



**Primary Medical Care at Home**  
**1-84House-Doc**

# **Patient Handbook**

1- 84House-Doc | [www.Resurgya.com](http://www.Resurgya.com)

## STATEMENT OF CONFIDENTIALITY

This booklet may contain protected health information. Persons other than the owner and their health care providers must have the owner's express permission to view this booklet.



## THIS PATIENT HANDBOOK BELONGS TO:

### STATEMENT OF CONFIDENTIALITY

*This booklet may contain protected health information. Persons other than the owner and their health care providers must have the owner's express permission to view this booklet.*

In case of an emergency, contact:	
My Primary Care Provider (PCP) is:	
You can discuss my medical care with:	
My Home Health or Provider is:	
My Personal Care Provider is:	
My Case Manager is (Name, Phone):	
My chronic (ongoing) medical conditions are:	
My pharmacy is:	
I am allergic to:	

## CONTENTS

<b>WELCOME.....</b>	<b>4</b>
<b>AM I MOBILITY CONSTRAINED OR HOMEBOUND?.....</b>	<b>6</b>
<b>KNOW YOUR CARE TEAM .....</b>	<b>9</b>
<b>RESURGIA PRACTICE POLICIES.....</b>	<b>11</b>
<b>Overview .....</b>	<b>11</b>
<b>Admission and Registration.....</b>	<b>14</b>
<b>Scheduling .....</b>	<b>14</b>
<b>House Call Etiquette.....</b>	<b>15</b>
<b>Communications .....</b>	<b>16</b>
<b>Labs and Imaging, Referrals and Orders.....</b>	<b>18</b>
<b>Prescription Medications.....</b>	<b>19</b>
<b>Dismissal and Termination of Service .....</b>	<b>20</b>
<b>Financial Policy and Fee Schedule.....</b>	<b>21</b>
<b>HIPAA NOTICE OF PRIVACY PRACTICES.....</b>	<b>26</b>
<b>Patient Privacy Rights .....</b>	<b>26</b>
<b>Your Choices.....</b>	<b>27</b>
<b>Typical Uses and Disclosures .....</b>	<b>28</b>
<b>Other Uses and Disclosures .....</b>	<b>29</b>
<b>Our Responsibilities .....</b>	<b>30</b>
<b>Changes to the Terms of This Notice.....</b>	<b>30</b>
<b>CONSENTS AND ACKNOWLEDGMENTS.....</b>	<b>31</b>
<b>Consent for Treatment by Resurgia Health Solutions.....</b>	<b>31</b>
<b>Acknowledgement of Notice of Privacy Practices.....</b>	<b>32</b>
<b>Opiate and Pain Management Agreement.....</b>	<b>32</b>
<b>Acknowledgement of Practice Policies.....</b>	<b>34</b>
<b>Acknowledgement of Financial Responsibility.....</b>	<b>34</b>
<b>Authorization to Retain and Charge Credit Card on File.....</b>	<b>34</b>
<b>Insurance Certification, Assignment and Payment Request.....</b>	<b>35</b>
<b>Consent for Telephone and Email Communications.....</b>	<b>35</b>
<b>Release of Liability for Damage or Loss of Personal Property.....</b>	<b>36</b>
<b>Consent for Use and Release of Protected Health Information.....</b>	<b>36</b>
<b>Consent for the Provision of Chronic Care Management (CCM) Services.....</b>	<b>39</b>
<b>Authorization to Release Medical Information to Resurgia.....</b>	<b>40</b>
<b>Consent and Acknowledgment Signatures.....</b>	<b>41</b>

## WELCOME

### Welcome to Resurgia Health Solutions – Primary Medical Care Comes Home!

As one of our valued patients, you will soon be enjoying an unparalleled, patient centered care in the comfort of your own home. Resurgia Health Solutions (Resurgia) is a house-call primary care medical practice that believes ***how we care for our neighbors is the ultimate expression of our humanity.***



Our compassionate, highly-skilled providers and support teams are focused on providing you with high-quality medical care – from routine exams to treating complex conditions – in the comfort of your own home. Our goal is to support and enable our patients' health care goals, and by extension, their life goals by providing quality medical care at home. Our patients generally have fewer hospital admissions, and a lower overall cost of health care.

This handbook sets the foundation for a strong patient-provider relationship. It contains information about Resurgia's policies and operating practices, as well as your rights and your responsibilities as a patient. It is also a tool to help you and your provider collaborate effectively in your care.

Our policies may change from time to time to comply with different state and federal regulations, or to reflect the changing needs of our patients and our business. You can always call our office to request the most recent version of this handbook.

**Please keep this booklet in a safe place.**

We fully understand that you are entrusting us with your care. We do not take that trust lightly, and we are committed to exceeding your expectations. If we ever fall short on our promise to you, please call us to discuss how we can address your concerns.

Thank you for choosing Resurgia Health Solutions and for welcoming our providers into your home...and into your life.

Sincerely,

**Kevin Charles, MBA**  
Managing Partner  
Resurgia Health Solutions

**Mark Bradshaw, MD**  
Medical Director and Partner  
Resurgia Health Solutions

How we care for our  
neighbors is the  
ultimate expression of  
our humanity.



Resurgia provides medical care without regard to race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program or political beliefs.



## AM I MOBILITY CONSTRAINED OR HOMEBOUND?



### Mobility Constrained (Homebound) Patients (MCPs)

We typically treat mobility constrained patients in their homes...wherever home is. These patients meet “confined to the home” criteria as explained below, and the cost of their medical care is usually covered by their insurance company. There may be other non-covered services and fees that apply that must be paid by the patient.

### Non-Constrained Patients (NCPs)

We also treat patients who just need the convenience of home based medical care. For these patients, the cost of medical services and other fees are due at the time of service, and are paid to Resurgia directly by the patient. The patient can then file a claim with their insurance company.



**So what qualifies a patient as Mobility Constrained or Homebound? Take the test to find out.**

Question	Scoring		Points
Are you normally unable to leave home?	YES	NO	Yes = 10 points. No = 0 points
Does leaving home require considerable and taxing effort, and is done infrequently for short durations? E.g. Medical care, church or family function.	YES	NO	Yes = 10 points. No = 0 points
The only reason you don't go out is that you feel weak or just don't like being out of your home?	YES	NO	Yes = 0 points. No = 1 points
You use supportive devices, such as crutches, canes, wheelchairs, and walkers?	YES	NO	Yes = 1 points. No = 0 points
You need special transportation to leave home	YES	NO	Yes = 1 points. No = 0 points
You need the assistance of another person to leave home	YES	NO	Yes = 1 points. No = 0 points
You have a permanent or temporary medical condition that confines you to the home.	YES	NO	Yes = 1 point. No = 0 point.
<b>TOTAL</b>			
<b>If you scored more than 21 points, you may be considered mobility constrained or homebound.</b>			

## Homebound – Detailed Definition

For common purposes, an individual shall be considered “confined to the home” (homebound) if the following two criteria are met:

### **Criteria One:**

The patient must either:

- a. Because of illness or injury, need the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave their place of residence, OR
- b. Have a condition such that leaving his or her home is medically contraindicated



If the patient meets one of the Criteria-One conditions, then the patient must ALSO meet two additional requirements defined in Criteria-Two below.

### **Criteria Two:**

- a. There must exist a normal inability to leave home; AND
- b. Leaving home must require a considerable and taxing effort

If the patient does in fact leave the home, the patient may nevertheless be considered homebound if the absences from the home are infrequent or for periods of relatively short duration, or are attributable to the need to receive health care treatment. Absences attributable to the need to receive health care treatment include, but are not limited to:

- Attendance at adult day centers to receive medical care
- Ongoing receipt of outpatient kidney dialysis; or
- The receipt of outpatient chemotherapy or radiation therapy

Any absence of an individual from the home attributable to the need to receive health care treatment, including regular absences for the purpose of participating in therapeutic, psychosocial, or medical treatment in an adult day-care program that is licensed or certified by a State, or accredited to furnish adult day-care services in a state, shall not disqualify an individual from being considered to be confined to his home.

Any other absence of an individual from the home shall not so disqualify an individual if the absence is of an infrequent or of relatively short duration. For purposes of the preceding sentence, any absence for the purpose of attending a religious service shall be deemed to be an absence of infrequent or short duration.

