

SPARK HEALTHCARE TERMS & CONDITIONS - THIS NOTICE DESCRIBES HOW WE TREAT, BILL & ADMINSTRATE YOUR TELEHEALTH SERVICES

SPARK TELEMEDICINE INFORMED CONSENT THAT YOU MUST AGREE TO:

I hereby consent to engaging in telemedicine with Spark Healthcare Provider(s) as part of my treatment. I understand that “telemedicine” includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications.

I understand that telemedicine also involves the communication of my medical/mental information, both orally and visually, to health care practitioners located in Arizona or outside of Arizona.

I understand that I have the following rights with respect to telemedicine:

(1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

(2) The laws that protect the confidentiality of my medical information also apply to telemedicine. As such, I understand that the information disclosed by me during the course of my treatment is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.

I also understand that the dissemination of any personally identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without my written consent.

(3) I understand that there are risks and consequences from telemedicine, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; that information shared by phone or internet may not be as confidential as in-person consultation; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

In addition, I understand that telemedicine based services and care may not be as complete as face-to-face services. I also understand that if my doctor/therapist believes I would be better served by another form of treatment (e.g. face-to-face services) I will be referred to someone who can provide such services in my area. Finally, I understand that there are potential risks

and benefits associated with any form of treatment, and that despite my efforts and the efforts of my doctor/therapist, my condition may not improve, and in some cases may even get worse.

(4) I understand that I may benefit from telemedicine, but that results cannot be guaranteed or assured.

(5) I understand that I have a right to access my medical information and copies of medical records in accordance with Arizona law.

6) I understand that telemedicine requires me to have access to a quiet, private location for each session and that a session may be terminated with no fee refund by the Provider if it is determined that my location is unsuitable for an effective and safe telemedicine session, such as while driving a car, running errands or in a public setting.

I have read and understand the information provided above. I have had the opportunity to discuss it with my doctor/therapist, and all of my questions have been answered to my satisfaction.

During the process of providing services to you, Spark Healthcare LLC will obtain, record, and use mental health and medical information about you that is protected health information. We will not use or disclose more information for payment purposes than is necessary. This is known as using only the minimum necessary amount to accomplish the purpose of use or disclosure. We are accountable to the Secretary of Health and Human Services to safeguard (keep secure) and protect (keep private) our Consumers' information. Ordinarily that information is confidential and will not be used or disclosed, except as described below.

I. USES AND DISCLOSURES OF PROTECTED INFORMATION

A. General Uses and Disclosures Not Requiring the Consumer's Consent: The Center will use and disclose protected health information in following ways.

1. Treatment. Treatment refers to the provision, coordination, or management of health care [including mental health care] and related services by one or more health care providers. For example, Spark Healthcare LLC staff involved with your care may use your information to plan your course of treatment and consult with other staff to ensure the most appropriate methods are being used to assist you.

2. Payment. Payment refers to the activities undertaken by a healthcare provider [including a mental health provider] to obtain or provide reimbursement for the provision of health care. For example, Spark Healthcare LLC will use your information to develop accounts receivable information, bill you, and with your consent, provide information to your insurance company for services provided. The information provided to insurers and other third-party payors may include information that identifies you, as well as your diagnosis, type of service, date of service, provider name/identifier, and other information about your condition and treatment. If you are

covered by Medicaid, information will be provided to the State of Colorado's Medicaid program, including but not limited to your treatment, condition, diagnosis, and services received. You have a right to request a restriction on certain disclosures to your health plan if the disclosure is purely for carrying out payment or health care operations and the requested restriction is for services paid out-of-pocket.

3. Health Care Operations. Health Care Operations refers to activities undertaken by the Center that are regular functions of management and administrative activities. For example, Spark Healthcare LLC may use your health information in monitoring of service quality, staff training and evaluation, medical reviews, legal services, auditing functions, compliance programs, business planning, and accreditation, certification, licensing and credentialing activities.

4. Organized Health Care Arrangements. We may also share medical information about you with the other health care providers, health information exchanges, health care clearinghouses, and health plans that participate with us in "organized health care arrangements" (OHCAs). The organizations participating in the OHCAs will share such medical information about you among each other as necessary to carry out the treatment, payment, and health care operations activities of the OHCAs. OHCAs include hospitals, physician organizations, health plans, and other entities like Spark Healthcare LLC and Salud which work together to provide health care services. The medical information about you to be shared through the OHCAs will be obtained through your visits to hospitals, physician clinics, and other health care facilities.

