



## **DIRECT PRIMARY CARE PATIENT AGREEMENT Hampton Direct Primary Care, LLC.**

This is an Agreement between Hampton Direct Primary Care. (**Practice**), a Pennsylvania State LLC, located at 3002 Union Ave Altoona, PA 16602. Dr. Sean P. Hampton (**Physician**) in his capacity as an agent of Hampton Direct Primary Care, LLC. and you, (**Patient**).

### **Background**

The Physician, practices family medicine, delivers care on behalf Hampton Medical Direct Primary Care Practice in Altoona, Pennsylvania. In exchange for certain fees paid by You, Practice, through its Physician(s), agrees to provide Patient with the Services described in this Agreement on the terms and conditions set forth in this Agreement. The practice website is [www.HamptonMedicalDPC.com](http://www.HamptonMedicalDPC.com)

### **Definitions**

**1. Patient.** A patient is defined as those persons for whom the Physician shall provide Services, and who are signatories to, or listed on the documents attached as Appendix 1, and incorporated by reference, to this agreement.

**2. Services.** As used in this Agreement, the term Services, shall mean a package of ongoing primary care services, both medical and non-Medical, and certain amenities (collectively "Services"), which are offered by Practice, and set forth in Appendix 1 and 2. The Patient will be provided with methods to contact the physician via phone, email, and other methods of electronic communication. Physician will make every effort to address the needs of the Patient in a timely manner, but cannot guarantee availability, and cannot guarantee that the patient will not need to seek treatment in the urgent care or emergency department setting.

**3. Fees.** In exchange for the services described herein, Patient agrees to pay Practice, the amount as set forth in Appendix 1 and 2, attached. Applicable enrollment fees are payable upon execution of this agreement. If this Agreement is terminated by either party before the end of an applicable monthly period, then the Practice shall seek only partial payment for the final month of service based on the number of days of membership provided to the patient and the itemized charges, set forth in Appendix 2, for services rendered to Patient up to the date of termination.

**4. Non-Participation in Insurance.** Members acknowledge that neither the PRACTICE nor the Physician(s) participate in any health insurance or HMO plans. The PRACTICE makes no representations whatsoever that any fees paid under this Agreement are covered by health insurance or other third-party payment plans applicable to the Member. The Member shall retain full and complete responsibility for any such determination.

Any submissions for insurance reimbursement are between the Principal and/or Member and their insurance company, according to the terms of their individual insurance contracts. The PRACTICE's role is limited to providing Members with receipts for office visits with relevant billing codes. There is no guarantee of reimbursement by the Member's insurance company.

Members also acknowledge at time of enrollment and execution of the Agreement that Medicare or Medicaid is not their primary health insurance plan (since Dr. Hampton is still opted-in to their current system and may not charge a monthly service fee to any individual covered by one of these health insurance programs).

**5. Insurance or Other Medical Coverage.** Patient acknowledges and understands that this Agreement is not an insurance plan, and not a substitute for health insurance or other health plan coverage (such as membership in an HMO). It will not cover hospital services, or any services not personally provided by Practice, or its Physicians. Patient acknowledges that Practice has advised that patient obtain or keep in full force such health insurance policy(ies) or plans that will cover Patient for general healthcare costs. Patient acknowledges that THIS AGREEMENT IS **NOT** A CONTRACT THAT PROVIDES HEALTH INSURANCE, in isolation does NOT meet the insurance requirements of the Affordable Care Act, and is not intended to replace any existing or future health insurance or health plan coverage that Patient may carry. This Agreement is for ongoing primary care, and the Patient may need to visit the emergency room or urgent care from time to time. Physician will make every effort to be available at all times via phone, email, other methods such as "after hours" appointments when appropriate, but Physician cannot guarantee 24/7 availability.