It is expected that in most instances, absences from the home that occur will be for the purpose of receiving health care treatment. However, occasional absences from the home for nonmedical purposes, e.g., an occasional trip to the barber, a walk around the block or a drive,

attendance at a family reunion, funeral, graduation, or other infrequent or unique event would not necessitate a finding that the patient is not homebound if the absences are undertaken on an infrequent basis or are of relatively short duration and do not indicate that the patient has the capacity to obtain the health care provided outside rather than in the home.

Some examples of homebound patients that illustrate the factors used to determine whether a homebound condition exists would be:

- A patient who is paralyzed from a stroke, who is confined to a wheelchair or requires the aid of crutches in order to walk;
- A patient who is blind or senile and requires the assistance of another person in leaving his or her place of residence;
- A patient who has lost the use of the upper extremities and, therefore, is unable to open doors, use handrails on stairways, etc., requires the assistance of another individual to leave his or her place of residence;
- A patient in the late stages of ALS or neurodegenerative disabilities. In determining whether the patient has the general inability to leave the home and leaves the home only infrequently or for periods of short duration, it is necessary to look at the patient's condition over a period of time rather than for short periods within the home health stay. For example, a patient may leave the home (under the conditions described above, e.g., with severe and taxing effort, with the assistance of others) more frequently during a short period when, for example, the presence of visiting relatives provides a unique opportunity for such absences, than is normally the case. So long as the patient's overall condition and experience is such that he or she meets these qualifications, he or she should be considered confined to the home;
- A patient who has just returned from a hospital stay involving surgery who may be suffering from resultant weakness and pain and, therefore, his or her actions may be restricted by the physician to certain specified and limited activities such as getting out of bed only for a specified period of time, or walking stairs only once a day, etc.;
- A patient with arteriosclerotic heart disease of such severity that the beneficiary must avoid all stress and physical activity, and
- A patient with a psychiatric illness that is manifested in part by a refusal to leave home or is of such a nature that it would not be considered safe for the patient to leave home unattended, even if he or she had no physical limitations.

**The person who does not often travel from home because of weakness or insecurity brought on by advanced age would not typically be considered confined to the home for purposes of insurance reimbursement, unless they meet one of the above conditions above.**

This definition may be updated from time to time by the Center for Medicare and Medicaid Services.

---

**REST OF PAGE INTENTIONALLY LEFT BLANK**

The healthcare landscape can be confusing, with many different providers working together as one team. This section is intended to help patients, families and care givers understand their similarities, differences and how they work together.

### Primary Care Provider (PCP)

Your primary care provider (PCP) is your main provider. Your PCP manages your medical conditions, prescribes medications and coordinates or helps patients access a range of health care services including Home Health Care (HHC), Long-term or Custodial Care, Hospice Care, Palliative Care, Durable Medical Equipment and other services.

Primary Care services are typically provided by a Physician, Advanced Nurse Practitioner or Physician's Assistant.

You should provide the name and contact information of your PCP to your health insurance company, and any other health care provider or hospital that treats you.

### Home Health Care (HHC)

Home Health Care (HHC) encompasses a wide range of services and supplies that a person receives at home under a plan of care established by a physician. HHC can include skilled nursing, home health aides, physical therapy, occupational therapy, speech-language pathology services, medical social services, durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers), medical supplies, and other services provided in the individual's home. Skilled Nursing may include wound care, tube feedings, injections, infusions, catheter care, and much more.

HHC services are typically delivered by registered nurses, physical therapists, occupational therapists, speech language therapists, home health aides and social workers, under the direction or orders of a physician in 60-day episodes of care. Home health care visits usually last between 30 to 60 minutes, multiple times per week.

### Long-term or Custodial Care

Long-term or Custodial Care is a range of services you may need to meet your personal care needs. Most long-term care is not medical care, but rather assistance with the basic personal tasks of everyday life, sometimes called Activities of Daily Living (ADLs), such as bathing, dressing, using the toilet, transferring (to or from bed or chair), caring for incontinence, eating, etc.

Other common long-term care services and supports are assistance with everyday tasks, sometimes called Instrumental Activities of Daily Living (IADLs) including housework, managing money, taking medication, preparing and cleaning up after meals, shopping for groceries or clothes, using the telephone or other communication devices, caring for pets, responding to

emergency alerts such as fire alarms etc.

Some agencies that deliver long-term or custodial care call themselves home care agencies. These should not be confused with home health care agencies. Contact your insurance provider to determine if your benefits include long-term or custodial care.

### **Palliative Care**

Palliative Care centers on the treatment of the discomfort, symptoms, and stress of serious illness. It provides relief from distressing symptoms. It can also help you deal with the side effects of the medical treatments you're receiving.

### **Hospice Care**

Hospice Care is typically provided to individuals facing a life-limiting illness or injury. Hospice Care usually includes medical care, pain management, and emotional and spiritual support. Support may also be provided to the patient's family and care-givers as well.

Hospice Care is an all-inclusive service that includes:

- Physician care
- Nursing care
- Medical equipment (like wheelchairs or walkers)
- Medical supplies (like bandages and catheters)
- Prescription drugs for symptom control or pain relief
- Hospice aide and homemaker services
- Physical and occupational therapy; Speech-language pathology services
- Grief and loss counseling for you and your family
- Short-term inpatient care (for pain and symptom management)
- Short term respite care
- Any other covered services needed to manage your pain and other symptoms related to your terminal illness and related conditions, as recommended by your hospice team

Be sure to understand your benefits. Many insurance plans will not cover medical or non-medical services if they were not rendered by your hospice provider.

If on hospice care, you should ensure that any provider that comes to your home is aware that you are on Hospice Care.

---

**REST OF PAGE INTENTIONALLY LEFT BLANK**

## RESURGIA PRACTICE POLICIES

As a member of Resurgia's House Call Medical Practice, you will spend more time with your health care providers than most people – our visits typically last for 30 to 60 minutes. Spending this quality time together is intended to foster a productive primary care relationship, that will allow us to provide better care. As with any successful relationship, we believe that there must be an element of trust, mutual respect and an appreciation of each party's rights and responsibilities.



**We take your treatment and care very seriously, and we want you to be an engaged partner in your care.** These policies are intended to be a guide to your relationship with Resurgia Health Solutions.

The following sections explain how we operate. Please familiarize yourself with these policies.

## OVERVIEW

House call medical care is not the same as your traditional office based provider. We have to do things a little differently in order to bring the best care home to you.

Here is an overview of how Resurgia's House Calls work, and what you need to do to get ready for your house call visits. We will delve into these points in additional detail later in this booklet.

### General Guidance

- You are responsible for providing Resurgia with your current insurance information, medical histories, address, contact, and billing information.
- **Starting June 1, 2016, patients will be required to place a credit card on file as detailed in our Financial Policy.**
- Your provider will visit you on a regular and ongoing basis, as medically necessary.
- At the end of each visit you will be given an estimated date (or week) for your next visit.
- You must confirm appointments before we will send a provider to your home. Appointments that are not confirmed will be cancelled.
- **All appointments are scheduled within a four-hour time window. Although we will try to arrive as close as possible to your scheduled time, arrival times are impacted by traffic conditions and the duration of preceding patient visits.**
- Please contact us upon being admitted AND discharged from hospital.

- If you need to schedule an appointment outside of your planned follow up visit, please call the office at 1-84House-Doc or (404) 445-5304.

### Before Your House Call Visit

- Ensure your caretaker/patient is aware of the scheduled visit and can be present for the visit.
- Prepare to discuss your chief complaints with your provider. Your provider will address these complaints during your visit. Don't worry – your provider will address additional medical needs during your subsequent visits.
- **Pets must be secured and environmental conditions should be conducive to a high-quality medical visit e.g. sanitary, free of smoke and noise. If a provider arrives and cannot provide medical care due to environmental conditions, your patient account will be assessed a "No Show" charge as outlined in our financial policy.**
- For new patients, copies or photographs of insurance cards, all current medical records, notes, medications and medication lists should be collected and provided to Resurgia's office prior to your first visit.
- You should anticipate that your initial visit will last about 60 minutes, and subsequent visits will last between 30-60 minutes.

