



A CONSENT TO TREATMENT, OFFICE POLICIES, AND PRIVACY

Dear Patient,

Welcome to D'essence HealthCare Services. We look forward to helping you reach your health goals. We encourage your questions and participation in all aspects of your journey with us.

The following document comprises three sections: 1) Office policies and financial agreement, 2) HIPAA Privacy Policy, and 3) Consent to treatment and telehealth services. Please make sure to read through this document in its entirety.

OFFICE POLICIES & FINANCIAL AGREEMENT

The policy of D'essence Healthcare Services is to collect payment at the time services are rendered. You may use our secure payment portal to remit payment. Please remit your payment with your new patient package. We also made provisions for our patients without health insurance; payments can be made through our paypal portal on our website @ www.dessencefamilyclinic.com

This visit is an investment in you. Think about why you want to feel better, get well or stay well. Your healthy goal is our priority, and we are pleased to work with you to achieve these goals. You are encouraged to visit the patient's portal for updates on your health.

Your appointment is dedicated to you and your concerns. I take our time together seriously and will be prepared and be mindfully present for our visits. The length of time for our video consult is determined by your health needs assessment. These consults are focused and range from 15-40 mins long; new patient telehealth appointments are \$65, home visits are \$100, and follow-up appointments are \$50. If you would like, you are welcome to schedule with us for more of your health care needs that can't be met during these time frames to discuss other health care needs. Cancellation requests **MUST** be made at least 24hours in advance. We reserve the right to charge a \$20 non-refundable fee or missed appointment fee for no-show visits. Please note that the prices for services are only for self-pay.

I understand that this consent gives D'Essence Healthcare Services the permission to bill my medical insurance. Recommended diagnostic and treatment measures may fall outside the conventional standard of care, and the patient will cover costs if insurance denies the claims. I am required to accept full responsibilities for all associated costs and fees.

Laboratory testing fees are separate from appointment fees and will be paid out of pocket by the patient if the insurance does not cover it.

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INFORMED CONSENT FOR TELEHEALTH SERVICES AND HIPAA PRIVACY

I, PATIENT, or AUTHORIZED GUARDIAN or REPRESENTATIVE, acknowledge the opportunity to read and inquire about this consent and all the items addressed herein. I hereby authorize D'Essence Healthcare Inc or any clinician representing D'Essence Healthcare Services Inc, in accordance and within the scope and limits of their clinical license(s), to perform or recommend procedures for diagnosis or treatment.

Telehealth is typically an electronic transmission of data, using video calling, using technologies provided by the electronic health record, for improved patient access and convenience, resulting in a better patient care experience. During the communication, correct patient identification and confirmation of your practitioner and their credentials will be ensured. Telehealth does have some considerations: The inability to have direct, physical contact with the patient is a primary difference between telehealth and direct in-person service delivery. The patient agrees that the practitioner determines whether or not the condition being diagnosed or treated is appropriate for a telemedicine encounter.

The knowledge, experiences, and qualifications of the EHR providing data and information to the provider of the telehealth services need not be wholly known to and understood by the practice. Charm EHR does take active and layered security measures with the use of telemedicine technologies. In addition, other HIPAA-compliant technologies such as doxy. me may be used for telehealth services. The quality of transmitted data may affect the quality of services provided by the provider. The patient agrees to hold the clinician / practitioner and D'Essence Healthcare Services Inc, harmless for information lost due to technical failures. The practice may, in some cases, be required to forward patient-identifiable information to a third party, for instance, upon request by your insurance company. This is not different than the requirements for other non-telehealth medical records.

We are required by law to maintain privacy and provide individuals with this notice of our legal duties and privacy practices concerning protected health information. We follow HIPAA guidelines for your protection, and you have the right to your medical information. We strive to be HIPAA compliant, and your privacy is essential to us and secure communication lines to feel comfortable. While we strive to protect your information and our HIPAA secure video for telemedicine, we cannot be held accountable if

hacking, technical issues, or a breach occurs; you're required to read more about it here. If the link doesn't work, cut and paste it into your web browser. http://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/consumers/consumer_rights.pdf

I agree that the consent form will cover the entire course of treatment for the present condition and any future condition(s) for which treatment is sought.

Additionally, the patient (or guardian) is responsible for determining health insurance benefits for Telehealth visits and is responsible for amounts not paid by insurance.

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I acknowledge and accept that there are risks to the diagnosis and treatment measures that fall within and outside the conventional standard of care and that these risks may include: unintended exacerbation of symptoms, new symptoms, allergic and other unintentional injury and side effects from exercise, lifestyle modifications, dietary modifications, herbal and nutritional supplements, injected or intravenous therapies, hormonal therapies, adverse interactions with drugs, herbs or nutrients. The specific risks associated with the proposed procedures have been explained to the client or representative.

I acknowledge that the clinician cannot know or anticipate and explain every possible risk or complication. The client or representative willingly chooses to rely on the clinician to exercise their best judgment within the bounds of their licensure for any of the above.

Female clients agree to alert the clinician should she suspect that she may be pregnant or is trying to become pregnant in acknowledgment that some of the diagnostic or therapeutic techniques medication or supplements prescribed could present risks to a pregnancy

DISCLOSURE COVERAGE

Please understand that you are free to discontinue participation with treatment at any time. Please tell us why and what is not working for you so we can adjust your medication or treatment plan. It will be your responsibility to inform the clinician of the adherence to or discontinuation of any supplements, medication, or treatment plan recommendations. Please realize you may be creating the risk of adverse effects, and will you will bear complete and sole responsibility if this is not done.

PATIENT'S RESPONSIBILITY TO DISCLOSE INFORMATION

I understand that my representative or I bear full responsibility for any adverse effects experienced during or after the course of treatment that was reasonably deemed to be caused or related to a deficit in the full, accurate, and timely disclosure of symptoms and other medical information to the clinician to the best of my or my representative's ability.

WILLING PARTICIPATION

I understand that the clinician may collaborate with clinicians, pharmacy services, specialists, and colleagues related to the care provided.

I consent to treatment either at home, in our office or through Telemedicine with D'Essence Healthcare Services Inc?

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Are you in the state of **Texas, New Mexico, or Maryland** at the time of our telehealth visit? Please know we are not servicing any other states at this time but are in the process of adding more states such as California, Arizona, Minnesota e.t.c. Please email us at: care@dessencefamilyclinic.com or call 915-955-4703 to cancel or reschedule your appointment if you are not in one of these states.

Dispute Process: In terms of service and medical grievances. You agree to arbitration of claims by governing law contracted in the state where the patient/client resides. An arbitration clause is a section of a contract that deals with the parties' rights and options in the event of a legal dispute. In most arbitration clauses, the parties agree not to sue each other and resolve their disputes through arbitration. By signing the form, you agree and accept the terms.

By reading and proceeding with the appointment, I acknowledge that I have been provided ample opportunity to read this document. I understand the above-stated office policies, the HIPAA privacy policy and the financial agreement with D'Essence Healthcare Services Inc and will comply with them in all respects.

Lastly, I understand all of the above and give my consent to the evaluation and treatment to cover the entire course of treatments for my present condition and any future conditions for which I seek treatment.

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