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PATIENT SERVICES AGREEMENT

Thank you for choosing Bastion Health, PC d/b/a Crown Health (“Crown Health”) as your health care provider. This Patient Services Agreement (“Agreement”), which is entered into between you, the undersigned patient below, and Crown Health, provides information about the professional services (“Services”) of Crown Health’s licensed health care providers and your rights and obligations as a patient.

SERVICES

The Services provided to you by Crown Health include primary care services that are provided to you in certain health care facilities where you are located. The Services will be provided to you during visits conducted either in-person or using telecommunications technology (“Telehealth”).

CANCELLATION POLICY

You are entitled to cancel your visit at any time by contacting Crown Health at (888) 674 5871.

ACCURACY OF INFORMATION

You are responsible for providing Crown Health with accurate and complete information about your medical history, condition(s), symptom(s), physical well-being, and insurance information. If you provide information that is not accurate or complete, the Services you receive may be impacted. You assume any risk, take full responsibility for, release, and waive any claims against Crown Health and its providers for personal injury, death or damages that result from your providing of inaccurate or incomplete information.

CONFIDENTIALITY OF HEALTH INFORMATION

Your health information will be used and shared by Crown Health and its providers in accordance with the Notice of Privacy Practices that is posted on Crown Health’s website and available to you in paper and electronic form.

COMMUNICATION

Outside of agreed-upon visits, Crown Health can be accessed by fax, phone or email. Emails may only be used to clarify issues discussed in prior visits. They may not be used to address new concerns. By your signature to this Agreement, you understand and agree that: (1) there is some level of risk that the information in unencrypted electronic communications, including email and text messaging, could be read by a third party, and (2) you consent to Crown Health’s use of unencrypted electronic communications, including email and text messaging, to communicate with you.



PATIENT FINANCIAL AGREEMENT

Thank you for choosing Bastion Health, PC d/b/a Crown Health (“Crown Health”) as your health care provider. This Patient Financial Agreement (“Agreement”), which is entered into between you, the patient named above, and Crown Health, provides information about your financial responsibility for the professional services (“Services”) rendered Crown Health’s licensed health care providers.

Medical Insurance Billing: As a courtesy to you, Crown Health will bill your medical insurance company for the professional services that Crown Health’s providers render to you. You must provide Crown Health with accurate and current information about your medical insurance company. You must also notify Crown Health immediately if there is a change to your medical insurance coverage. By your signature below, you request that payment of authorized medical insurance benefits be made on your behalf to Crown Health for the services furnished to you by Crown Health and its providers.

Medicare: Crown Health is a participating Medicare provider. Therefore, if you are a Medicare beneficiary, you must provide your Medicare enrollment information to the Crown Health before or at the time of your first visit. By your signature below, you request that payment of authorized Medicare benefits be made on your behalf to Crown Health for services furnished to you by Crown Health and its providers. You authorize any holder of medical information about you to release to the Centers for Medicare and Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related services. Crown Health accepts the charge determination of the Medicare carrier as the full charge and you are responsible only for any deductibles, co-insurance, co-payments, and amounts for non-covered services.

Medigap: If you are a beneficiary of a Medicare Part B supplemental plan (i.e. Medigap), you must provide your enrollment information to Crown Health before or at the time of your first visit. Your signature below authorizes Crown Health to release to any information needed to determine these benefits, and you request that payment of authorized Medicare supplemental benefits be made to Crown Health, if possible, or otherwise to you.

Your Responsibility: You are responsible for paying all deductibles, co-insurance, co-payments, and any fees for services not covered by your medical insurance at the time services are rendered according to Crown Health’s standard rates and terms. You will begin receiving monthly statements with any balances after your medical insurance has been billed. If you are not covered by an insurance company, or your insurer does not cover Crown Health’s services, your account will be considered a self-pay account. As a self-pay account, you will be responsible for the full balance of services rendered to you, and you agree to pay the full charge at the time that the services are rendered. In accordance with applicable law, we reserve the right to assign your account to a collections agency if your account becomes delinquent.

Payment Methods: Crown Health accepts check and credit cards (Visa, MasterCard, Discover, and American Express). Accounts can be set up on payment plans if necessary, at no additional cost.



INFORMED CONSENT FOR PRIMARY CARE SERVICES

This form provides information about the primary care services that may be provided to you, the patient named above. Please read it carefully.

Nature and Description of Services: Bastion Health, PC d/b/a Crown Health (“Crown Health”) offers a variety of primary care services for geriatric patients, including chronic condition and medication management. Crown Health will also coordinate care among specialists and other providers as needed. Crown Health’s providers will talk with you about which of these services may be appropriate for you based on your individual health condition(s), and will work with you in developing a comprehensive care plan tailored to your health needs and goals.