**6. Term.** This Agreement will commence on the date it is signed by the Patient and Physician below and will extend monthly thereafter. Notwithstanding the above, both Patient and Practice shall have the absolute and unconditional right to terminate the Agreement, without the showing of any cause for termination. The Patient may terminate the agreement with twenty-four hours prior notice, but the Practice shall give thirty days prior written notice to the Patient and shall provide the patient with a list of other Practices in the community in a manner consistent with local patient abandonment laws. Unless previously terminated as set forth above, at the expiration of the initial 3-month term (and each succeeding monthly term), the Agreement will automatically renew for successive monthly terms upon the payment of the monthly fee at the end of the contract month. Urgent care access and chronic medication refills will continue for 30 days from notice of termination. The PRACTICE does not refund Monthly Membership or Initial Enrollment Fees or any other fees. Member may continue to access Services until the last day of the 30-day termination period.

(For example, if a Member gives notice of termination or is terminated by the PRACTICE on July 15<sup>th</sup>, their last payment will be billed on August 1<sup>st</sup>. Urgent access and chronic medication refills will continue for 30 from notice of termination, until August 14<sup>th</sup>. Membership rates are not pro-rated in the final month of membership.)

Examples of reasons the Practice may wish to terminate the agreement with the Patient may include but are not limited to:

- (a) The Patient fails to pay applicable fees owed pursuant to Appendix 1 and 2 per this Agreement;
- (b) The Patient has performed an act that constitutes fraud;

- (c) The Patient repeatedly fails to adhere to the recommended treatment plan, especially regarding the use of controlled substances;
- (d) The Patient is abusive, or presents an emotional or physical danger to the staff or other patients of Practice;
- (e) Practice discontinues operation; and
- (f) Practice has a right to determine whom to accept as a patient, just as a patient has the right to choose his or her physician. Practice may also may terminate a patient without cause as long as the termination is handled appropriately (without violating patient abandonment laws). If the termination is initiated by the PRACTICE, no further charges will be assessed beyond the current billing cycle.
- (g) If Principal decides to re-enroll, the PRACTICE reserves the right to deny re-enrollment.

**7. Privacy & Communications.** You acknowledge that communications with the Physician using e-mail, facsimile, video chat, instant messaging, and cell phone are not guaranteed to be secure or confidential methods of communications. The practice will make an effort to secure all communications via passwords and other protective means and these will be discussed in an annually updated Health Insurance Portability and Accountability Act (HIPAA) "Risk Assessment." The practice will make an effort to promote the utilization of the most secure methods of communication, such as software platforms with data encryption, HIPAA familiarity, and a willingness to sign HIPAA Business Associate Agreements. This may mean that conversations over certain communication platforms are highlighted as preferable based on higher levels of data encryption, but many communication platforms, including email, may be made available to the patient. If the Patient initiates a conversation in which the Patient discloses "Protected Health Information (PHI)" on one or more of these communication platforms then the Patient has authorized the Practice to communicate with the Patient regarding PHI in the same format.

- A. E-mail is not an appropriate means of communication in an emergency, for time-sensitive problems, or for disclosing sensitive information. In an emergency, or a situation that Member could reasonably expect to develop into an emergency, Member understands and agrees to call 911, and follow the directions of emergency personnel.
- B. If Member does not receive a response to an e-mail/text message within 24 hours, Member agrees that Member will contact the PRACTICE by telephone or other means. If it is an urgent issue and email/text message had not been answered within one hour, Member agrees to call the PRACTICE using the phone number within one hour, Member agrees to call the PRACTICE using the phone number provided upon enrollment.
- C. The PRACTICE will not be liable for any loss, injury, or expense arising from a delay in responding to Member when that delay is caused by technical failure. Examples of technical failures include but are not limited to: (i) failures caused by an internet service provider, (ii) power outages, (iii) failure of electronic messaging software or email providers (iv) failure of the PRACTICE's computers or computer network, or faulty telephone or cable transmission, or (iv) any interception of e-mail communications by a third party.

