



**9240 N SAM HOUSTON PKWY E SUITE 201
HUMBLE, TEXAS 77396**

NOTICE OF PRIVACY PRACTICES

AS REQUIRED BY THE PRIVACY REGULATIONS CREATED AS A RESULT OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GAIN ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

PATIENT AGREEMENT

This Patient Agreement (Agreement) is between **HEALTH RISING PLLC** (the Practice, Us or We), and _____ (Patient, Member, or You).

Background

The Practice, located at 9240 N Sam Houston Pkwy E Suite 201 Humble, TX 77396, provides ongoing primary care medicine to its Members in a direct pay, membership model (DPC). In exchange for certain periodic fees, the Practice agrees to provide you with the Services described in this Agreement under the terms and conditions contained within.

Definitions

1. **Services.** In this Agreement, "Services" means the collection of services, medical and non-medical, which are described in Appendix A (attached and incorporated by reference), which We agree to provide to You under the terms and conditions of this Agreement.
2. **Patient.** In this Agreement, "Patient," "Member," "You" or "Yours" means the persons for whom the Practice shall provide care, who have signed this

Agreement, and/or whose names appear in appendix B (attached and incorporated by reference).

Agreement

3. **Term.** This Agreement will last for one year, starting on the date it is fully executed by the parties.
4. **Renewal.** The Agreement will automatically renew each year on the anniversary date of the Agreement unless either party cancels the Agreement by giving 30 days written notice.
5. **Termination.** Either party can cancel this Agreement at any time by giving 30 days' written notice to the other of intent to terminate.
6. **Payments and Refunds – Amounts and Methods.**
 - A. In exchange for the Services described in Appendix A, You agree to a monthly payment (or Membership Fee) in the amount which appears in Appendix C, which is attached and incorporated by reference;
 - B. Upon Execution of this Agreement, You shall pay a one-time, nonrefundable, Enrollment Fee, in addition to the Monthly Membership Fee (which shall be prorated to the first of the month), in the amount as described in Appendix C.
 - C. Thereafter, the Membership Fee shall be due on the first business day of every month.
 - D. The Parties agree that the required method of payment shall be by automatic payment through an automatic bank draft or debit or credit card.
7. **Early Termination.** If You cancel this Agreement before its term ends, We will refund any unused portion of your membership fee on a per diem basis.
8. **Non-Participation in Insurance.** The Practice does not participate with any health plans, HMO panels, or any other third-party payor. As such, we may not submit bills or seek reimbursement from any third-party payors for the Services provided under this Agreement.
9. **Medicare.** The Patient understands that the Practice and staff **have not opted out** of Medicare at this time. This means that the Practice is prohibited from entering into a private DPC healthcare agreement with current Medicare beneficiaries or enrollees. Until such time as the Practice formally terminate their Medicare provider agreement, all Medicare enrollees seeking to join the membership of this DPC will be put on a “call

list”. As soon as the Practice receives written notification from CMS that the Practice’s Medicare provider agreement has been terminated, each individual on the call list will be contacted and informed that Medicare enrollees can now be accepted for DPC membership. If a current member of this DPC practice becomes eligible for Medicare during the term of this membership agreement, the Patient agrees to immediately notify the Practice.

10. **This Agreement Is Not Health Insurance.** The Patient has been advised and understands that this Agreement is not an insurance plan. It does not replace any health coverage that the Patient may have, and it does not fulfill the requirements of any federal health coverage mandate. This Agreement does not include hospital services, emergency room treatment, or any services not personally provided by the Practice or its staff. This Agreement includes only those Services identified in Exhibit A. If a Service is not specifically listed in Appendix A, it is expressly excluded from this Agreement. The Patient acknowledges that We have advised them to obtain health insurance that will cover catastrophic care and other services not included in this Agreement. Patients are always personally responsible for the payment of any medical expenses incurred for services not included under this Agreement.

11. **Communications.** The Practice endeavors to provide Patients with the convenience of a wide variety of electronic communication options. Although we are careful to comply with patient confidentiality requirements and make every attempt to protect your privacy, communications by email, facsimile, video chat, cell phone, texting, and other electronic means, can never be absolutely guaranteed secure or confidential methods of communications. By placing your initials at the end of this agreement, you acknowledge the above and indicate that you understand and agree that by initiating or participating in the above means of communication, you expressly waive any guarantee of absolute confidentiality with respect to their use. You further understand that participation in the above means of communication is not a condition of membership in this practice; that you are not required to initial this clause; and that you have the option to decline any particular means of communication.