Anticipated benefits: The potential benefits to you of receiving the above primary care services may include improved wellness, health restoration, increased functional capacity, pain relief, assistance with injury and disease recovery, and prevention of disease or its progression, among other potential benefits. You acknowledge, however, that no promises or guaranties have been made to you about the results of any primary care services provided by Crown Health and its providers.

Potential risks: The potential risks to you of receiving the above primary care services include, but are not limited to, side effects of medications prescribed by Crown Health’s providers or aggravation of pre-existing symptoms, discomfort, pain, infection, burns, nausea, light headedness, inconvenience of lifestyle changes, injury from procedures, treatments, or recommendations, and, in rare cases, severe injury up to and including death. Please notify Crown Health and/or emergency providers, as appropriate, if you experience any negative symptoms potentially resulting from the primary care services provided to you.

Alternatives: An alternative to receiving primary care services from Crown Health’s providers is to receive services from another provider. However, Crown Health’s providers may have different expertise, experience, and areas of specialty compared to another provider. An additional alternative is for you not to receive primary care services at all, but this choice could make your health condition(s) worse.

INFORMED CONSENT FOR TELEHEALTH SERVICES

Bastion Health, PC d/b/a Crown Health (“Crown Health”) is committed to serving you even when in-person visits between you and Crown Health’s providers are not possible or convenient. This form provides information about telehealth services that may be provided to you.

Description of Telehealth Services: “Telehealth” is used to mean health care services provided via two-way, interactive video and audio communications. You should be able to see and hear your Crown Health provider during telehealth sessions and he or she should be able to see and hear you. The sessions can be used for evaluation, diagnosis, care management, follow up, and education, among other purposes, as appropriate based on your individual condition(s) and health needs.

Please note the following information about telehealth services:

1. You can schedule a telehealth visit by contacting us at (888) 674 5871.
2. Before the telehealth session, you will receive a link and/or phone number that you can use to join the session at the scheduled time. Crown Health will send you this information by fax, email or text message using the contact information that you provide.
3. Your Crown Health provider will always be in a secure and private location to provide telehealth services. You must also be aware of your surroundings when these services are provided to you. It is your responsibility to choose a location where your conversations with your Crown Health provider cannot be overheard by others.
4. You will need to connect to the session using a cellular data plan or a Wi-Fi network. We recommend that the Wi-Fi network you use require a password that is not publicly available or publicly displayed. Failure to use a secure Wi-Fi network increases the risk for a breach of the privacy and security of your health information.
5. You release Crown Health and your Crown Health provider from all claims, damages, losses, and expenses arising out of your failure to use a private and secure location and communication method while engaging in telehealth services with your Crown Health provider, including, but not limited to, claims, damages, losses, and expenses arising from your use of an unsecure Wi-Fi connection.
6. Standard data and message rates will apply. Crown Health will not reimburse you for costs associated with the telehealth services.
7. Crown Health cannot guarantee the availability of telehealth sessions which may become unavailable due to Internet traffic volume, upgrades and backup procedures, overload of requests to the servers, general network failures or delays, or any other cause which may from time to time make telehealth sessions inaccessible to you.

Anticipated Results and Benefits of Telehealth: The anticipated results and benefits of the telehealth services are to effectively and efficiently assist you with the care, management, and treatment of your health condition(s) while minimizing risk of exposure to contagious conditions or risk of travel to a clinic setting.

Potential Risks: As with any health service, there are potential risks associated with telehealth. These include, but are not limited to, failure of the technology or program used which could lead to a breach of the privacy and security of your information. Delays in evaluation and care could also occur due to these technical failures. Also, please know that based on your individual health condition(s) and needs, your Crown Health provider may determine that telehealth is not appropriate or adequate for you. In these cases, your Crown Health provider may request that you schedule an in-person visit.

Alternatives: An alternative to a telehealth session is for you to schedule an in-person visit with your Crown Health provider. However, your Crown Health provider may not be able to see you immediately for an in-person visit, which may cause a delay in your care. Another alternative to telehealth is to not receive any care or treatment, but this choice could make your health condition(s) worse.

Text and Phone Call Consent: By signing below, you consent to Crown Health’s transmission of scheduling information related to the telehealth sessions via telephone calls and unencrypted text messages at the number you provide, and via unencrypted email messages at the email address below. Unencrypted communications carry certain risks. For example, text messages and emails could be received by other people who have access to your device. By your signature below, you acknowledge that these risks exist and expressly consent to receive unencrypted electronic communications containing your personal information from Crown Health as described in this Consent.