**8. Severability.** If for any reason any provision of this Agreement shall be deemed, by a court of competent jurisdiction, to be legally invalid or unenforceable in any jurisdiction to which it applies, the validity of the remainder of the Agreement shall not be affected, and that provision shall be deemed modified to the minimum extent necessary to make that provision consistent with applicable law and in its modified form, and that provision shall then be enforceable. Per the

member agreement, If this Agreement is held to be invalid in whole or in part for any reason, and the PRACTICE is required to refund fees paid by Principal, such refund shall be offset by an amount equal to the fair market value of the medical services Member received during the period for which the refunded fees were paid.

**9. Reimbursement for Services if Agreement is Invalidated.** If this Agreement is held to be invalid for any reason, and if Practice is therefore required to refund all or any portion of the monthly fees paid by Patient, Patient agrees to pay Practice an amount equal to the fair market value of the Services actually rendered to Patient during the period of time for which the refunded fees were paid.

**10. Assignment.** This Agreement, and any rights Patient may have under it, may not be assigned or transferred by Patient. This Agreement, and any rights Member may have under it, may not be assigned or transferred by Member. Any Member who attempts to request treatment for a non-member will have their membership agreement terminated by the PRACTICE. (An example would be a Member calling to see if a medication could be called in for a spouse, child, or friend. Another example would be a Member bringing a non-member to an office visit and ask for treatment or evaluation). MEMBER understands that the PRACTICE maintaining a smaller patient panel to limit its liability and treating non-members could jeopardize such liability.

**11. Jurisdiction.** This Agreement shall be governed and construed under the laws of the State of Pennsylvania and all disputes arising out of this Agreement shall be settled in the court of proper venue and jurisdiction for the Practice address in Altoona, Pennsylvania. A satellite office is also rented in Duncansville, PA.

**12. Payments.** The required method of payment is recurring monthly credit or debit card charge. Fees will be charged according to the billing policies and procedures set forth in **Appendix 1**.

Health Savings Accounts (“HSA”)/Flexible Spending Accounts (“FSA”) may be used for payments/fees following the rules of each plan but the PRACTICE in no way guarantees reimbursement for Services. Monthly Membership Fees are not approved for reimbursement by an HSA or FSA per Federal Law and the PRACTICE recommends that the Member discuss tax guidelines/law with their accountant or attorney.

**13. Term.** This Agreement will commence on the date of execution of this Agreement, payment of the Initial Enrollment Fee and payment of the first Month's Membership Fee. It shall continue for a minimum initial period of 3 months, then automatically renew monthly.

**14. Conditions.** This agreement does not grant a Membership interest in Hampton Direct Primary Care, LLC. Patients are not entitled to any rights or benefits granted to those that hold a membership interest of Hampton Direct Primary Care, LLC.

**15. Patient Understandings (initial each):**

- \_\_\_\_\_ This Agreement is for ongoing primary care and is NOT a medical insurance agreement.
- \_\_\_\_\_ I do NOT have an emergent medical problem at this time.
- \_\_\_\_\_ In the event of a medical emergency, I agree to call 911 first.
- \_\_\_\_\_ I do NOT expect the practice to file or fight any third party insurance claims on my behalf.
- \_\_\_\_\_ I do NOT expect the practice to prescribe chronic controlled substances on my behalf.  
(These include commonly abused opioid medications, benzodiazepines, and stimulants.)
- \_\_\_\_\_ In the event I have a complaint about the Practice I will first notify the Practice directly.
- \_\_\_\_\_ This Agreement (without a “wrap around” compliant insurance policy) does not meet the individual insurance requirement of the Affordable Care Act.
- \_\_\_\_\_ I am enrolling (myself and my family if applicable) in the practice voluntarily.
- \_\_\_\_\_ I may receive a copy of this document upon request.
- \_\_\_\_\_ This Agreement is non-transferable.