### During Your House Call Visit

During your visit, you can expect your provider to:

- Review contact, demographic and insurance information
- Discuss your chief complaints for the current visit
- Perform a review of your medical and social history
- Perform a physical examination
- Order lab work, imaging studies, medical equipment, home health services and other services, as needed
- Review your current list of medications, and prescribe, refill or discontinue selected medications as needed
- Develop a plan of care with patient and/or caregiver, and provide care instructions
- Set up future visits to provide follow-up care, monitor progress or address additional concerns



### After Your House Call Visit

- Please adhere to your Plan of Care and provider instructions. Failure to follow your provider's instructions can jeopardize your health and may lead to dismissal from Resurgia's practice.
- You may receive a follow up call to check on the quality of the visit, schedule a follow up

appointment, or to clarify any information needed to complete orders and prescriptions.

- If you were prescribed medication, please pick up or expect delivery (if you use a delivery pharmacy.)
- Take all medications as prescribed. Some medications have adverse effects. Call us if you experience any adverse side effects after taking your medications.
- You should also expect follow ups from other service providers. For example, if your provider orders an X-Ray, you will get a call from an X-Ray provider to schedule your in-home X-Ray. **Please note, if you cannot be contacted, ordered services will be cancelled.**
- Keep your account current – submit payment for services promptly. Delinquent accounts may lead to a disruption of your services and/or dismissal from our practice.

### Other things to remember

- Our practice is mobile. As such, our providers are often in the field seeing patients and may not be able to speak with you when you call. Leave a message and **allow 48-hours for call-backs on routine matters.**
- We do not maintain a traditional brick-and-mortar office. We are entirely virtual. We do have affiliate clinics that you can visit if you need a traditional office visit.
- **For medication refills, first contact your pharmacy to ensure you do not already have refills on file. If you need medication refill, please contact the office at least 10 days in advance.**
- **Resurgia is a Primary Care Practice. We do not provide Emergency Care or Urgent Care. If you are experiencing a medical emergency, call 911 or go to the closest hospital.**



### Contact Us

Toll Free: 1-84House-Doc / 1(844) 687-3362 | Local Phone: (404) 445-5304

Fax: (404) 445-5173

Billing: (877) 225-3542

### Mailing Address

Resurgia Health Solutions

1100 Peachtree St. NE, Suite 200,

Atlanta, GA 30309

### House Call Visit and Office Schedule

Monday – Friday: 9:00 AM – 5:00 PM.

**Closed Weekends and Holidays.**

## ADMISSION AND REGISTRATION

Resurgia accepts referrals and direct-admit patients. You do not need a referral to join our practice.

To complete the admissions process, we must be able to validate the information you have provided, and be able to contact the patient or caregiver in a timely manner. Patients will not be admitted to the practice or be scheduled for a house call visit, until all required information is provided. **All patients must provide a legible copy or picture of their insurance cards.**

**To finalize the registration process, patients or caregivers will be asked to call our billing office at (877) 452-9322 during normal business hours to create a credit card profile as outlined in our Financial Policy.**

Once registration is completed, patients will be placed in the scheduling queue, and notified of the first available appointment day and time window.



Resurgia has the right to deny admission of patients if we believe the patient will not benefit from our services, is medication seeking or “doctor hopping”.

*Resurgia is an equal opportunity practice and does not discriminate on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program or political beliefs.*

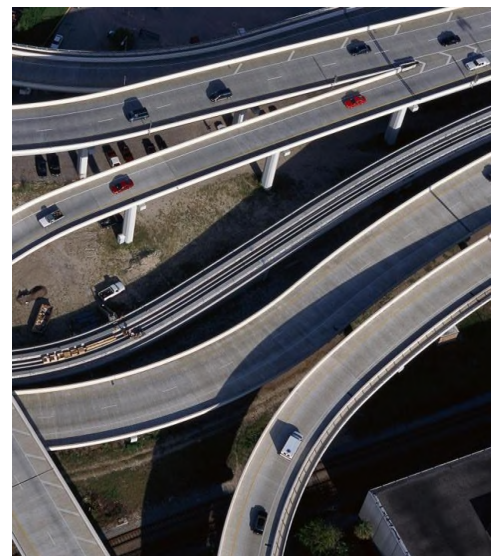
## SCHEDULING

To effectively treat patients at home, we work very hard to plan efficient routes and schedules for our providers. Scheduling and routing requires that we group patients by geographic proximity for visits on the same day. This means that we are not able to give you a specific day or time of your next visit, until we have reviewed the full list of patients to be seen in a particular geographic area. **Once your appointment is scheduled, you will receive an email, text message and/or automated phone call notifying you of your appointment time, and requesting confirmation.**

**Unconfirmed appointments will be cancelled.**

### Visit Week/Day

At the end of your visit we will provide you with the week in which your follow up appointment will be scheduled. We will call you to confirm the exact



appointment day and time window once the schedule is set. If you have not heard from us at the start of the week of your expected follow up visit, or need an off-cycle visit, please us.

### Visit Times

We try very hard to arrive at your home as close as possible to your visit time. As our providers travel from one patient to another, their daily schedule is impacted by traffic and weather conditions, and immediate patient needs. **As such, we schedule appointments with a four-hour window.**



In some rare cases, we may run too far behind on a given day to reasonably complete your visit. In such cases, we will reschedule your visit with the highest priority, usually within three days. If a care-giver or patient is not at home available when the provider arrives, our providers will usually wait for 10 minutes. After that time, the patient will be assessed a “No Show” visit.

We schedule most visits between 8:30 AM and 7:00 PM. If circumstances require it, we will complete visits outside of these times.

### Appointment Reminders

**Appointment reminders via email, text message and automated calls may quote a specific appointment time or provide an appointment window. Appointment reminders provide an option to confirm the appointment, or request a rescheduled appointment.**

### Cancellations and No-Shows

We provide ample opportunities to cancel appointments. We expect if our patients need to cancel an appointment they will request a rescheduled appointment. **If a patient cancels a scheduled appointment and does not request to be rescheduled, we may assume that the patient no longer wishes to be treated by Resurgia and that patient may be discharged from our practice.** Patients with multiple cancellations or No-Shows may be discharged from our practice, as detailed in our Dismissal Policy. Cancellation and No-Show charges are detailed in our Financial Policy.

## HOUSE CALL ETIQUETTE

We take your care seriously, and expect that you do as well. The following actions should be taken to help us provide you with the best care at home.

### Patients and caregivers have been notified and are present

As you prepare for your visits, you should ensure that both the patient and relevant caregivers are aware and present for the visit. We will call the preferred number on file to inform and remind you of your visits. If there are other people that need to be made aware of your visit, it will be your responsibility to notify them.

### Patient has identified a Chief Complaint

Each visit will focus on no more than two chief complaints. Your provider will ask you to state your chief complaints, or define the reason for the follow up visit at the start of each visit. If you have additional medical concerns, these will be addressed in subsequent visits. This is necessary to allow our providers to address your most pressing needs within the allotted time, and be respectful of other scheduled patients.



### The environment is conducive to the provision of medical care

Our providers are professionals, and even though they are treating you in your own home, they need to be comfortable and focused to provide you the best possible care. Our providers are able to work at their best when:

- Premises offer the requisite privacy for a medical visit
- Surroundings are clean and free of smoke, drug and alcohol use, loud noise/music
- Pets are secured and environment is reasonably free of dander, shedding, droppings etc.

If a provider arrives and cannot provide medical care due to environmental conditions, the patient account will be assessed a “No Show” charge as outlined in our Financial Policy.

### Patient is ready

For a productive visit we require that the patient be awake and able to participate in the visit at their normal level of activity. For new patients, all current medical records, notes, medications and medication lists should be collected and provided to Resurgia’s office prior to your first visit.

## COMMUNICATIONS

As a partner in your care, we rely on communications with you to be effective. We communicate in a variety of HIPPA compliant ways.

### Phone and Messaging

Our phone and fax lines are central to our communication system. Our phone line features an interactive menu that can help provide information you may need and route your calls to the appropriate place. Please listen to the menu before making your selections as it changes from time to time.



During regular business hours, we typically answer calls, however if the lines are busy, your call will be forwarded to our answering service. All requests for provider calls back must include Patient Name, Patient Date of Birth,

Provider and reason for call back. This will allow us to send this message to the right provider.

Calls for routine matters will be addressed during regular business hours. Although we try to return calls as promptly as possible, please allow up to 48 hours for call back.

**Remember, Resurgia does NOT provide emergency medical or urgent care services. If there is an urgent or emergency medical need, please call 911 or go to your nearest Emergency Department.** Calls that are returned for medical matters, medication refills and other non-routine matters may incur charges as outlined in our Financial Policy.