CHRONIC CARE MANAGEMENT CONSENT AGREEMENT

Medicare offers a benefit for Medicare beneficiaries to assist with the management of multiple chronic conditions. By your signature below, you, the patient named above, consent to this Chronic Care Management Consent Agreement (“Agreement”), and to the provision of chronic care management services (“CCM Services”) to you by Bastion Health, PC d/b/a Crown Health (“Crown Health”) to the extent recommended by your provider.

CCM Services are only available to patients with two or more chronic conditions. Medicare defines a chronic condition as a condition that is expected to last for at least 12 months, and that increases the risk of death, acute exacerbation of disease, or a decline in function.

The benefits of CCM Services include:

- 24/7 access to a care provider to help with your chronic healthcare needs.
- A comprehensive plan of care for health needs, available on paper or electronically.
- Coordination with both home and community-based service providers.
- Transition management among health care providers, including referrals, and follow-up after discharges from hospitals, skilled nursing facilities, or other health care facilities.
- Medication oversight and management.
- Use of a certified electronic health record (EHR) as mandated by Medicare.

Should you desire to receive CCM Services through Crown Health, we will only bill Medicare for CCM Services once per 30-day billing cycle. Furthermore, your provider agrees only to bill Medicare for CCM Services if you have more than one chronic condition.

Acknowledgment and Agreement

By signing this agreement, you agree to the following terms:

- You consent to Crown Health providing CCM Services to you.
- You certify that your Crown Health provider has fully explained the scope of CCM Services to you.
- You acknowledge that only one practitioner can furnish and be paid for CCM Services during a calendar month.
- You authorize electronic communication of your medical information between treating providers as part of your care.
- You understand that CCM Services are subject to Medicare cost-sharing requirements, and so you may be billed for a portion of the CCM Services.
- You have the right to stop CCM Services at any time by revoking this Agreement effective at the end of the then-current thirty (30)-day period of services. You may revoke this Agreement verbally by calling 888-674-5871 or in writing to Crown Health, 23745 225th Way SE #201, Maple Valley, WA 98038. Upon receipt of your revocation, Crown Health will give you written confirmation (including the effective date) of revocation.

REMOTE PATIENT MONITORING CONSENT AGREEMENT

Medicare offers a benefit for Medicare beneficiaries to assist with the remote monitoring of their health care conditions by medical providers. By your signature below, you, the patient named above, consent to this Remote Patient Monitoring Consent Agreement (“Agreement”) and to the provision of remote patient monitoring services (“RPM Services”) to you by Bastion Health, PC d/b/a Crown Health (“Crown Health”) to the extent recommended by your provider.

RPM Services are only available to patients with one or more chronic conditions. Medicare defines a chronic condition as a condition that is expected to last for at least 12 months, and that increases the risk of death, acute exacerbation of disease, or a decline in function. Your Crown Health provider will provide you with a written or electronic copy of your care plan.

The benefits of RPM Services include:

- Ensure easy access to data related to your chronic condition(s).
- Ability to monitor key measures related to your chronic condition(s).
- Allow you to become more involved in your medical care.

To receive RPM Services and to understand if it would be applicable to help manage your care, speak with your Crown Health provider. Your provider may recommend RPM Services to you based on your current care plan.

Acknowledgement and Authorization:

By signing this Agreement, you agree to the following:

- You consent to Crown Health providing RPM Services to you.
- You are only person who will use the remote monitoring equipment as instructed. You will not use the device for reasons other than your own personal health monitoring and you will not tamper with the equipment.
- You will return any equipment belonging to Crown Health at the conclusion of the RPM Services.
- You certify that your Crown Health provider has fully explained the scope of RPM Services to you.
- You acknowledge that only one practitioner can furnish and be paid for RPM Services during a calendar month.
- You authorize electronic communication of your medical information between treating providers as part of your care.
- You understand that RPM Services are subject to Medicare cost-sharing requirements, and so you may be billed for a portion of the RPM Services.

You have the right to stop RPM Services at any time by revoking this Agreement effective at the end of the then-current thirty (30)-day period of services. You may revoke this Agreement verbally by calling 888-674-5871 or in writing to Crown Health, 23745 225th Way SE #201, Maple Valley, WA 98038. Upon receipt of your revocation, Crown Health will give you written confirmation (including the effective date) of revocation.



BASTION HEALTH, PC D/B/A CROWN HEALTH

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

About this Notice

This Notice will tell you about the ways Bastion Health, PC d/b/a Crown Health (“Crown Health”) may use and disclose your healthcare information. This Notice also describes your rights and certain obligations Crown Health has regarding the use and disclosure of your healthcare information.