Patient Name \_\_\_\_\_

Patient (or Guardian) Signature \_\_\_\_\_

Physician Name \_\_\_\_\_ Sean P. Hampton D.O. \_\_\_\_\_

Physician Signature \_\_\_\_\_

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## **APPENDIX 1 Hampton Medical Direct Primary Care Periodic & Enrollment Fees**

This Agreement is for ongoing primary care. This Agreement is NOT HEALTH INSURANCE and is NOT A HEALTH MAINTENANCE ORGANIZATION. The Patient may need to use the care of specialists, emergency rooms, and urgent care centers that are outside the scope of this Agreement. Each Physician within the Practice will make an appropriate determination about the scope of primary care services offered by the Physician. Examples of common conditions we treat, procedures we perform, and medications we prescribe are listed on our website @ [www.HamptonMedicalDPC.com](http://www.HamptonMedicalDPC.com) and are subject to change.

### **Fee Schedule**

Enrollment Fee – This is charged when the Patient enrolls with the Practice and is nonrefundable. This fee is subject to change. If a patient discontinues membership and wishes to re-enroll in the practice we reserve the right to decline re-enrollment or to require that the re-enrollment fee reflect an amount equivalent to the months of absent payments when dis-enrolled from the Practice.

Your Enrollment fee is \$75

Monthly Periodic Fee (billed at the end of the service period) – This fee is for ongoing primary care services. Twenty-Five scheduled in person visits per year are available to you at no additional cost. Each scheduled in person visit over twenty-five will be charged a \$20 per visit fee. Your number of virtual visits (e-mail, electronic, phone) are not capped. We prefer that you schedule visits more than 24 hours in advance when possible. Some ancillary services will be passed through “at cost” (no markup by us). Examples of these ancillary services include laboratory testing, radiologic testing, and dispensed medications and these are described in Appendix B. Many services available in our office (such as EKGs) are available at no additional cost to you. Items available at no additional cost will be listed on our website and are subject to change.

The monthly periodic fee is \$65 per month (due at the end of the month of service).

The periodic fee will be billed at the end of the month (after the ongoing primary care has been provided) and the patient is entitled to leave the practice at any time and be assigned a prorated final bill based upon the date of withdrawal from the practice.

### After-Hours Visits

There is no guarantee of after-hours availability. This agreement is for ongoing primary care, not emergency or urgent care. Your physician will make reasonable efforts to see you as needed after hours if your physician is available.

### Acceptance of Patients

We reserve the right to accept or decline patients based upon our capability to appropriately handle the patient’s primary care needs. We may decline new patients pursuant to the guidelines

proffered in Section 6 (Term), because the Physician's panel of patients is full (~750 patients or fewer), or because the patient requires medical care not within the Physician's scope of services.

## **Appendix 2 Hampton Medical Direct Primary Care Itemized Fees**

Initial Enrollment Fee is a one-time fee of \$75 per Member enrolled for Services at the PRACTICE. The registration fee is waived for children(s) when a parent is enrolling. The Principal shall pay the Initial Enrollment Fee to activate membership on the first day of enrollment. This Fee shall be paid using a credit/debit card entered into the electronic health record at time of enrollment. This fee is non-refundable.

### Monthly Membership Fee

1. Monthly Membership Fees shall be paid by the Principal/Patient using a credit/debit card entered into the electronic health record on the date of enrollment. Monthly Membership Fees shall not be pro-rated in the month of termination. This fee is non-refundable.
2. Monthly Membership Fee is age based as follows:

Children 18 and under: \$10/month\* with family membership

Full time college students (age 18-22): \$20/month\* with family membership

\*Prices are doubled to \$20 and \$40/month respectively when individual

Adults age 22-45: \$45/month

Adults age 46-64: \$65/month

Adults age 65+: \$75/month

### Family Membership

A family includes all individuals residing in the same household. Typically, this includes two adults and 2-3 children (max 4 children). Registration fees are waived for the children of the household. However, we realize that there are special circumstances for each household. Decisions can be made by Dr. Hampton on a case to case basis given each scenario.

