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General Informed Medical Consent

I, the undersigned patient, or legal guardian of the patient (if applicable), hereby give my informed consent for medical treatment and procedures at Community Health Alliance, PLLC DBA Health-X or MobileVax, referred to as CHA here forward. I acknowledge that I have been informed and understand the nature, purpose, risks, and benefits of the proposed medical treatment.

Nature of Treatment:

- The treatment may include but is not limited to diagnosis, medical examinations, laboratory tests, medical procedures, prescription of medications, surgical procedures (if applicable), and other necessary medical interventions to address the patient's health condition.

Purpose of Treatment:

- The purpose of the treatment is to diagnose, manage, and/or treat the patient's medical condition or symptoms, to promote health and well-being, and to prevent or alleviate pain or suffering.

Risks and Benefits:

- I understand that all medical procedures and treatments carry certain risks, and the expected benefits may vary depending on the individual's condition. CHA and their medical staff have explained to me the potential risks and benefits associated with the proposed treatment.

Alternatives:

- I acknowledge that I have been informed of any reasonable and relevant alternative treatments, including their risks and benefits. I understand that I have the right to request additional information about alternative treatments if necessary.

Confidentiality:

- I understand that my medical records and personal health information will be kept confidential in accordance with applicable laws and regulations. However, the medical staff involved in my treatment may share necessary information for the purposes of coordinating my care and treatment.

Right to Refuse or Withdraw Consent:

- I understand that I have the right to refuse or withdraw my consent for any medical treatment at any time.

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Emergency Situations:

- In the event of a medical emergency where I am unable to provide consent, I authorize the medical staff at CHA to provide necessary medical treatment based on their professional judgment.

Participation in Research or Teaching:

- I acknowledge that I will be informed and asked for separate consent if any part of my treatment involves participation in research, clinical trials, or medical education programs.

Telehealth Services:

- Telehealth services involve the use of electronic communications to enable healthcare professionals to evaluate, diagnose, and provide medical advice and treatment remotely. These services may include videoconferencing, telephone consultations, secure messaging, and other virtual communication methods.

Nature of Telehealth Services:

- Telehealth services aim to provide medical care at a distance and are an alternative to in-person visits. While the convenience of telehealth services can be significant, it is essential to recognize that they may not be suitable for all medical conditions or situations. Your healthcare provider will determine whether telehealth services are appropriate for your specific medical needs.

Benefits of Telehealth Services:

- Telehealth services can offer various benefits, including increased access to medical care, reduced travel time and expenses, flexibility in scheduling appointments, and improved monitoring of certain medical conditions.

Limitations of Telehealth Services:

- It is essential to understand that telehealth services have limitations compared to in-person medical visits. These limitations may include the inability to conduct certain physical examinations or diagnostic tests that require physical contact. In some cases, an in-person visit may be necessary for a comprehensive evaluation.

Security and Privacy:

- CHA uses secure and encrypted platforms for telehealth services to protect your privacy and confidentiality. However, it is crucial that you participate in telehealth services from a private and secure location to maintain the confidentiality of your medical information.

Technical Requirements:

- To participate in telehealth services, you must have access to a reliable internet connection, a compatible device (e.g., computer, tablet, or smartphone), and any

necessary software or applications. Please test your connection and equipment before the scheduled appointment to ensure a successful telehealth session.

Risks of Telehealth Services:

- Although every effort is made to ensure the security and reliability of telehealth services, there are inherent risks associated with electronic communication, such as technical failures or breaches of data security. By engaging in telehealth services, you accept these risks and acknowledge that CHA cannot guarantee complete protection against all potential risks.

Emergency Situations:

- Telehealth services are not intended for medical emergencies or urgent medical conditions that require immediate attention. If you experience a medical emergency, please call emergency services or go to the nearest emergency room.

Right to Decline or Terminate Services:

- You have the right to decline or terminate telehealth services at any time without affecting your right to receive in-person medical care. You may request a traditional in-person appointment if you prefer.

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Medical Billing Disclosure

At Community Health Alliance, PLLC, we believe in transparent and open communication with our patients regarding medical billing and financial matters. This document serves as a disclosure to provide you with important information about our medical billing practices. Please read this disclosure carefully and feel free to ask any questions you may have.

Explanation of Charges:

- Our medical billing process involves charging for various services provided during your visit. These charges may include physician consultations, diagnostic tests, procedures, treatments, medications, and other medical services. Each service has an associated cost based on the complexity and duration of the care provided.

Insurance Coverage:

- CHA accepts various health insurance plans, and we will bill your insurance company for eligible services on your behalf. However, it is essential to understand that the coverage and benefits provided by your insurance plan are determined by the terms and conditions set by the insurance company. Patients are responsible for verifying their insurance coverage and understanding their financial obligations, including co-payments, deductibles, and any non-covered services.

Co-Payments and Deductibles:

- If your insurance plan requires co-payments or deductibles, you will be expected to make those payments at the time of your visit. Our staff will inform you about the amount due before the appointment. Failure to pay the required co-payment or deductible may result in rescheduling the appointment and reporting to collections for recoupment of payments.

Non-Covered Services:

- Some medical services may not be covered by your insurance plan, or they may be considered as "out-of-network" services. In such cases, you will be responsible for the full payment of those services. Our billing team will inform you about any non-covered services and associated costs before providing the service.

Payment Options:

- CHA accepts major credit cards for your convenience. Additionally, we may offer payment plans for certain services, subject to prior arrangements and approval.

Financial Assistance and Discounts:

- We understand that medical expenses can be a burden for some patients. In cases of financial hardship, we may be able to offer financial assistance or discounts on a case-by-case basis. Please contact our billing department to discuss your situation confidentially.

Billing Inquiries and Disputes:

- If you have any questions or concerns about your medical bill, insurance claim, or any billing-related issues, our billing department is here to assist you. Please contact us promptly so that we can address and resolve any disputes or discrepancies.

Patient Privacy and Confidentiality:

- Rest assured that all billing and financial information is treated with the utmost confidentiality and in compliance with applicable privacy laws and regulations.

Changes to Billing Policies:

- CHA reserves the right to update or modify its billing policies from time to time. In such cases, we will notify patients of any significant changes in advance.

By signing, you acknowledge that you have read and understood the information provided in this General Informed Consent for treatment at CHA along with the Medical Billing Disclosure. You agree to abide by our billing policies and consent to our practices for medical billing and financial matters. I understand that I am responsible for the costs associated with the medical treatment and that I will be billed accordingly. I acknowledge that CHA may provide me with further details about billing and payment options upon request. For rendered services, I acknowledge that I will see billing to my insurance policy under Community Health Alliance, PLLC. I have had the opportunity to ask questions and have received satisfactory answers to my inquiries. I voluntarily consent to the proposed medical treatment, voluntarily agree to participate in telehealth services.