### Patient Portal

To enhance your access to your medical records, Resurgia has invested in a state of the art Electronic Medical Records system (EMR). This EMR also features a patient portal which provides patients and their designees with access to certain elements of the patient's medical record. Please provide an email address and request access to the Patient Portal to experience a new level of access to your medical records, pay your bills and communicate with your provider.

### Points of Contact

We are happy to discuss your medical care with caregivers and others you authorize to do so. These authorized people should make every effort to be present at your visits so they can get a verbal and written summary of your visit and your care plan. Your visit is time dedicated to you. We will update other persons not present at your visit on a limited basis, but keep in mind this may take some time since our



providers are typically occupied with their current patient schedules. If there are several persons who need to be kept abreast of a patient's medical needs, we highly recommend that they all get access to the patient's record via the patient portal.

### Email

Although email is convenient, unless it is encrypted, it is not a secure means of communicating your health information. Although Resurgia has email encryption, yours may not – hence we do not advise patient communication with us via email, except for initial information inquiries. In addition, emails create medical records outside your medical chart and those omissions can create care risks in the future. The most secure ways to communicate with us is by phone or through the patient portal. If you do not have access to the patient portal, simply call to office to request access. You will need to provide a valid email address.

### When to Contact Us

We are thrilled that you have involved us in your care, and we love talking with you about your medical needs during our scheduled visits. We will also address your evolving needs in-between scheduled visits, however, there are questions that are better addressed when directed to appropriate sources.

Situation	Action	Timing
<b>You have a life threatening emergency or are experiencing suicidal thoughts.</b>	<b>Call 911</b>	<b>We cannot treat you on an emergency basis.</b> <b>After you call 911 you can call us.</b>
You are running out of medications and need a prescription refill.	Call your pharmacy.	First call your pharmacy to check how many refills you have remaining. Call us only if you have no refills left.
You are experiencing a mild reaction to your medications.	Call us.	Call us as soon as you experience these symptoms.
You are experiencing a new non-emergency medical condition e.g. UTI.	Call us.	Call us as soon as you experience these symptoms. Phone consultation fees may apply.
You want to discuss your plan of care.	Review your visit summary.	If you still have questions after reviewing your visit summary, call us.
You need to request records, letters, forms etc.	Call us.	We will complete your request as soon as possible, but please give at least 20 days.
You would like to discuss the status of orders for medical equipment, supplies etc.	Call the supplier.	If the supplier has questions, you can ask them to contact us directly.
Results from labs and imaging studies.	Next Visit	We will call you if your results are abnormal and need immediate interventions. Normal results will be discussed during your next visit.

## LABS AND IMAGING, REFERRALS AND ORDERS

Your provider will discuss their intent to make referrals to other providers, or order additional services as appropriate. This will also be documented in your plan of care.

### Labs and Imaging

If your provider orders labs or imaging studies, you can expect to be contacted separately to schedule appointments for these services. Results of labs and imaging studies will be discussed during your next scheduled visit, unless the results indicate the need for an immediate intervention. If an intervention is required, you will be contacted to provide a summary of your lab results and advised of the intervention. The detailed results of your lab or imaging study will be discussed during your subsequent visit.

### Referrals

Given the geographic scope of our practice, we typically do not have specialists we work with

in your area for specific conditions. If you need a specialist, we suggest working with your insurance company to identify your options. Once you have made a selection, we will be happy to send them whatever information or records they need to effectively provide specialist care.

### Orders

As a routine part of your care, we send orders and referrals to providers that can help care for you at home. To do this, we maintain an ecosystem of medical providers and resources. If you have a specific preference as to where you would like us to send your orders and referrals, please make those preferences known to us.

If you have no preferences, we will apply our professional judgement and refer you to the provider we believe is best suited to deliver whatever service you need.

## **PRESCRIPTION MEDICATIONS**

### Medication Refills

All prescription requests should be made during your scheduled visits. Our providers will provide you with enough refills to last through your next agreed upon appointment. It is the patient's/caregiver's responsibility to keep track of medications, to take medications as directed, and ensure that patients keep their scheduled appointments.



If you notice that you are running low on medications, first call your pharmacy to ascertain if you have any refills left.

Should you run out of medications prior to your next appointment, your provider may authorize a one-time medication refill at his or her discretion, and based on the patient's best interest and safety.

**Please allow 10 business days to complete the medication refill request. A phone consultation fee may be assessed to your account as outlined in our Financial Policy.**

### Narcotic Medications

Drugs and other substances that are considered controlled substances under the Controlled Substances Act (CSA) are divided into five schedules. An updated and complete list of the schedules is published annually in Title 21 Code of Federal Regulations (C.F.R.) §§ 1308.11 through 1308.15.

Substances are placed in their respective schedules based on whether they have a currently accepted medical use in treatment in the United States, their relative abuse potential, and likelihood of causing dependence when abused.

Although Resurgia providers are able to prescribe Schedule II through V medications, for patient safety we closely monitor their use, and generally do not provide refills of these medications outside of visits.

Theft of medications is a criminal offense and should be reported to the police. If your medications have been stolen, we can prescribe a replacement supply, provided that you have furnished a police report indicating the theft of your medications.

We will not refill narcotic medications due to non-prescribed uses e.g. taking more frequently than prescribed. If your pain is not being controlled by your current medications, your provider may ask you to return your existing scripts before writing prescriptions for alternative medications. This discussion will usually take place during a scheduled visit.

**Patients who suffer with chronic pain that is controlled by narcotic medications prescribed by Resurgia will be required to sign Resurgia's Opiate and Pain Management Agreement.**

## DISMISSAL AND TERMINATION OF SERVICE

We believe that to provide you with the best possible care we must operate in a spirit of mutual trust and respect. If we believe that our relationship does not honor these principles, it may be necessary for us to terminate our relationship.

Conversely, there are times when patients may not wish to continue their relationship with Resurgia for various reasons. In such cases, although we would love to have an opportunity to rectify any issues, we will respect your decision and will expeditiously send your records to another provider of your choosing, as required by law and in keeping with our Financial Policies.



Here are a few reasons that we will use as grounds for dismissal from our practice:

- A pattern of non-compliance with your plan of care or medication abuse
- Multiple no show visits or late cancellations without a true emergency
- Abusive, rude or belligerent language with providers and office staff
- Refusal to sign Resurgia's Opiate and Pain Management Agreement, if requested
- Provider's inability to effectively treat or manage patient conditions
- Patient condition changes such that home-based medical care is no longer reasonably required
- Non-payment of account balances as described in our Financial policy, or non-compliance with an agreed payment plan

## Dismissal Process

A patient that has been considered for dismissal for non-compliance, medication abuse, abusive language or non-payment of balances may, at our discretion, receive a cautionary notification to present an opportunity for the patient to address the issues.

If it has been determined that a patient will be discharged from our practice, the patient will be notified in writing with 30 days' advance notice. The notification may, at the provider's discretion, include a reason for dismissal.

Our providers will continue to provide care and medications through the notice period. Patients being dismissed for non-payment will be required to pay for all services in advance.

Finally, at the end of the notice period, your account will be archived and data retained as required by law. Your records will continue to be available for transfer to another provider as requested, subject to payment of associated fees as outlined in our Financial Policy.

## **FINANCIAL POLICY AND FEE SCHEDULE**

It is the policy of Resurgia Health Solutions that payment of fees for Non-Covered Services is due at the time of service unless other financial arrangements are made in advance. We require all patients to pay their deductibles, copays and/or coinsurance payments at each visit. It is the patient's responsibility to understand their insurance plan, deductibles and copays.



### **Trip Fees are paid in advance of visits.**

If there is an overpayment, the difference will be applied to your account as a credit against future charges. Alternatively, you can request a refund, which we will promptly send to you by check.

If you are covered by health insurance with Home Visit benefits, we will be happy to bill your insurance. Please provide your insurance information and we will verify your coverage as a courtesy. Accepting your insurance does not place any financial responsibilities onto this practice, and you will be held accountable for any balances for covered services not paid by your plan, as well as any balances for services not covered by your plan, or if your claim cannot be processed due to incorrect insurance information. Resurgia does not practice balance billing.

## Payment Terms

- **All accounts should be kept current. Invoices are payable upon receipt. Accounts are considered overdue or late if it carries a balance for more than 30 days.**
- **Any account with an outstanding balance for more than 30 days may be referred to collections and assessed a late payment fee.**
- **Patients with accounts balances that exceed 60 days (with no payment) may be suspended for non-payment. Medical services may not be provided to suspended**

- **Patients with accounts with balances that exceed 90 days (with no payment) may be dismissed from our practice for non-payment, in accordance with our Patient Dismissal Policy.**

If you need to dispute a bill, please call our office to do so upon receipt.