5. Contacting You. Spark Healthcare LLC may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you. Appointment reminders may be communicated by phone or by text messaging. It is your responsibility to provide an accurate and up-to-date mobile/cell-phone number to receive these appointment reminders. YOU HAVE THE RIGHT TO OPT IN/OUT OF RECEIVING COMMUNICATION/APPOINTMENT REMINDERS VIA PHONE, EMAIL AND/OR TEXT MESSAGE. PLEASE SPEAK WITH A MEMBER OF THE FRONT DESK OR YOUR CARE COORDINATOR TO MODIFY OR TO SELECT YOUR PREFERRED MEANS OF COMMUNICATION.

6. Required by Law. Spark Healthcare LLC will disclose protected health information when required by law. This includes, but is not limited to: (a) reporting child abuse or neglect; (b) when court ordered to release information; (c) when there is a legal duty to warn or take action regarding imminent danger to others; (d) when the consumer is a danger to self or others or gravely disabled; (e) when required to report certain communicable diseases and certain injuries; (f) when a Coroner is investigating the consumer's death; and (g) to government regulatory and oversight agencies that oversee the Center and staff activities;

7. Notification in the Case of a Breach: Spark Healthcare LLC is required by law to notify our consumers in case of a breach of their unsecured protected health information when it has been or is reasonably believed to have been accessed, acquired or disclosed as a result of a breach.

8. Crimes on the premises or observed by Center personnel. Crimes that are observed by Spark Healthcare LLC staff that are directed toward staff or occur on the Center's premises will be reported to law enforcement.

9. Business Associates. Some of the functions of Spark Healthcare LLC are provided by contracts with business associates. For example, some administrative, clinical, quality assurance, billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. In those situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.

10. Research. Spark Healthcare LLC may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulation are followed. 45 CFR § 164.512(i).

11. Involuntary Consumers. Information regarding consumers who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers and others, as necessary to provide the care and management coordination needed.

12. Family Members. Except for certain minors, incompetent consumers, or involuntary consumers, protected health information cannot be provided to family members without the consumer's consent. In situations where family members are present during a discussion with the consumer, and it can be reasonably inferred from the circumstances that the consumer does not object, information may be disclosed in the course of that discussion. However, if the consumer objects, protected health information will not be disclosed.

13. Fundraising. Spark Healthcare LLC , or its fundraising Foundation, may contact consumers as a part of its fundraising activities. You have a right to opt out of being contacted for any fundraising activities, if you wish.

14. Emergencies. In life threatening emergencies Spark Healthcare LLC staff will disclose information necessary to avoid serious harm or death.

15. Public Health Activities. We may use or disclose your PHI for public health activities that are permitted or required by law. For example, we may disclose your PHI in certain circumstances to control or prevent a communicable disease, injury or disability and for public health oversight activities or interventions. We also may disclose protected health information, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

16. Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits;

investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and government agencies that ensure compliance with civil rights laws.

17. **Lawsuits and Other Legal Proceedings.** We may disclose your PHI in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized). If certain conditions are met, we may also disclose your protected health information in response to a subpoena, a discovery request, or other lawful process. **B. Consumer Authorization or Release of Information.** Spark Healthcare LLC may not use or disclose protected health information in any other way without a signed authorization or release of information. When a consumer or guardian 18 years or older signs an authorization, or a release of information, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent Spark Healthcare LLC has already taken action in reliance thereon.

II. YOUR RIGHTS AS A CONSUMER

A. Access to Protected Health Information. You have the right to inspect and obtain a copy of the protected health information Spark Healthcare LLC has regarding you, in the designated record set. Information must be provided in electronic form, if requested. There are some limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. To make a request, ask Spark Healthcare LLC staff for the appropriate request form. **B. Amendment of Your Record.** You have the right to request that Spark Healthcare LLC amend your protected health information. Spark Healthcare LLC is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To make a request, ask Spark Healthcare LLC staff for the appropriate request form. **C. Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures Spark Healthcare LLC has made regarding your protected health information. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you, disclosures made pursuant to a signed Authorization, or disclosures 10 years prior. There are other exceptions that will be provided to you, should you request an accounting. To make a request, ask Spark Healthcare LLC staff for the appropriate request form. **D. Additional Restrictions.** You have the right to request additional restrictions on the use or disclosure of your health information. Spark Healthcare LLC does not have to agree to that request, and there are certain limits to any restriction, which will be provided to you at the time of your request. To make a request, ask Spark Healthcare LLC staff for the appropriate request form. **E. Alternative Means of Receiving Confidential**

