the time of service. Co-payments are amounts that you have agreed to pay at each doctor's office visit with your insurance company. Many insurance plans also include an annual deductible amount that is your responsibility. Please be prepared to pay both at the time of your visit.

6. Insurance benefits will be assigned to the physician. All insurances will be filed for the patient providing we are able to identify eligibility.

7. After statements are mailed, payment is expected within 30 days for any remaining balance after your PPO or HMO plan pays its share. Failure to respond to three statements requesting payment will cause us to begin collective action with either a collection agency or an attorney.
8. If your insurance company decides to hold payment to us until they receive additional information from you, it is your responsibility to provide that information to your insurance company immediately. They are looking for ways to delay or deny payment for medical care.
9. Beats Cardiology reserves the right to charge collection agency fees as allowed by the law in order to collect unpaid balances.

BEATS CARDIOLOGY PATIENT PRIVACY NOTICE SUMMARY

Protecting your confidential health information is important to us. Certain federal law referred to as HIPAA protects the confidentiality of your health information (generally referred to as Protected Health Information or PHI), and we take it seriously. This summary of our Notice of Privacy Practices (Notice or Privacy Notice) has been prepared to provide you with a brief description of certain of the key provisions of the Notice regarding how medical and other personal information about you may be used or disclosed, and how you may obtain access to your information and its disclosure. For a more complete description of our privacy practices under HIPAA, please refer to the attached Notice.

What is Protected Health Information (PHI)?

PHI is information created or received by Beats Cardiology and transmitted or maintained in written, electronic or any other form, that relates to your past, present or future health condition, the provision of healthcare to you, and/or information about that relates to your past, present or future health condition, the provision of healthcare to you, and/or information about payment for the provision of your healthcare, and, which may identify you or could reasonably be used to identify you.

How may my PHI be used or disclosed?

Beats Cardiology may use or disclose your PHI to carry out your Treatment (provision, coordination or management of your healthcare or related services), Payment (obtain payment for your healthcare services, including activities that may be required by your insurer(s) to obtain approval for payment), or for other Health Care Operations (other functions that Beats Cardiology performs in connection with providing health care, i.e., quality assessments, training of medical students, credentialing, auditing and financial reporting). Use or disclosure of your PHI pursuant to the Notice may include electronic transmittal or disclosure. Beats Cardiology also sends PHI to a Health Information Exchange (HIE) to allow for electronic transmittal or disclosure. Beats Cardiology also sends PHI to a Health Information Exchange (HIE) to allow for information exchange for information that may be relevant to your future care i.e. in an emergency situation participating facilities and physicians can access your information for your treatment.

When might Beats Cardiology use or disclose my PHI without my authorization?

Beats Cardiology is not required to obtain your authorization or notify you when it uses or discloses your PHI for your treatment, to obtain payment, or for other health care operations as discussed above. In addition, there are some limited exceptions where the law allows your PHI to be used to promote the Government's need to ensure a safe and healthy society. In some cases, you may be given an opportunity to agree or object before the use or disclosure of your PHI. In

all cases, Beats Cardiology cases, you may be given an opportunity to agree or object before the use or disclosure of your PHI more than is permitted under the law.

What Are My Rights Under the HIPAA Privacy Standards?

Patients have certain rights under the HIPAA Privacy Standards, subject to certain limitations:

- You have the right to request restrictions on certain uses and disclosures of your PHI by Beats Cardiology.
- You have the right to request that we communicate with you in a certain way. We make every effort to honor your reasonable requests for confidential communication.
- You have the right to read, review and receive copies of your health information.
- You have the right to request and obtain an accounting of disclosures Beats Cardiology has made of your PHI. .
- You have the right to request an amendment to your PHI. (Beats Cardiology reserves the right to deny requests to amend PHI. For example, if the information is accurate, or if the information was not created or is not maintained by Beats Cardiology.)
- You have the right to request a copy of the Privacy Notice.
- You have the right to file a complaint if you believe that Beats Cardiology has violated your privacy rights or has acted inconsistently with its obligations under the HIPAA Privacy Rules.

Beats Cardiology has procedures in place for receiving and resolving HIPAA-related complaints, and, handling other HIPAA and PHI requests and concerns. Such issues are handled by the Beats Cardiology Privacy Officer . You may:

- Request additional restrictions for release of your PHI
- Change restrictions/change contact information
- Request an amendment to your health record
- Request copies of the Notice
- Resolve your complaints (complaints must be directed in writing to the Privacy Officer).

Contact the Beats Cardiology Privacy Officer:

By Mail: Beats Cardiology, Attn: Privacy Officer, 7713 San Jacinto PI, Suite 200 Plano, TX 75024

By Phone: (469) 409- 2601

I certify that I have read and fully understand all the above statements, policies, and consents, and I consent fully and voluntarily to the contents.