Service/Fees	Amount
Trip Fees	<u>Inside Core Service Area – Standard Operating Hours:</u>
	When applicable, patients accounts will be assessed a \$75 trip fee in our core service area, during regular hours of operations.
	Applicable trip fees will be assessed prior to your visit.
	<u>Outside Core Service Area – Standard Operating Hours:</u>
	Outside of our core service area, trip fees will be calculated based on time and mileage using a standard preset formula. These fees will be made known to you at scheduling. Applicable trip fees will be assessed prior to your visit.
	<u>Weekend and Holiday Surcharges – Non-standard Operating Hours:</u>

Service/Fees	Amount
	<p><u>Trip Fee Waivers:</u></p> <ul style="list-style-type: none"> <li>▪ Trip fees are waived for visits to Assisted Living Facilities, Independent Living Facilities, Personal Care Homes.</li> <li>▪ Trip Fees are also waived for patients that are actively members of the selected Medicare and/or Medicaid waiver programs e.g. SOURCE, CCSP, HCBS, provided all other conditions of service are met.</li> </ul>
<b>“No Show” Visits</b>	<p>A No-Show visit will be assessed to patient accounts when:</p> <ul style="list-style-type: none"> <li>▪ Patient is unavailable to be seen at the scheduled appointment time</li> <li>▪ Patient cancels visit upon arrival of the provider</li> <li>▪ Provider is unable to treat patient upon arrival due to environmental and behavioral factors e.g. pets not secured, care-giver unaware of visit, patient behavior precludes treatment etc.</li> </ul> <p><u>No-Show Charges</u></p> <p>No-Show visits will be assessed a \$75 fee.</p> <p>Where trip fees have been charged in advance, these fees will be applied to No-Show visits.</p> <p>Patients whose primary insurance is Medicaid will not be assessed a No-Show fee, but may be discharged from the practice for multiple No-Shows.</p>
<b>Late Cancellation</b>	<p>Appointments that are cancelled less than 48 hours prior to 9 AM on the scheduled appointment day, without a valid emergency reason for cancellation, will incur a \$50 Late Cancellation Fee.</p> <p>For example, a visit on Wednesday afternoon, must be cancelled by 9AM on Monday to avoid a cancellation fee.</p> <p>Appointments cancelled more than 48 hours prior to the start of their appointment will not incur any cancellation fees.</p> <p>Where trip fees have been charged in advance, these fees will be applied to Late Cancellation Fees.</p> <p>Patients whose primary insurance is Medicaid will not be assessed a Late Cancellation fee, but may be discharged from the practice for multiple Late Cancellations.</p>
<b>Returned Payment Fee</b>	<p>Patient accounts will be assessed \$30 per returned check or per declined credit card payment.</p> <p>If your credit card or check is declined, you will be notified and asked to make alternate payment arrangements.</p>
<b>Medical Services</b>	<p>Fees for rendered Medical Services will be billed directly to in-network health Plans. Patients without insurance, or with insurance</p>

Service/Fees	Amount														
	<p>plans that Resurgia does not participate in will be billed for Medical Services at the time of service delivery, plus applicable trip fees as follows:</p> <ul style="list-style-type: none"> <li>▪ Low Complexity Visit (\$150)</li> <li>▪ Medium Complexity Visit (\$300)</li> <li>▪ High Complexity Visit (\$450)</li> </ul>														
<b>Administrative Forms</b>	<p>Patients will be assessed a \$30 charge per instance (not per form) to complete medical and non-medical forms. This includes, but is not limited to the completion of the following forms:</p> <ul style="list-style-type: none"> <li>▪ Physicals</li> <li>▪ Non-disability</li> <li>▪ Disability</li> <li>▪ FMLA</li> <li>▪ Handicap</li> <li>▪ Life Insurance</li> </ul>														
<b>Chart Copies and Medical Records</b>	<p>Electronic copies of Medical Records:</p> <ul style="list-style-type: none"> <li>▪ Up to 30 Pages - \$15. Each additional set of 30 Pages - \$15.</li> </ul> <p>Paper copies of Medical Records:</p> <table> <tr> <th></th><th>Rate</th></tr> <tr> <td>Administrative Fee</td><td>\$ 25.88 per record</td></tr> <tr> <td>Certification Fee</td><td>\$ 9.70 per record</td></tr> <tr> <td>Pages 1 - 20</td><td>\$ 0.97 per page</td></tr> <tr> <td>Pages 21 - 100</td><td>\$ 0.83 per page</td></tr> <tr> <td>Pages 101+</td><td>\$ 0.66 per page</td></tr> <tr> <td>Postage/Mailing/Courier</td><td>Actual Cost per record</td></tr> </table>		Rate	Administrative Fee	\$ 25.88 per record	Certification Fee	\$ 9.70 per record	Pages 1 - 20	\$ 0.97 per page	Pages 21 - 100	\$ 0.83 per page	Pages 101+	\$ 0.66 per page	Postage/Mailing/Courier	Actual Cost per record
	Rate														
Administrative Fee	\$ 25.88 per record														
Certification Fee	\$ 9.70 per record														
Pages 1 - 20	\$ 0.97 per page														
Pages 21 - 100	\$ 0.83 per page														
Pages 101+	\$ 0.66 per page														
Postage/Mailing/Courier	Actual Cost per record														
<b>Mailing Fees</b>	<p>Patient accounts will be assessed the following shipping fees for standard mailings (excluding records):</p> <ul style="list-style-type: none"> <li>▪ Priority Mailing: \$10</li> <li>▪ Courier Services: Actual Cost + \$20 Administrative Charges</li> </ul>														
<b>Telephone Consultations and E-Visits</b>	<p>Telephone consultation for new medical issues (excludes continuity of care consultations)</p> <ul style="list-style-type: none"> <li>▪ Phone Consult \$45 per 10 minutes, billed in 10 minute increments.</li> </ul>														
<b>Professional Consultations</b>	\$450 per hour, billed in one hour increments.														
<b>Late Payment Fee</b>	Accounts with unpaid balances at the end of 30 days may be assessed a late payment fee of \$25.														

**Credit Card Policy: Effective June 1, 2016, Resurgia Health Solutions implemented a credit card on file policy.**

**All New Patients will be required to have a credit or debit card on file to complete their registration process, and be scheduled for their first visit. Patients can place a card on file by calling our billing department at (877) 452-9322. Existing patients will also be required to place a credit or debit card on file by calling our billing department at (877) 452-9322, prior to your next appointment.**

**How will your credit card be used?**

**Upon placing your credit or debit card on file, your account will be assessed a \$1.00 test charge. This amount will be credited to your account and apply towards any future balances.**

Your credit card will be used to pay your account balances. Remember, payment for non-covered services and medical services for direct-pay patients are due at the time of service, and in the case of trip fees, prior to service. Your account balances may be due to:

- Copays, Deductibles and Coinsurance
- Non-Covered Services, and for direct pay patients, Medical Services
- Convenience/Trip Fees
- Administrative Charges E.g. Form completion, Mailing and Shipping
- No-Show, Cancellation and Other Fees
- Insurance balances determined to be patient responsibility

**We will notify you before processing any payment that exceeds \$200.**

Patients typically receive their explanation of benefits directly from their insurance plan. If you disagree with the patient responsibility amount owed and collected, it is your responsibility to contact your insurance carrier immediately. If your credit card is mistakenly charged, we will immediately issue you a refund.

During the time you have a credit card on file, if it expires or otherwise becomes uncollectible, we will expect you to promptly provide a new means of payment. Your account may be assessed a fee for declined credit card transactions.



**Patients with only verified ACTIVE MEDICAID coverage are exempt from having a credit card on file, but will be required to pay any applicable coinsurance, copay or other non-covered service fees at time of service. Any applicable trip fees must be paid prior to visits.**

---

**REST OF PAGE INTENTIONALLY LEFT BLANK**

## HIPAA NOTICE OF PRIVACY PRACTICES

We understand that medical information about you and your health is personal and we are committed to protecting medical information about you. This Notice describes how our practice and our health care professionals, employees, contractors, volunteers, trainees and staff may use and disclose your medical information to carry out treatment, payment or health care operations and for other purposes that are described in this Notice. It further details how you or your personal representative may gain access to this information.

