Patient Services Agreement, Consent to Treat, Financial Policy & HIPAA Acknowledgment

Effective Date: May 27, 2026

Welcome to MyBridge Primary Care. This document explains our practice policies, services, patient responsibilities, financial policies, consent for treatment, and acknowledgment of privacy practices. Please review carefully and sign below.

1. CONSENT TO TREAT

I voluntarily consent to healthcare services provided by MyBridge Primary Care and its providers, staff, contractors, and affiliated personnel as appropriate for my medical care.

I understand that:

- medical care may include evaluation, diagnosis, treatment, procedures, chronic care management, preventive care, coordination of care, and home-based healthcare services;
- no guarantees or assurances have been made regarding the results of treatment;
- I have the right to ask questions regarding my care and treatment;
- I may refuse treatment at any time to the extent permitted by law.

I authorize MyBridge Primary Care to coordinate care with pharmacies, laboratories, specialists, hospitals, home health agencies, caregivers, family members authorized by me, and other healthcare providers involved in my care as permitted by law.

2. TELEHEALTH & ELECTRONIC COMMUNICATION CONSENT

I understand that certain services or communications may occur electronically, including by:

- telephone
- text message
- email
- patient portal
- telehealth technology

I acknowledge that electronic communications may not always be fully secure despite reasonable safeguards.

I understand that:

- text messages and emails should not be used for emergencies;
- response times may vary;
- emergency medical situations require calling 911 or seeking immediate emergency care.

We may communicate electronically for scheduling, care coordination, reminders, and healthcare-related communications consistent with applicable privacy laws.

3. PATIENT SERVICES

Services may include:

- in-home primary care visits
- chronic disease management
- medication management
- hospital follow-up care
- preventive care
- coordination with specialists and home health services
- telehealth services when appropriate

Services may vary depending on provider availability, medical appropriateness, geographic coverage, and patient needs.

4. APPOINTMENTS & SCHEDULING

Patients agree to:

- provide accurate contact information;
- notify the Practice of appointment cancellations as soon as possible;
- provide safe access to the residence for home visits;
- ensure pets are secured during visits when necessary.

The Practice reserves the right to reschedule visits due to emergencies, weather, provider illness, safety concerns, or scheduling conflicts.

5. AFTER-HOURS & EMERGENCIES

MyBridge Primary Care is not an emergency service provider.

For medical emergencies, patients should:

- call 911;
- go to the nearest emergency room;

- or seek immediate emergency care.

Urgent after-hours medical concerns may be directed to the Practice's answering or triage service when available.

6. FINANCIAL POLICY

Patients are responsible for:

- providing current insurance information;
- understanding insurance coverage and benefits;
- payment of copays, deductibles, coinsurance, and non-covered services;
- balances not paid by insurance.

The Practice may bill insurance companies, Medicare, Medicaid, or other payers as a courtesy; however, the patient remains ultimately responsible for payment.

Accounts with unpaid balances may be subject to collection efforts, additional billing actions, or discharge from the Practice as permitted by law. Returned checks or failed electronic payments may result in additional fees.

7. MEDICATION REFILLS

Prescription refill requests should be submitted during normal business hours and may require sufficient notice for processing. Controlled substances may require additional monitoring, visits, or documentation in accordance with applicable laws and Practice policies.

8. PATIENT RESPONSIBILITIES

Patients agree to:

- provide accurate and complete health information;
- participate in treatment decisions;
- treat staff respectfully;
- comply with recommended treatment plans;
- maintain a safe environment for home visits.

The Practice reserves the right to discontinue non-emergent services for abusive behavior, unsafe environments, repeated noncompliance, or other appropriate reasons consistent with applicable law.

9. NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I acknowledge that I have received or been offered a copy of the MyBridge Primary Care Notice of Privacy Practices.

10. ACKNOWLEDGMENT & SIGNATURE

I acknowledge that:

- I have reviewed and understand this Patient Services Agreement, Consent to Treat, Financial Policy;
- I have had the opportunity to ask questions;
- I consent to treatment and services provided by MyBridge Primary Care.

Patient Name: _____

Date of Birth: _____

Patient Signature: _____

Date: _____

Personal Representative (if applicable): _____

Relationship to Patient: _____

Witness/Staff Signature: _____

Date: _____