12. **Email and Text Usage.** By providing an email address on the attached Appendix B, the Patient authorizes the Practice and its staff to communicate with him/her by email regarding the Patient's "protected health information" (PHI).¹ By providing a cell phone number in Appendix B and checking the "YES" box on the corresponding consent question, the

¹ As that term is defined in the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its implementing regulations.

Patient consents to text message communication containing PHI through the number provided. The Patient further understands and acknowledges that:

- A. Email and text message are not necessarily secure methods of sending or receiving PHI, and there is always a possibility that a third party may gain access;
 - B. Although the Physician will make all reasonable efforts to keep e-mail and text communications confidential and secure, neither the CLINIC, nor the Physician can assure or guarantee the absolute confidentiality of these communications
 - C. Email and text messaging are not appropriate means of communication in an emergency, for dealing with time-sensitive issues, or for disclosing sensitive information. Therefore, in an emergency or a situation that could reasonably be expected to develop into an emergency, the Patient agrees to call 911 or go to the nearest emergency care facility and follow the directions of personnel.
 - D. If you do not receive a response to an e-mail or text message within 24 hours, You agree that you will contact the Physician by telephone or other means
13. **Technical Failure.** Neither the Practice nor its staff will be liable for any loss, injury, or expense arising from a delay in responding to the Patient when that delay is caused by technical failure. Examples of technical failures: (i) failures caused by an internet or cell phone service of physician; (ii) power outages; (iii) failure of electronic messaging software, or email or physician; (iv) failure of the Practice's computers or computer network, or faulty telephone or cable data transmission; (iv) any interception of email communications by a third party which is unauthorized by the Practice; or (v) Patient's failure to comply with the guidelines for use of email or text messaging, as described in this Agreement.
14. **Physician Absence.** From time to time, due to such things as vacations, illness, or personal emergency, the physician may be temporarily unavailable. When the date/s of such absences are known in advance, the Practice shall give notice to Patients so that they may schedule non-urgent care accordingly. During unexpected absences, Patients with scheduled appointments shall be notified as soon as practicable, and appointments shall be rescheduled at the Patient's convenience. If during a physician's absence, the Patient experiences an acute medical issue requiring immediate attention, the Patient should proceed to an urgent care or other suitable facility for care. Charges from Urgent Care or any other outside provider are not included under this Agreement and are the Patient's

responsibility. The Patient may, however submit such charges to their health plan for reimbursement consideration or request that the outside provider do the same. The Patient is responsible for understanding the coverage rules of their health plan, and We cannot guarantee reimbursement.

15. **Dispute Resolution.** Each party agrees not to make any inaccurate or untrue and disparaging statements, oral, written, or electronic, about the other. We strive to deliver only the best of personalized patient care to every Member, but occasionally misunderstandings arise. We welcome sincere and open dialogue with our Members, especially if we fail to meet expectations, and We are committed to resolving all Patient concerns.

Therefore, in the event that a Member is dissatisfied with, or has concerns about, any staff member, service, treatment, or experience arising from their membership in this Practice, the Member and the Practice agree to refrain from making, posting or causing to be posted on the internet or any social media, any untrue, unconfirmed, inaccurate, disparaging comments about the other. Rather, the Parties agree to engage in the following process:

- A. Member shall first discuss any complaints, concerns, or issues with their physician;
 - B. The physician shall respond to each of the Member's issues or complaints;
 - C. If, after such response, Member remains dissatisfied, the Parties shall enter into discussion and attempt to reach a mutually acceptable solution.
16. **Monthly Fee and Service Offering Adjustments.** In the event that the Practice finds it necessary to increase or adjust monthly fees or Service offerings before the termination of the Agreement, the Practice shall give 30 days' written notice of any adjustment. If Patient does not consent to the modification, Patient shall terminate the Agreement in writing prior to the next scheduled monthly payment.
 17. **Change of Law.** If there is a change of any relevant law, regulation or rule, which affects the terms of this Agreement, the parties agree to amend it only to the extent that it shall comply with the law.
 18. **Severability.** If any part of this Agreement is considered legally invalid or unenforceable by a court of competent jurisdiction, that part shall be amended to the extent necessary to be enforceable, and the remainder of the Agreement will stay in force as originally written.