**Please review it carefully.**

If you have any questions about these Notices please contact our Privacy Contact, Kevin Charles at (404) 445-5304.

## PATIENT PRIVACY RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

### [Get an electronic or paper copy of your medical record](#)

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee as detailed in our Financial Policy and Fee Schedule.

### [Ask us to correct your medical record](#)

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### [Request confidential communications](#)

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests that can be accommodated in our record keeping systems. These special communication requests may incur costs as outlined in our Financial Policy and Fee Schedule.

### [Ask us to limit what we use or share](#)

You can ask us not to use or share certain health information for treatment, payment, or our operations.

We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### [Get a list of those with whom we’ve shared information](#)

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee for additional accounting requests.

#### [Get a copy of this privacy notice](#)

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### [Choose someone to act for you](#)

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

#### [File a complaint if you feel your rights are violated](#)

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact, in writing. We will not retaliate against you for filing a complaint.

**Please send privacy complaints to us at the following address:**

**Attention: Privacy Contact**

**Resurgia Health Solutions**

**1100 Peachtree Street NE, Suite 200**

**Atlanta GA 30309**

## **YOUR CHOICES**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions, so long as doing so complies with all applicable laws and regulations and does not impose an unreasonable administrative burden on us.

#### [In these cases, you have both the right and choice to tell us to](#)

- Share information with your family, close friends, or others involved in your care. You can actually control this by giving access to your patient portal. We will typically ask for a single point of contact to discuss your care with.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

**In these cases, we never share your information unless you give us written permission**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**In the case of fundraising**

We may contact you for fundraising efforts, but you can tell us not to contact you again for that purpose.

## **TYPICAL USES AND DISCLOSURES**

We typically use or share your health information in the following ways.

**Treat you**

We may use and disclose medical information about you to provide, coordinate, or manage your medical treatment or any related services. This includes the coordination or management of your health care with a third party.

Examples:

- We could disclose your medical information to a home health agency that provides care to you.
- We may also disclose medical information to other physicians who may be treating you, such as a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
- In addition, we may disclose your medical information to another physician or health care provider, such as a laboratory or hospital.

**To manage our practice**

We can use and share your health information to run our practice, improve your care, and contact you when necessary. These activities include, but are not limited to, reviewing our treatment of you, employee performance reviews, training of medical students, licensing, marketing and fundraising activities and conducting or arranging for other business activities.

Examples

- We use health information about you to manage your treatment and services.
- We may use or disclose your medical information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- We may also use and disclose your medical information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice

and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Contact to request that these materials not be sent to you.

### [To bill for our services](#)

We can use and share your health information to bill and get payment from health plans or other entities.

Example

- We give information about you to your health insurance plan so it will pay for your services.

## **OTHER USES AND DISCLOSURES**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

### [Help with public health and safety issues](#)

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, criminal activity or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### [Research](#)

We can use or share your information for health research.

### [Comply with the law](#)

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### [Respond to organ and tissue donation requests](#)

We can share health information about you with organ procurement organizations.

### [Work with a medical examiner or funeral director](#)

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### [Address workers' compensation, law enforcement, and other government requests](#)

We can use or share health information about you:

- For workers' compensation claims

- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

## **CHANGES TO THE TERMS OF THIS NOTICE**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, and on our web site at [www.Resurgia.com](http://www.Resurgia.com).

---

**REST OF PAGE INTENTIONALLY LEFT BLANK**

## CONSENTS AND ACKNOWLEDGMENTS

**This section must be read by or to patients and signed by patient or patient's representatives before treatment can be provided.**

### CONSENT FOR TREATMENT BY RESURGIA HEALTH SOLUTIONS

**By signing this consent, I confirm that I request, authorize and consent to medical treatment and care by Resurgia, their Physicians, Nurse Practitioners, Contractors and other health care providers (collectively called "Resurgia").**

I also consent to treatment and care by physicians and health care providers who are not employees or agents of Resurgia but are authorized by Resurgia to provide treatment and care to me as a patient of Resurgia. I am aware that Resurgia providers may be independent contractors of Resurgia, and they provide services to the Resurgia's patients in accordance with their professional judgment. I understand that my care team at Resurgia may include resident physicians, nurse practitioners, physician assistants, medical assistants, registered nurses, social workers, administrative staff, students and/or other trainees.

I understand that my care is directed by Resurgia and that other personnel render care and services to me (the patient) according to the Resurgia's instructions.

I understand that samples of body fluids and/or tissues may be withdrawn from me (the patient) during routine diagnostic procedures. I authorize Resurgia and its extended providers to dispose of the bodily fluids.

I have been informed and understand that an HIV (human immunodeficiency virus – AIDS) test may be performed on me without my consent if a health professional or Resurgia provider or First Responder sustains an exposure to my blood or other body fluid.

A drug screen by blood or urine sample may be obtained with verbal consent for purposes of verifying compliance with medication regimens or when abuse or misuse is suspected or when signs or symptoms of toxicity exist.

I understand that my treatment and care may include routine care, such as immunizations, and a variety of other medical services depending on my condition, such as laboratory testing, routine diagnostics, radiology and laboratory procedures, administration of routine drugs, biological and other therapeutics, and routine medical nursing care. Some or all of these services may be provided by third parties upon instruction by Resurgia Health Solutions, and will bill my insurance separately.

I am aware that the practice of medicine (including surgery) is not an exact science, and no one has made any guarantees about the results of my treatments, examinations, procedures, or effectiveness of medications. Being seen by Resurgia does not guarantee that any provider will prescribe any medications.

I authorize Resurgia to perform other additional or extended services in emergency situations if it may be necessary or advisable in order to preserve my life or health, and in accordance with any existing DNR Orders, if provided to Resurgia.

## ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

**By signing this acknowledgement, I acknowledge that I have been offered and/or received the Resurgia Notice of Privacy Practices, and I have had an opportunity to ask questions.**

Resurgia's Notice of Privacy Practices is a complete description of my privacy rights as a patient of Resurgia.

Resurgia's Notice of Privacy Practices provides information about how protected health information about me (the patient) – including information about human immunodeficiency virus (HIV), AIDS-related complex (ATC) and acquired immunodeficiency (AIDS); including substance abuse treatment records protected under the regulation 42 Part 2, in the Code of Federal Regulations (if any); and psychological and social services records, including communication made to me by a social worker or psychologist (if any) may be disclosed.

I have been offered an opportunity to review the Resurgia's Notice of Privacy Practices before signing this consent.

I further understand that Resurgia reserves the right to change its notice and practices, in accordance with Section 164.520 of the Code of Federal Regulation.

I understand that the terms of the Notice may change and I may obtain a revised copy by contacting Resurgia's office.

## OPIATE AND PAIN MANAGEMENT AGREEMENT

**By signing this agreement, I am agreeing to comply with the terms set forth in this agreement in order to minimize risks to myself, and comply with applicable laws regarding controlled pharmaceutical substances.**

The purpose of this Agreement is to prevent misunderstandings about certain medications you will be taking for pain management. This Agreement is to help you and your provider to comply with the law regarding controlled pharmaceuticals.

- I understand that there is a risk of psychological and/or physical dependence and addiction associated with chronic use of controlled substances.
- I understand that this Agreement is essential to the trust and confidence necessary in a provider/patient relationship and that my provider undertakes to treat me based on this Agreement.
- I understand that if I break this Agreement, my provider may stop prescribing these pain control medicines. In this case, my provider will taper off the medicine over a period of several days, as necessary, to avoid withdrawal symptoms. Also, a drug-dependence treatment program may be recommended.
- I would also be amenable to seek psychiatric treatment, psychotherapy, and/or psychological treatment if my provider deems necessary.
- I will communicate fully with my provider about the character and intensity of my pain, the effect of the pain on my daily life, and how well the medicine is helping to relieve the pain.