### Re-enrollment Fee

The Principal shall pay a Re-enrollment Fee of \$250.00 if the Member terminates membership with THE PRACTICE and wishes to re-enroll. The PRACTICE has the right to reject the request for re-enrollment.

Ongoing Primary Care is included with the Periodic Fee described in Appendix 1. Please see a list of some of the chronic conditions we routinely treat on the Practice website and Appendix 3 (subject to change). There are minimal, if any, itemized fees for office visits unless the patient has more than twenty-five scheduled in-office visits in a calendar year. Extra/Ancillary fees will always be discussed with the patient during the visit.

In-Office Procedures we are generally comfortable performing are listed on the Practice website. These are typically available at no additional cost unless otherwise designated, and these are also subject to change.

Laboratory Studies will be drawn in the office and the Patient will be charged according to the direct price rate we have negotiated with the lab. An example of common laboratory studies and their prices (subject to change) are listed on the practice website.

Medications will be ordered in the most cost effective manner possible for the Patient. When we dispense medications in the office these medications will be made available to the patient at near wholesale cost. There is a nominal fee associated with medications that include medication bottles, packaging, and labeling. The fee is estimated to be ~ \$1 surcharge per prescription. Examples of commonly dispensed medications and their prices (subject to change) are listed on the practice website.

### **Additional Fees for Amenities**

Additional Fees shall be paid by the Principal using a credit/debit card entered into electronic health record. Additional fees include:

Discounted laboratory/pathology fees to be disclosed to patient prior to use of service

1. Quest Laboratory draw fee (if applicable)
2. Discounted medications through in-house dispensary to be disclosed to patient prior to use of service; there will be a nominal fee added to medications to cover the cost of medication bottles, packaging, and labeling. The average cost per medication is estimated to be a markup of ~\$1; base pricing of medications can be found on our website or by asking one of our staff members.
3. Discounted radiology/imaging fees to be disclosed to patient prior to use of service
4. Some fees for discounted specialty services/fees to be disclosed prior to use of service

Pathology studies (most commonly skin biopsies) will be ordered in the most economical manner possible. Anticipated prices for these studies (subject to change) are listed on the Practice website.

Radiology studies will be ordered in the most cost effective manner possible for the Patient. Commonly ordered radiologic studies and prices (subject to change) are listed on the website.

Surgery and specialist consults will be ordered in the most cost effective manner possible for the Patient.

Vaccinations are NOT offered in our office at this time due to the cost prohibitive nature of stocking a limited supply. We will make an effort to help you obtain needed vaccinations elsewhere in the most cost effective manner possible.

Hospital Services are NOT covered by our membership plan. However, Hampton Direct Primary Care can coordinate care effectively to help minimize un-necessary imaging and testing. Hampton Direct Primary Care has all access to UPMC records and will coordinate with your hospitalist regarding timely follow up care.

Obstetric and Gynecologic Services are NOT covered by our membership plan.

Pediatric Services are limited to patients older than 3 months of age. However, exceptions can be made on a case by case basis. Pediatric patients with complex medical management will be referred to the appropriate provider as this is out of the scope of traditional family medicine. Immunizations are not covered with this membership. Most immunizations are free with health insurance at the office of a pediatrician. We offer to see pediatrics for convenience and most of our care is directed towards acute care (“sick call”) pediatrics.

Osteopathic Manipulative Medicine treatments are provided to members free of charge. However, the fair market value of these treatments vary from \$25 to \$200 per session depending upon geographical region. Hampton Direct Primary Care will make every effort possible to maximize the health of each patient. OMM treatments will be limited to one per month; however, exceptions can be made on a case to case basis.

