

Please read the following policies carefully. If you have any questions, any member of our staff will be glad to assist you. The following are the conditions for services provided to the client by **Advanced Mobile Medical Services** ("Practice").

Disclaimer: This Practice sends all prescriptions electronically and securely to each clients' individual pharmacy. Advanced Mobile Medical Services also does not prescribe controlled substances (**narcotics, Xanax, Librium, Adderall, Percocet, etc.**) on an ongoing basis. You will be referred for chronic medication management related to these controlled substances. This Practice works hard to eliminate overuse of antibiotics. Treatments are based on evidence-based guidelines. You will be educated on appropriate use of antibiotics. When used properly, antibiotics fight bacterial infections. When used inappropriately, antibiotics lead to resistance and risk of unwanted side effects. **No refills on antibiotics are permitted.**

Payment for Service: Payments are due at the time of visit and/or at the time of booking your telehealth appointment.

Method of Payment: You may pay your fee with cash, credit cards, debit cards, PayPal, Cash App, or HSA cards.

Completion of Medical Forms: There may be a 25\$ charge for forms such as disability and physicals that are not associated with an office visit. The turnaround time is 1 week.

Copies of Medical Records: There is a 1.00\$ per page fee per Florida Administrative Code 395.3025 (Patient and personnel records; copies; examination). Shipping charges may apply as well. The turnaround time is one week.

No show Appointment: A fee of 25\$ will be charged for missed appointments during the week and 50\$ for missed appointments on the weekends that are not canceled at least 24 hours prior to the scheduled appointment time. Clients will not be allowed to book future appointments until fees are paid. After three no-show appointments, you will be discharged from the practice. We will refer you to other providers in the area.

Collection Policy: If you are unable to pay your balance promptly, please call us to make a payment arrangement. Delinquent accounts will be forwarded to a collection agency.

Treatment: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your medical record and used to determine the course of treatment that should work best for you. To promote quality care, the Practice operates an EMR. The EMR is an electronic system that keeps health information about you. Your protected health information (PHI) is any piece of information in your medical record that is created, used, or disclosed during the course of diagnosis and treatment that may be used to personally identify you. Practice may also provide a subsequent healthcare provider with health information about you (e.g., copies of various reports) that should assist him or her in treating you in the future. Practice may also disclose health information about you to, and obtain your health information from, electronic health information networks in which community healthcare providers may participate to facilitate the provision of care to patients such as yourself. Practice may use a prescription hub which provides electronic access to your medication history. This will assist Practice health care providers in understanding what other medications may have been prescribed for you by other providers.

Payment: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, diagnosis, procedures, and supplies used.

Business Associates: We may contract with third parties to provide services on our behalf and disclose your health information to our business associate so that they can perform the job we have asked them to do. We require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication from Offices: We may call your home or other designated location and leave a message on voice mail, text, in person, or by e-mail, about any items that assist Practice in carrying out treatment, payment and health care operations, such as appointment reminders, insurance items and any call pertaining to your clinical care. We may mail to your home or other designated location any items that assist Practice in carrying out treatment, payment, and health care operations, such as appointment reminders, patient satisfaction surveys and patient statements.

Communication with Family/Personal Friends: Health professionals, using their best judgment, may disclose to a family member, other relative, close friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. When a family member(s) or a friend(s) accompany you into the exam room, it is considered implied consent that a disclosure of your PHI is acceptable.

To Avert a Serious Threat to Health or Safety: We may use your health information or share it with others when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any PHI. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. But we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the security of the data, and (3) not identify the information or use it to contact any individual. Practice may use a single compound authorization to combine conditioned and unconditioned authorizations for research (e.g. participation in research studies, creation or maintenance of a research database or repository), provided the authorization: (i) clearly differentiates between the conditioned (provision of research related treatment is conditioned on the provision of a written authorization) and unconditioned research components; and (ii) provides the individual with an opportunity to opt-in to the unconditioned research activities.

Coroners, Medical Examiners and Funeral Director: In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.

Deceased Individuals: In the unfortunate event of your death, we are permitted to disclose your PHI to your personal representative and your family members and others who were involved in the care or payment for your care prior to your death, unless inconsistent with any prior expressed preference that you provided to us. PHI excludes any information regarding a person who has been deceased for more than fifty (50) years.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations, federally funded registries, or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you by mail, e-mail, or text to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. However, we must obtain your prior written authorization for any marketing of products and services that are funded by third parties. You have the right to optout by notifying us in writing.

Fundraising: We may contact you as part of a fundraising effort. We may also disclose certain elements of your PHI, such as your name, address, phone number and dates you received treatment or services at Practice, to a business associate

or a foundation related to Practice so that they may contact you to raise money for Practice. If you do not wish to receive further fundraising communications, you should follow the instructions written on each communication that informs you how to be removed from any fundraising lists. You will not receive any fundraising communications from us after we receive your request to opt out unless we have already prepared a communication prior to receiving notice of your election to opt out.

Sale of your PHI: Practice may not “sell” your PHI (i.e., disclose such PHI in exchange for remuneration) to a third party without your written authorization that acknowledges the remuneration unless such an exchange meets a regulatory exception.

Health Oversight Activities: We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs, such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law. Inmates and Correctional Institutions: If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary, to provide you with healthcare, or to maintain safety at the place where you are confined.

Lawsuits and Disputes: We may disclose your health information if we are ordered to do so by a court that is handling a lawsuit or other dispute. We may also disclose your information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting the information from further disclosure.

As Required by Law: We may use or disclose your health information if we are required by law to do so.