Disclosures Crown Health May Make Without Your Authorization

Treatment; Payment; Health Care Operations: Federal and state law allow Crown Health to use and disclose your healthcare information in order to provide health care services to you, as well as to bill and collect payments for the services provided to you. For example, Crown Health may disclose your healthcare information to those involved in your treatment. Crown Health may also disclose your healthcare information to health plans or other responsible parties to receive payment for the services Crown Health provides to you. Additionally, Crown Health may disclose your healthcare information as necessary in connection with its health care operations. For example, Crown Health may use your healthcare information for its internal quality assurance purposes.

Required or Permitted by Law: Crown Health may use or disclose healthcare information when Crown Health is required or permitted to do so by law. For example, Crown Health may disclose healthcare information to appropriate authorities if Crown Health reasonably believes that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. Crown Health may also disclose your healthcare information to avert a serious threat to your health or safety or the health or safety of others. Other disclosures that may be permitted or required by law include disclosures for the following purposes: public health activities; health oversight activities; in response to a court or administrative order, or in response to a subpoena; research when approved by an institutional review board; workers’ compensation claims; for special government functions such as military, national security, and presidential protective services; organ procurement organizations; coroners; medical examiners; funeral directors; and correctional institutions.

Disclosures for Which You May Object

Family Members and Caregivers: You have the right to direct Crown Health to share healthcare information with your family, close friends, caregivers or others involved in your care. If you are not able to tell Crown Health your preference, for example if you are unconscious, Crown Health may share your information with these individuals if Crown Health believes it is in your best interest.

Uses and Disclosures Requiring Your Authorization

Crown Health will never share your healthcare information for the following purposes unless you give Crown Health written authorization, subject to the related definitions and exceptions set forth in applicable state and federal law:

- Marketing purposes
- Sale of your healthcare information
- Most sharing of psychotherapy notes

Other Uses and Disclosures

Uses and disclosures other than those described in this Notice will only be made with your written authorization. You may revoke or modify your authorization at any time by writing. Please note that your revocation or modification may not be effective in some circumstances, such as when Crown Health has already taken action relying on your authorization.

Your Rights Regarding Your PHI

Right to Inspect and Copy: You may request access to your healthcare information in order to inspect and obtain copies of such information. All requests for access must be made in writing. Under limited circumstances, Crown Health may deny access to your records. Crown Health may charge a reasonable, cost-based fee for providing you with access to your records.

Right to Alternative Communications: You may request, and Crown Health will accommodate, any reasonable written request for you to receive healthcare information by alternative means of communication or at alternative locations.

Right to Request Restrictions: You have the right to request a restriction on healthcare information Crown Health use or disclose for treatment, payment or health care operations. You must request any such restriction in writing addressed to Amy Warner at 23745 225th Way SE, Suite 201, Maple Valley WA 98038. Crown Health is not required to agree to any such restriction you may request, except if your request is to restrict disclosing healthcare information to a health plan for the purpose of carrying out payment or health care operations, the disclosure is not otherwise required by law, and the healthcare information pertains solely to a health care item or service which has been paid in full by you or another person or entity on your behalf.

Right to Accounting of Disclosures: Upon written request, you may obtain an accounting of disclosures of healthcare information made by Crown Health in the last six years, subject to certain restrictions and limitations.

Right to Request Amendment: You have the right to request that Crown Health amend your PHI. Your request must be in writing, and it must explain why the information should be amended. Crown Health may deny your request under certain circumstances.

Right to Obtain Notice: You have the right to obtain a paper copy of this Notice by submitting a request to Crown Health at 23745 225th Way SE Suite 201, Maple Valley WA 98038 at any time.

Right to Receive Notification of a Breach: Crown Health is required to notify you if Crown Health discovers a breach of your unsecured PHI, according to applicable requirements under federal law.

Questions and Complaints. If you desire further information about your privacy rights or are concerned that Crown Health has violated your privacy rights, you may contact Crown Health at (888) 674 5871 . You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Crown Health will not retaliate against you if you file a complaint with the Director or with Practice.

Effective Date and Changes to this Notice

Effective Date: This Notice is effective on August 1, 2020.

Changes to this Notice: Crown Health may change the terms of this Notice at any time. If Crown Health changes this Notice, Crown Health may make the new notice terms effective for all healthcare information that Crown Health maintains, including any information created or received prior to issuing the new notice. If Crown Health changes this Notice, Crown Health will post the revised notice on its web site at <https://crownhealthus.com>. You may also obtain any revised notice by contacting us at (888) 674 5871.