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## **Appendix 3: Patient Agreement**

### Medical Services

Medical Services means those medical services, provided by the PRACTICE, that the Provider is licensed and permitted to perform under the laws of the Commonwealth of Pennsylvania that are consistent with his/her training and experience. Membership in the PRACTICE includes the following Medical Services:

- 1. Primary HealthCare Services.** The PRACTICE shall provide office-based Medical Services to the Members listed above.
  - a. Well/preventative office visits, which are visits for the preservation of physical and mental wellness, discussion of preventative guidelines, nutrition and exercise following recommended guidelines by the American College of Physicians, American Academy of Family Physicians and the US Preventative Services Task Force.
  - b. Evaluation of new problems, including but not limited to treatment of sore throats, coughs, colds, other minor illness and injury, certain minor surgical procedures, and any other services within the scope of Family Medicine training.
  - c. Follow-up visits for the management of long-term medical conditions including, but not limited to, asthma, hypertension, diabetes and other chronic conditions/illnesses within the scope of Family Medicine.
  - d. Care coordination to assist other health team members by organizing and forwarding pertinent information from primary exams for use by specialists including progress notes, laboratory results, and imaging reports.
  
- 2. Urgent Medical Care.** A Member who has an acute illness or is otherwise in need of medical care for a condition which is not life-threatening who calls the PRACTICE's main phone number at (814) 215-9494 between Monday-Friday before 12:00 pm or on a weekend or holiday before 12:00 pm, shall receive a return call before 5:00 pm that same day. Most of calls will be returned within 60 minutes unless the PHYSICIAN is with a patient. After a telephone consultation with the Member, the PHYSICIAN will determine, within his/her sole discretion, whether the illness or medical condition requires same-day PHYSICIAN care. If same-day PHYSICIAN care is warranted, arrangements will be discussed with the MEMBER to determine whether an office visit, phone visit, Urgent Care or Emergency Room visit is

most appropriate. If same-day care is not warranted in the PHYSICIAN'S judgement, the MEMBER shall be scheduled for an appointment on the next available business day which is not a weekend day or holiday.

3. Access. MEMBERS will be provided continuous 24/7 access for acute medical issues within reason.
  
4. Specialist Care/Referrals. If the PHYSICIAN feels a healthcare need is outside of the scope of primary care, referral to a specialist will be warranted. Membership in the PRACTICE does not preclude medically necessary specialist evaluation or referral as deemed appropriate by the PHYSICIAN. If the MEMBER does not agree to follow through on a recommendation for specialist referral by the PRACTICE, the MEMBER will be asked to sign an Against Medical Advice form and the PRACTICE reserves the right to terminate the Member's membership. Although the PRACTICE may help procure specialist cash pricing for the Member, it is not the responsibility of the PRACTICE to guarantee discounted specialist pricing. If the PRACTICE does not have information providing specialist cash pricing on hand, it will be the MEMBER'S responsibility to obtain such pricing at the specialist's office.

#### Non-Medical Services

The PRACTICE shall also provide Principal/Patient Members with the following Non-Medical Services:

1. Continuous Access. Member shall have access to the PRACTICE via direct telephone, email, text and video visits on a continuous basis. During routine visits MEMBERS will receive training on how best to communicate with the PRACTICE, such that.
  - a. Non-urgent needs may be communicated by Member during business hours or after hours but may not be addressed for 1-2 business days.
  - b. Urgent needs will be communicated by MEMBER by directly calling the office during office hours and by calling the private cell phone number for the PHYSICIAN after office hours whenever necessary; Member agrees NOT to email or text urgent issues during office hours as the PRACTICE is seeing Members for visits and giving full attention to MEMBERS in the office. In this situation, it is strongly recommended that the MEMBER calls the office directly at (814) 215-9494. If the MEMBER is having a life-threatening emergency issue, MEMBER agrees to call 911 or proceed directly to an emergency room. The PRACTICE will try to return all calls/messages within 60 minutes to the best of its ability. If MEMBER does not receive a call, text, message back from the PRACTICE after 60 minutes, Member agrees to try and call the PRACTICE by phone again.
  