Communications. You have the right to request that you receive communications of protected health information from Spark Healthcare LLC by alternative means or at alternative locations. For example, if you do not want Spark Healthcare LLC to mail bills or other materials to your

home, you can request that this information be sent to another address. There are limitations to the granting of such requests, which will be provided to you at the time of the request process. To make a request, ask Spark Healthcare LLC staff for the appropriate request form. F. Copy of this Notice. You have a right to obtain another copy of this Notice upon request. III.

ADDITIONAL INFORMATION

A. Privacy Laws. Spark Healthcare LLC is required by State and Federal law to maintain the privacy of protected health information. In addition, Spark Healthcare LLC is required by law to provide consumers with notice of its legal duties and privacy practices with respect to protected health information. That is the purpose of this Notice. B. Terms of the Notice and Changes to the Notice. Spark Healthcare LLC is required to abide by the terms of this Notice, or any amended Notice that may follow. Spark Healthcare LLC reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all protected health information that it maintains. When the Notice is revised, the revised Notice will be posted in the Spark Healthcare LLC ' service delivery sites and will be available upon request. C. Complaints Regarding Privacy Rights. If you believe Spark Healthcare LLC has violated your privacy rights, you have the right to complain to Spark Healthcare LLC management. To file your complaint, call Spark Healthcare LLC Consumer Representative at 602-962-6515. You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 515F, HHH Bldg., and Washington, D.C. 20201. It is the policy of Spark Healthcare LLC that there will be no retaliation for your filing of such complaints. D. Additional Information. If you desire additional information about your privacy rights at Spark Healthcare LLC , please call the Spark Healthcare LLC HIPAA Privacy Officer, 602-962-6515. E. Effective Date. This Notice is effective March, 2020. F. Confidentiality of Alcohol and Drug Abuse Consumer Records. The confidentiality of alcohol and drug abuse consumer records maintained by Spark Healthcare LLC is protected by Federal law and regulations.

Generally, the Center may not say to a person outside the Center that a consumer receives services from the Center, or disclose any information identifying a consumer as an alcohol or drug abuser unless: 1. The consumer consents in writing; 2. The disclosure is allowed by a court order; or 3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a consumer either at the program or against any person who works for the program or about any threat to commit such a crime. Disclosure may be made concerning any threat made by a consumer to commit imminent physical violence against another person to the potential victim who has been threatened and to law enforcement. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.) Revised 9/2/2019 The information in this document is proprietary and may not be

reproduced, or converted in whole, or in part, nor may any of the information contained therein be disclosed without the prior consent of the Chief Legal Officer. No representation, warranty or undertaking, expressed or implied is or will be made or given and no responsibility or liability is or will be accepted by Spark Healthcare LLC (“the Company”) or by any of its directors, employees or advisors in relation to the accuracy or completeness of this document or any other written or oral information made available in connection with the Company. Any form of reproduction, dissemination, copying, disclosure, modification, distribution and or publication of this material is strictly prohibited.

ADDITIONAL TERMS, CONDITIONS & POLICIES

- APPOINTMENT ATTENDANCE

Please arrive or log-in on time for scheduled appointments. We strive to be on time for all of our clients and each appointment will need to end on time to ensure punctuality for all. If you are more than 10 minutes late for a scheduled appointment, you will likely be rescheduled and charged for the scheduled visit.

- PATIENT HISTORY & CONSENT

Included in your confirmation email is a link to complete your New Patient Information, History & Consent Forms. These forms **MUST** be completed 24 hours prior to your appointment. Please complete them ASAP, if not already completed.

- CANCELLATIONS

Rescheduled appointments with 24 hour notice have no penalty. Cancellation by phone message, text or email is acceptable. Appointments missed or cancelled less than 24 hours in advance will be charged at the full rate of scheduled appointments.