19. **Amendment.** Except as provided within, no amendment of this Agreement shall be binding on a party unless it is in writing and signed by all the parties.
20. **Assignment.** Neither this Agreement nor any rights arising under it may be assigned or transferred without the agreement of the Parties.
21. **Legal Significance.** The Patient acknowledges that this Agreement is a legal document that gives the parties certain rights and responsibilities. The Patient agrees that they are suffering no medical emergency and has had reasonable time to seek legal advice regarding the Agreement and have either chosen not to do so or have done so and is satisfied with the terms and conditions of the Agreement.
22. **Miscellaneous.** This Agreement is to be construed without regard to any rules requiring that it be construed against the drafting party. The captions in this Agreement are only for the sake of convenience and have no legal meaning.
23. **Entire Agreement.** This Agreement contains the entire Agreement between the parties and replaces any earlier understandings and agreements, whether written or oral.
24. **No Waiver.** Either party may choose to delay or not to enforce a right or duty under this Agreement. Doing so shall not constitute a waiver of that duty or responsibility and the party shall retain the absolute right to enforce such rights or duties at any time in the future.
25. **Jurisdiction.** This Agreement shall be governed and construed under the laws of the State of Texas. All disputes arising out of this Agreement shall be settled in the court of proper venue and jurisdiction for the Practice.
26. **Notice.** Written Notice, when required, may be achieved either through electronic means at the email address provided by the party to be noticed or through first-class US Mail. All other required notice must be delivered by first-class US mail to the Practice at: 9240 N Sam Houston Pkwy E Suite 201 Humble,Tx 77396 and to the Patient, at their address provided in Appendix B.

The Parties agree that throughout this agreement and its attachments an electronic signature shall be valid to the same extent as a handwritten signature.

For: Jordan D. Salmon, MD / Health Rising PLLC

Signature: _____

Patient: _____

Signature: _____ Date:_____

APPENDIX A

SERVICES

1. Medical Services

Medical Services offered under this Agreement are those consistent with the physician's training and experience, and as deemed appropriate under the circumstances, at the sole discretion of the physician. The Patient is responsible for all costs associated with any medications, laboratory testing, and specimen analysis related to these Services unless otherwise noted. The specific Medical Services provided under this Agreement include the following:

- Acute and Non-acute office visits
- Chronic disease management (e.g. diabetes, high blood pressure, asthma, heart disease)
- Preventive care
- Wellness visits
- Well-woman care including pap smear
- Well-child care
- Sports physicals
- School physicals
- Other required medical paperwork
- Weight loss
- Smoking cessation
- Healthy Lifestyle Counseling
- Removal of skin lesions / warts
- Simple dermatology procedures
- Aspiration and/or injection of joints
- Abscess Incision and Drainage
- Wound repair and sutures
- Ear wax removal
- Acupuncture
- Splinting
- Trigger point injection
- Insertion and removal of IUD and implantable birth control

2. Non-Medical, Personalized Services. The Practice shall also provide Members with the following non-medical services:

- **After-Hours Access.** Subject to the limitations of paragraph 14, Members shall have direct telephone access to the physician for guidance in regard to urgent concerns that arise unexpectedly after office hours.

- **Email Access.** Subject to the limitations of paragraph 12, above, The Patient shall be given the physician's email address to which non-urgent communications can be addressed. The Patient understands and agrees that neither email nor the internet should be used to access medical care in the event of an emergency or any situation that could reasonably develop into an emergency. The Patient agrees that in this situation, when s/he cannot speak to the physician immediately in person or by telephone, to call 911 or go to the nearest emergency medical assistance physician, and follow the directions of emergency medical personnel.
- **Same Day/Next Day Appointments.** When a Patient contacts the Practice prior to noon on a regular office day to request a same-day appointment, every reasonable effort shall be made to schedule the Patient for that same day; or if this is not possible, Patient shall be scheduled for the following office day (subject to the limitations of paragraph 14).
- **No Wait or Minimal Wait Appointments.** Every reasonable effort shall be made to assure that the Patient is seen by the physician immediately upon arriving for a scheduled office visit or after only a minimal wait. If physician foresees more than a minimal wait time, Patient shall be contacted and advised of the projected wait time. Patient shall then have the option of seeing the physician at the later time or reschedule at a time convenient to the Patient.
- **Telehealth.** Telehealth (virtual visits) will be available when desired and deemed appropriate by the Patient and physician.
- **Specialists Coordination.** The physician shall coordinate care with medical specialists and other practitioners to whom the Patient needs referral. The Patient understands that fees paid under this Agreement do not include specialist's fees or fees due to any medical professional other than the Practice staff.