2. Email Access. The MEMBER shall be able to communicate with the PRACTICE through a non-secure platform using office email addresses directly linked to the Member's electronic health record. These emails will be provided upon enrollment.
  
3. Text Messaging. MEMBER shall be able to communicate with the PRACTICE using office text messaging on a non-secure platform directly linked to the Member's electronic health

record. The number to be used for texting will be provided upon enrollment. The MEMBER acknowledges that during office hours the PRACTICE may not be able to check text messages so if there is an urgent medical need that requires immediate attention the MEMBER is to call the office.

4. Video Visits. Video visits are accomplished through a non-secure platform using the electronic health record.
5. Phone Calls/Visits. MEMBER will use the office number during office hours as outlined above. MEMBER will use a PHYSICIAN'S private number, which will be provided upon enrollment, to call the PRACTICE after-hours/weekends/holidays for acute issues.
6. No Wait or Minimal Wait Appointments. Every effort shall be made to assure that MEMBER is seen by the PHYSICIAN immediately upon arriving for a scheduled office visit or after only a minimal wait.
7. Same Day/Next Day Appointments. Routine visits can be scheduled by calling the office or emailing the staff. For acute issues requiring same/next day appointments, MEMBERS can call the office prior to 12 noon on a normal office day (Monday through Friday) to schedule an appointment. Every reasonable effort will be made to schedule it the same day. If MEMBER calls after 12 noon for an acute/urgent issue, and if there is no availability that day, the visit will be scheduled the next business day. Please note, this is subject to availability during the startup phase of the company; however, Dr. Hampton will make every effort possible for the patient to be seen in a timely manner.

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## Communication Agreement

It is the policy of the PRACTICE not to release confidential and/or unauthorized information by any means. Whenever returning telephone calls and the answering machine picks up, we do not leave a message if the name or telephone number is not on the recorded message to identify the residence. Also, information beyond our identification and return contact numbers will not be left with an answering machine.

I authorize the PRACTICE to contact me and leave contact information messages at the following numbers:

PLEASE PROVIDE THE APPROPRIATE NUMBERS IN THE SPACES BELOW, AND CHECK THE PRIMARY CONTACT NUMBER.

Home \_\_\_\_\_ [ ]

Work \_\_\_\_\_ [ ]

Cell \_\_\_\_\_ [ ]

If you would like to have information released to someone other than yourself, please complete the following:

Please List the names of authorized people:

Spouse:

Parent:

Other names (please list relationship, such as boyfriend/girlfriend, fiancé(e), sister, brother, etc.):

Name: Relationship:

MEMBER PRINTED NAME:

MEMBER/GUARDIAN SIGNATURE:

## **Hampton Medical Direct Primary Care**

Combined Acknowledgment and Consent

Acknowledgement of receipt of notice and consent to use and disclose health information

Read before signing the Acknowledgement and Consent

This acknowledgement of notice and consent authorizes My Way Medical Direct Primary Care to use and disclose health information about you for treatment, payment, and healthcare operations purposes.

Notice of Privacy Practices. My Way Medical Direct Primary Care has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgement and consent.

Amendments. We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the change. You may obtain a revised notice by submitting a written request to our Privacy Officer.

How to contact our Privacy Officer: Sean P Hampton DO

Mail: 3002 Union Ave Altoona, PA 16602

### **Acknowledgement and Consent**

**Print or type all information except signature**

I have received the Notice of Privacy Practices of Hampton Medical Direct Primary Care and authorize them to use and disclose health information about

Patient \_\_\_\_\_ for treatment, payment, and healthcare operations purposes consistent with its Notice of Privacy Practices.

Signature of patient (Or patient's personal representative) and date:

\_\_\_\_\_

Name of Personal representative of patient (if applicable) and date:

\_\_\_\_\_

Relationship to patient (or other authority): \_\_\_\_\_