- PRESCRIPTION REFILLS

It is vitally important that you attend appointments on a regular basis. Good adherence to follow up appointments and adequate treatment monitoring are vital factors in treatment outcomes. Refills are provided at each appointment when indicated, and will include sufficient refills until the next scheduled appointment.

This system of care generally works well, but on rare occasions, a client may need a refill due to unforeseen circumstances. In that case we will do our best to provide assistance to ensure there is no gap in treatment. However, we do require 3 days’ notice for refills and cannot offer same day services.

- MINOR CARE

For clients age 15 and older, it may be helpful, but is not generally required, to have a parent or guardian present for evaluation and treatment. For clients age 14 and under, parental attendance and consent is required for each visit.

- CONTACTING OUR OFFICE & PROVIDER

Feel free to contact your Spark via email, phone or text. Our contact information is on our website @ www.sparkmentalhealth.com. Most emails and messages will be returned within one business day. For emergencies, do not contact our office first, but rather go to the nearest emergency room or call 911 for help.

- INSURANCE

Spark Providers & Services are considered "in network" and accepts ONLY BLUE CROSS, UNITED HEALTH OR CIGNA. For other insurances, Spark is considered "out of network" and does not currently contract with any additional insurance plans, although Most of our patients are able to get part or all of their fees paid by insurance using typical "out of network" reimbursement options. Please verify with your insurance carrier if reimbursement is important to you prior to scheduling or paying for Spark Services.

Following each visit an invoice with appropriate diagnostic information will be provided, so patients may submit for reimbursement by sending service paid invoices directly to them.

PLEASE NOTE: IT IS YOUR RESPONSIBILITY TO CONFIRM INSURANCE COVERAGE. SPARK'S PROCESSING & BILLING OF CLAIMS ON YOUR BEHALF IS NOT A GUARANTEE OF COVERAGE AND BY BOOKING YOU ACKNOWLEDGE THAT ANY CLAIMS NOT PAID WILL BE CHARGED TO YOUR CREDIT CARD AFTER 45 DAYS.

- PAYMENT & FEES FOR SERVICE (fees subject to change)

Medication Evaluation For New Patients - Visits typically 50 minutes by Televideo – \$275

Follow Up Visits – Medication Management - typically 20 mins by Televideo – \$150

Individual Psychotherapy Session – 55 min session by Televideo – \$125

Couples Psychotherapy Session – 55 min session by Televideo – \$195

Provider requests for letters, phone call-backs, calls or letters to other physicians or agencies and other requests – each 10 mins – \$45

Methods of accepted payment include: CREDIT CARD ONLY.

INSURED PATIENTS WITH REQUIRED CO-PAYS, DEDUCTIBLES OR COINSURANCE DUE WILL BE CHARGED THE BUSINESS DAY PRIOR TO YOUR APPOINTMENT DATE FOR SERVICES BEING RENDERED TO THE CREDIT CARD PROVIDED. YOU WILL RECEIVE AN EMAIL CONFIRMATION OF ANY CREDIT CARD CHARGES. ADDITIONALLY, AFTER 45

DAYS, ANY INSURANCE CLAIMS NOT PAID BY INSURANCE (FOR ANY REASON) WILL BE CHARGED TO YOUR CREDIT CARD ON FILE AT THE DISCOUNTED INSURANCE RATE IF IN-NETWORK OR THE SELF PAY RATES IF COVERAGE HAS EXPIRED.

PLEASE NOTE: ALL APPOINTMENTS MUST BE PREPAID. ANY APPOINTMENTS CANCELLED WITH 24 HOUR OR MORE NOTICE IS FULLY REFUNDABLE. Rescheduled appointments with 24 hour notice have no penalty. Cancellation by phone message or email is acceptable. Appointments missed or cancelled less than 24 hours in advance will be charged at the full rate of scheduled appointments.

- PATIENT PRIVACY

In consideration of strict patient privacy, Spark refrains from acknowledging or commenting on public reviews published by Patients. Additionally, Patients agree to contact Spark management with any grievances and not disparage Providers, Staff or Spark products and services, and may be held liable for damages caused by disparagement to third parties.

SMS CONSENT: By checking this box and clicking "I agree" button below, I verify that if this is my mobile number that I consent to receive text messages via automated technology to this number regarding service messages and offers by Spark Healthcare, LLC. I understand that consent is not required to make a purchase. I also agree to the Terms & Conditions & Privacy Policy. Message and Data rates may apply.