APPENDIX B

PATIENT ENROLLMENT FORM

CHECK YES WHERE INDICATED ONLY IF YOU AGREE TO TEXT MESSAGE COMMUNICATION. PROVIDE EMAIL ADDRESS ONLY IF YOU AGREE TO EMAIL COMMUNICATION.

THE FEES AS SET OUT IN THE ATTACHED APPENDIX C, SHALL APPLY TO THE FOLLOWING PATIENT(S), WHO BY SIGNING BELOW (OR AS LEGAL REPRESENTATIVE), CERTIFY THAT THEY HAVE READ AND AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT:

Patient

Patient Name _____ Date of Birth _____

Street Address _____

City, State, Zip _____

Cell Phone _____ Email _____

I Agree to Text Communication: (check one below)

- Yes
- No

Signature: _____

Additional Individuals-

2. Name: _____

Relationship to Patient: _____

3. Name: _____

Relationship to Patient: _____

4. Name: _____

Relationship to Patient: _____

5. Name: _____

Relationship to Patient: _____

APPENDIX C
FEE ITEMIZATION

Enrollment Fee

A one-time enrollment fee of \$150 for each household or group shall be collected at the initial time of signing. This enrollment fee may be waived when an initial payment is made for a 12 month time period. If any member of the household or group cancels their membership prior to 12 months of completed membership as per the date specified in this agreement then a refund will be provided minus the one-time enrollment fee of \$150.

Re-enrollment Fee

If, after allowing membership to lapse or be terminated, the Patient desires to re-join the practice, the Patient shall be accepted on a space-available basis, subject to a \$300 re-enrollment fee or payment of all unpaid monthly fees since membership lapsed or was terminated, as preferred by the patient.

Monthly Membership Fees

19 years and under*	\$39 per month	X	___ Members	\$ _____
19 years and under*	\$69 per month	X	___ Members	\$ _____
20 to 44 years	\$99 per month	X	___ Members	\$ _____
45 years +	\$139 per month	X	___ Members	\$ _____
Family Price Plan	\$299 per month	X	___ Members	\$ _____

*19 years and under —\$39 per month when enrolled with at least one adult in the same household.

Total Monthly Membership Fee \$ _____

Initial Payment:

Prorated Membership Fees from date of signing above. \$ _____

Enrollment Fees \$ _____

Total Due on Signing:

\$ _____

AUTOMATIC BILLING AUTHORIZATION

To enjoy the convenience of automated billing, simply complete the following form for your preferred method of billing, Bank Draft or Credit/Debit Card Information below, then sign the form. There is a 2.3% fee for all Credit/Debit charges, this is waived if you select Bank Draft authorization. Upon approval, you will have the option to set up a monthly auto-deduction. Payments are made directly through our secure link accessed through your electronic statement sent to your email. Your statement will include monthly fees and incidental charges which you will receive prior to any payments or deductions.

Customer Name: _____

PAYMENT INFORMATION

I authorize Health Rising PLLC, to automatically make ACH Credit and debit entries to/from the Bank Account or Card listed below as specified.

Amount: \$_____ for monthly subscription plus any Incidental Charges.

Frequency:

Monthly Start billing on the date of signature below.

End billing when: 30 days from when Patient or the Practice provides written cancellation.

[] BANK DRAFT BILLING:

Bank Name: _____

Bank Account Number: _____

Bank Routing Number: _____

Name on Bank account: _____

[] CREDIT/DEBIT CARD BILLING:

Cardholder's name: _____

(as shown on credit card)

Credit card type: [] Visa, [] MasterCard, [] American Express, [] Discover

Credit card number: _____ Expires: ____/____

CVC(Security code): _____

Customer authorizes the Practice to initiate ACH credit and debit entries to/from Patient's account indicated above for amounts owed as per this agreement. Patient hereby authorizes the Practice to accept the ACH credit and debit entries. Authority to initiate ACH credit and debit entries shall remain in full force and effect until the Practice has received written notice from Patient 30 days in advance of its termination of such authorization as per this agreement. The Patient understands that Patient has the legal right to stop payment of an ACH credit or debit entry by notification to the Practice; provided, prior to such action, Patient shall give the Practice 30 days written notice to permit the Practice to take any necessary actions to avoid disruptions in payments from Patient. The Patient agrees to follow NACHA rules applicable to ACH transactions.