- I will not use any illegal controlled substances, including cocaine, etc., nor will I misuse or self-prescribe/medicate with legal controlled substances. Use of alcohol will be limited to times when I am not driving or operating machinery and will be infrequent.
- I will not share my medications with anyone.
- I will not attempt to obtain any controlled medications, including opioid pain medications, controlled stimulants, or anti-anxiety medications from any other provider, without informing my Resurgia provider.
- I will safeguard my pain medication from loss, theft, or unintentional use by others, including youth. Lost or stolen medications will not be replaced unless a police report of the theft is provided.
- I agree that refills of my prescriptions for pain medications will be made only at the time of a home visit or during regular office hours. No refills will be available during evenings or on weekends.
- I acknowledge that I may have to schedule a visit with my treating provider every two months for medication management and assessment for dependence or withdrawal symptoms.
- I agree to use the pharmacy on record for filling my prescriptions for all of my pain medicine.
- I authorize the provider and my pharmacy to cooperate fully with any city, state or federal law enforcement agency, including this state's Board of Pharmacy, in the investigation of any possible misuse, sale, or other diversion of my pain medication.
- I authorize my provider to provide a copy of this Agreement to my pharmacy, other treating providers and local emergency department.
- I agree to waive any applicable privilege or right of privacy or confidentiality with respect to these authorizations.
- I agree that I will submit to a blood or urine test if requested by my provider to determine my compliance with my program of pain control medications.
- I understand that my provider will be verifying that I am receiving controlled substances from only one prescriber and only one pharmacy by checking the Prescription Monitoring Program web site periodically throughout my treatment period.
- I agree that I will use my medicine at a rate no greater than the prescribed rate and that use of my medicine at a greater rate will result in my being without medication for a period of time.
- I will present any unused pain medicine to my provider during every home visit.
- I agree to follow these guidelines that have been fully explained to me.

All of my questions and concerns regarding treatment have been adequately answered.

---

**REST OF PAGE INTENTIONALLY LEFT BLANK**

## ACKNOWLEDGEMENT OF PRACTICE POLICIES

**By signing this acknowledgement, I am agreeing to abide by Resurgia's Practice Policies, including its Financial and Credit Card Policies.**

I understand and agree to be governed by Resurgia's practice policies, including its Financial and Credit Card Policies. I further agree, that non-compliance with these policies may result in my dismissal from this practice in accordance with its Dismissal Policy. I have been provided with a copy of these Policies.

## ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

**By signing this acknowledgement, I am agreeing to abide by Resurgia's Financial and Credit Card Policies, and acknowledge that I am Financially responsible for all covered and non-covered charges associated with my care.**

I understand and agree that charges for medical, non-medical and related professional services performed or supervised by a physician, nurse practitioner, or other medical provider are my responsibility.

I understand that my actual charges may be different from charge estimates given to me. I also understand that an insurance company may not pay the full amount of my charges, and I may be responsible (as a patient, spouse, or the parent of a minor child) for the amount not paid.

If I do not have health insurance or have not provided current or accurate insurance information, I am responsible for payment of all charges. If I have overpaid any of my accounts, I agree that the overpayment may be applied to pay any outstanding charges on any of my other accounts with Resurgia.

I acknowledge that there are certain services provided by Resurgia which are not covered by Medicare, Medicaid and most other insurances (non-covered services). These charges must be paid by the patient or their representative in advance or at the time of service as outlined in Resurgia's Financial Policy and Fee Schedule.

I have been provided with a copy of Resurgia's Financial Policy and Fee Schedule. I have read or had read to me and fully understand Resurgia's Financial Policy and Fee Schedule.

I understand that Resurgia reserves the right to change its Financial Policy and Fee Schedule at any time.

## AUTHORIZATION TO RETAIN AND CHARGE CREDIT CARD ON FILE

**By signing this acknowledgement, I am agreeing to keep an active credit card on file with Resurgia, and hereby agree that Resurgia will notify me before charging my card more than \$200.**

I understand that my insurance policy may include a copay, deductible and/or coinsurance that applies to my medical visits. I may also be responsible for non-covered service fees, including trip fees.

I agree to place my credit card on file to be charged by Resurgia Health Solutions without my consent for any charges or outstanding balances that do not exceed \$200.

## **INSURANCE CERTIFICATION, ASSIGNMENT AND PAYMENT REQUEST**

**By signing this agreement, I am acknowledging the insurance information provided by me to Resurgia is accurate to the best of my knowledge, and hereby request that payment of authorized benefits be made on my behalf directly to Resurgia upon submission of a valid claim.**

I have been informed that Medicare will only pay for services that it determines to be reasonable and necessary under section 1862(a)(1) of the Medicare Law.

I certify that the information given by me or by my authorized representative in applying for payment for my health care under the Medicare or Medicaid programs is correct.

I request that payment of authorized benefits be made to Resurgia Health Solutions on my behalf. I authorize Resurgia Health Solutions to bill directly and assign the right to all health and liability insurance benefits otherwise payable to me, and I authorize direct payment to Resurgia Health Solutions.

I agree to personally pay for any charges that are not covered by or collected from any insurance program, including any deductibles and coinsurance amounts.

I acknowledge that there are certain services provided by Resurgia which are not covered by Medicare, Medicaid and most other insurances (non-covered services). These charges must be paid by the patient or their representative at in advance or at the time of service as outlined in Resurgia's Financial Policy and Fee Schedule.

I have been provided with a copy of Resurgia's Financial Policy and Fee Schedule. I have read or had read to me and fully understand Resurgia's Financial Policy and Fee Schedule.

I understand that Resurgia reserves the right to change its Financial Policy and Fee Schedule at any time.

**I certify that I am not currently under Hospice Care, and will notify Resurgia if I am placed under Hospice Care.**

## **CONSENT FOR TELEPHONE AND EMAIL COMMUNICATIONS**

**By signing this consent, I am giving Resurgia and its agents permission to contact me through the contact channels I have provided.**

Resurgia, its agents or representatives, may contact me by telephone, text message or email at any number or email address contained in my health records, including wireless telephone

numbers, for the purpose of servicing my account, receiving or providing medical or business updates, appointment reminders, general communications and collecting amounts due.

Methods of contact may include live phone calls, email, fax, text, pre-recorded or artificial voice messages and the use of automatic dialing services.

## RELEASE OF LIABILITY FOR DAMAGE OR LOSS OF PERSONAL PROPERTY

**By signing this release, I am releasing Resurgia and its agents from any liability for damage, loss or theft of my personal belongings while in my home.**

I understand that Resurgia does not assume responsibility for my personal belongings that I keep in my possession, and I release Resurgia from all liability for the loss or theft of, or damage to, such belongings.

## CONSENT FOR USE AND RELEASE OF PROTECTED HEALTH INFORMATION

**By signing this consent, I am providing Resurgia with permission to access and collect my medical information from electronic clearing houses and other providers. I further acknowledge that I understand how my medical information may be used and released, and hereby provide permission for Resurgia to release my medical information with the restrictions noted below.**

I understand that as part of my healthcare, Resurgia, originates, maintains paper and/or electronic records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment.

I understand that my medication history and formulary benefits may be downloaded from a secure electronic clearinghouse. I understand that this information serves as:

- A basis for planning my care and treatment
- A means of communication among the many health professionals who contribute to my care
- A source of information for applying my diagnosis and surgical information to my bill
- A means by which a third-party payer can verify that services billed were actually provided
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I acknowledge that a copy of Notice of Privacy Practices was provided to me. I understand that I have the following rights and privileges:

- The right to review the notice prior to signing this consent
- The right to object to the use of my health information for directory purposes
- The right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations.

I understand that Resurgia is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

I also understand that by refusing to sign this consent or revoking this consent, Resurgia may refuse to treat me as permitted by Section 164.506 of the Code of Federal Regulations.

I further understand that Resurgia reserves the right to change its notice and practices, in accordance with Section 164.520 of the Code of Federal Regulation. I understand that the terms of the Notice may change and I may obtain a revised copy by contacting Resurgia's office.

By signing this consent, I give permission to Resurgia – including its treating and referring providers, independent contractors and other staff members – to release any information about me, my health, the health services provided to me, or payment for my health services, that may be necessary:

1. for my treatment (to health care providers or facilities that need the information to begin or continue care);
2. for any purposes related to payment by me or a third party for services (to determine eligibility, to process an insurance claim, for utilization and quality review, or for billing or collection purposes, as necessary to obtain payment); or
3. for the health care operations of Resurgia or another health care provider that has had a relationship with me (treatment, quality assessment, training programs, planning, and fundraising).

I understand that the information in my health record may include information relating to communicable disease, Acquired Immunodeficiency Syndrome (AIDS), or Human Immunodeficiency Virus (HIV), genetic testing or screening, behavioral or mental health, alcohol/drug (substance) abuse or any such related information. In addition, the information may include any or all of the following:

▪ Progress Notes	▪ Radiology and Imaging Reports
▪ Consultations	▪ Radiology Films
▪ Most Recent History and Physicals	▪ Two-way verbal exchange of communication
▪ Immunization Records	▪ Entire Medical Records
▪ Laboratory Reports	▪ Other Medical Records and Observations

For more detailed information about the way my information may be used or released, I can read the Resurgia Health Solutions Notice of Privacy Practices.

### **Release of Health Information to Specific Individuals**

As a courtesy, limited health information may be shared with a limited number of identified family, friends and authorized representatives under the following conditions:

- 1) the information is related to patient care or payment for care, or

- 2) the information is needed to notify individuals about the patient’s location, general condition or death.

If you prefer Resurgia not share this information, please indicate “None” in the table below.

I hereby authorize Resurgia to disclose the below-named individual’s health information.

	Individual 1	Individual 2	Individual 3
Name:			
Relationship:			
Address:			
Purpose:			

### Restrictions

I wish to have the following restriction with regard to the use or disclosure of my health information:

---

---

---

---

---

---

**REST OF PAGE INTENTIONALLY LEFT BLANK**

## CONSENT FOR THE PROVISION OF CHRONIC CARE MANAGEMENT (CCM) SERVICES

By signing this Agreement, you consent to have the named provider below, or any other designated provider at Resurgia Health Solutions (Referred to as “Resurgia”), provide chronic care management services (referred to as “CCM Services”) to you as more fully described below.

CCM Services are available to you because you have been diagnosed with two (2) or more chronic conditions which are expected to last at least twelve (12) months, and which place you at significant risk of further decline.

CCM Services includes 24-hours-a-day, 7-days-a-week access to care management services and means to make timely contact with health care practitioners who have access to the patient’s care plan to address urgent chronic care needs; systematic assessment of your health care needs; process to assure that you receive timely preventative care services; medication reviews and oversight; a plan of care covering your health issues; and management of care transitions among health care providers and settings. The Provider will discuss with you the specific services that will be available to you and how to access those services

**Provider’s Obligations.** *When providing CCM Services, the Provider must:*

- Explain to you (and your caregiver, if applicable), and offer to you, all the CCM Services that are applicable to your conditions
- Provide you with a written or electronic copy of your care plan
- If you revoke this Agreement, provide you with a written confirmation of the revocation, stating the effective date of the revocation.

**Beneficiary Acknowledgement and Authorization.** *By signing this agreement, you agree the following:*

- You consent to the Provider providing CCM Services to you
- You authorize electronic communication of your medical information with other treating providers as part of your coordination of care
- You acknowledge that only one Provider can furnish CCM Services to you during a calendar month
- You understand that the cost-sharing will apply to CCM Services, so you may be billed for a portion of CCM services even though CCM Services will not involve a face-to-face meeting with the Provider

**Beneficiary Rights.** *You have the following rights with respect to CCM Services:*

- The Provider will provide you with a written or electronic copy of your care plan
- You have the right to stop CCM Services at any time by revoking this Agreement effective at the end of the then current month. You may revoke this agreement verbally by calling 404-445-5304 or in writing to ATTN: CCM Revocation, Resurgia Health Solutions, 1100 Peachtree Street, Suite 200, Atlanta GA 30309. Upon receipt of your revocation, the Provider will give you written confirmation (including the effective date) of the revocation.

**Patient**

**Patient Representative or Caregiver (if applicable)**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Named CCM Provider: \_\_\_\_\_

## AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO RESURGIA

I, \_\_\_\_\_ hereby give my permission for my provider or hospital, \_\_\_\_\_ to release my medical records to Resurgia Health Solutions so they can better understand my medical history and treat my current conditions.

Please securely transmit my medical records to Resurgia Health Solutions at [admin@resurgia.com](mailto:admin@resurgia.com) or via fax at (404) 445-5173. Please contact Resurgia Health Solutions at (404) 445-5304 with any questions.

### Patient Information

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Information to be Released</b>		<b>Dates of Treatment</b>	
<input type="checkbox"/>	All Medical Records	<input type="checkbox"/>	All Dates
<input type="checkbox"/>	All Medical Billing Records	<input type="checkbox"/>	Specific Dates: _____ to _____
<input type="checkbox"/>	X-Ray and imaging reports		

### Other Instructions and Exclusions:


Patient	Patient Representative or Caregiver (if applicable)
Signature: _____	Signature: _____
Print Name: _____	Print Name: _____
Date: _____	Date: _____

## CONSENT AND ACKNOWLEDGMENT SIGNATURES

I understand that I may withdraw this consent in writing. My withdrawal will not be effective for actions already taken by any Resurgia Health Solutions practitioner or independent contractor, or in progress. I have read or had read to me and fully understand these consents and acknowledgments; I have had the opportunity to ask questions and had these questions addressed.

INITIAL	CONSENT OR ACKNOWLEDGEMENT
	CONSENTING TO RECEIVE MEDICAL TREATMENT FROM RESURGIA HEALTH SOLUTIONS.
	ACKNOWLEDGING RECEIPT OF RESURGIA'S NOTICE OF PRIVACY PRACTICES.
	AGREEING TO RESURGIA'S OPIATE AND PAIN MANAGEMENT AGREEMENT, IF NECESSARY.
	PROVIDING CONSENT FOR RESURGIA TO USE AND RELEASE MEDICAL AND PROTECTED HEALTH INFORMATION.
	AGREEING TO RESURGIA'S PRACTICE POLICIES, INCLUDING RESURGIA'S FINANCIAL AND CREDIT CARD POLICIES.
	ACKNOWLEDGING FINANCIAL RESPONSIBILITY FOR COVERED AND NON-COVERED SERVICES RESURGIA WILL PROVIDE.
	ASSIGNING INSURANCE BENEFITS AND REQUESTING PAYMENTS BE MADE TO RESURGIA ON THEIR BEHALF.
	PROVIDING RESURGIA WITH PERMISSION TO CONTACT PATIENT USING EMAIL, TEXT MESSAGE, AND PHONE CALLS (LIVE, AUTOMATED & RECORDED).
	RELEASING RESURGIA FROM LIABILITY FOR LOSS, THEFT OR DAMAGE TO PERSONAL EFFECTS DURING THE COURSE OF A HOUSE CALL VISIT.
	PROVIDING CONSENT TO CHRONIC CARE MANAGEMENT SERVICES BY RESURGIA (MEDICARE PATIENTS ONLY).
	PROVIDING CONSENT FOR RESURGIA TO REQUEST AND RECEIVE PATIENT'S MEDICAL INFORMATION.
	CONFIRMING THAT I AM NOT CURRENTLY UNDER HOSPICE CARE, AND WILL NOTIFY RESURGIA IF I AM PLACED UNDER HOSPICE CARE.

Patient	Patient Representative or Caregiver (if applicable)
Signature: _____	Signature: _____
Print Name: _____	Print Name: _____
Date: _____	Date: _____

## APPOINTMENT TRACKER

Please use this sheet to track your appointments with Resurgia.

[illegible]

## APPOINTMENT TRACKER

Please use this sheet to track your appointments with Resurgia.

[illegible]

## PATIENT IN-HOME RECORD

Please use the table below to record readings that we will discuss at your next visit.

[illegible]

## PATIENT AND PROVIDER NOTES

Please use the table below to record general notes or questions to discuss with your provider at your next visit.

Date	NOTES	SIGNATURE / DATE

## PATIENT AND PROVIDER NOTES

Please use the table below to record general notes or questions to discuss with your provider at your next visit.

Date	NOTES	SIGNATURE / DATE

## PATIENT HOSPITALIZATION RECORDS

Please use the table below to record any Emergency Department Visits or Hospital admissions. Please discuss each one with your provider during your next visit.

Date	Hospital	Length of Stay	Reason for Admission



Medical Care at Home.  
A Better Way to Get Better.

**1-84House-Doc**  
**[www.Resurgia.com](http://www.Resurgia.com)**

## Contact Us



[www.Resurgia.com](http://www.Resurgia.com)



**1-84House-Doc** or  
**1 (404) 445-5304**



**[intake@resurgia.com](mailto:intake@resurgia.com)**

Resurgia Health Solutions LLC.

The contents of this document are for use by the intended user only. Express permission is required to reproduce, transmit or otherwise distribute this document beyond the intended audience.

As used in this document, Resurgia or Resurgia Health refers to Resurgia Health Solutions LLC.

Resurgia Health Solutions and the "Open Arms" device are registered trademarks of Resurgia Health Solutions LLC.