The Patient agrees to pay for all purchases, services, fees and other charges incurred by the Patient or other agent (whether acting under authority of the Patient or otherwise) on account of the Patient, including service charges on past due amounts at the highest rate permitted by law (including services provided to a third-party agent on behalf of the Patient). The Patient agrees to pay all reasonable attorney fees and expenses or costs incurred by the Practice in enforcing its rights to collect amounts due from the Patient.

Must be signed by the Patient or Authorized Agent with signing authority on bank account or credit/debit card as listed above.

Customer/Patient's signature: _____

Date: _____

APPENDIX D

MEDICARE OPT-OUT AGREEMENT

This agreement (“Agreement”) is entered into by and between Health Rising PLLC, (“Provider”), whose principal medical office is located at: 9240 N Sam Houston Pkwy E Suite 201 Humble, Tx 77396, and _____ (Patient’s Name), a beneficiary enrolled in Medicare Part B (“Beneficiary”), who resides at _____ (Patient’s address).

Introduction

The Balanced Budget Act of 1997 allows Providers to “opt out” of Medicare and enter into private contracts with patients who are Medicare beneficiaries. In order to opt out, Providers are required to file an affidavit with each Medicare carrier that has jurisdiction over claims that they have filed (or that would have jurisdiction over claims had the Provider not opted out of Medicare). In essence, the Provider must agree not to submit any Medicare claims nor receive any payment from Medicare for items or services provided to any Medicare beneficiary for two years. This Agreement between Beneficiary and Provider is intended to be the contract Providers are required to have with Medicare beneficiaries when Providers opt-out of Medicare. This Agreement is limited to the financial agreement between Provider and Beneficiary and is not intended to obligate either party to a specific course or duration of treatment.

Provider Responsibilities

- (1) Provider agrees to provide Beneficiary such treatment as may be mutually agreed upon and at mutually agreed upon fees.
- (2) Provider agrees not to submit any claims under the Medicare program for any items or services, even if such items or services are otherwise covered by Medicare.
- (3) Provider agrees not to execute this contract at a time when Beneficiary is facing an emergency or urgent healthcare situation.
- (4) Provider agrees to provide Beneficiary with a signed copy of this document before items or services are furnished to Beneficiary under its terms. Provider also agrees to retain a copy of this document for the duration of the opt-out period.
- (5) Provider agrees to submit copies of this contract to the Centers for Medicare and Medicaid Services (CMS) upon the request of CMS.

Beneficiary Responsibilities

(1) Beneficiary agrees to pay for all items or services furnished by Provider and understands that no reimbursement will be provided under the Medicare program for such items or services.

(2) Beneficiary understands that no limits under the Medicare program apply to amounts that may be charged by Provider for such items or services.

(3) Beneficiary agrees not to submit a claim to Medicare and not to ask Provider to submit a claim to Medicare.

(4) Beneficiary understands that Medicare payment will not be made for any items or services furnished by Provider that otherwise would have been covered by Medicare if there were no private contract and a proper Medicare claim had been submitted.

(5) Beneficiary understands that Beneficiary has the right to obtain Medicare-covered Items and services from Provider and practitioners who have not opted out of Medicare, and that Beneficiary is not compelled to enter into private contracts that apply to other Medicare-covered items and services furnished by other Providers or practitioners who have not opted out of Medicare.

(6) Beneficiary understands that Medigap plans (under section 1882 of the Social Security Act) do not, and other supplemental insurance plans may elect not to, make Payments for such items and services not paid for by Medicare.

(7) Beneficiary understands that CMS has the right to obtain copies of this contract upon request.

Medicare Exclusion Status of Provider

Beneficiary understands that Provider has not been excluded from participation under the Medicare program under section 1128, 1156, 1892, or any other sections of the Social Security Act.

Duration of the Contract

This contract becomes effective on the date as indicated below. Either party may terminate treatment with a 30-day notice to the other party. Notwithstanding this right to terminate treatment, both Provider and Beneficiary agree that the obligation not to pursue Medicare reimbursement for items and services provided under this contract will survive this contract.

By _____
Jordan D. Salmon, MD / Health Rising PLLC

Patient's Signature: _____ Date: _____