

Thank you for choosing Swedish Medical Group for your health care needs. In order to provide you with the best possible care, it is important that you understand Swedish Medical Group's patient policies.

Swedish Medical Group's Patient Portal: I understand that if I provide an email address it will be used to enroll me in the Swedish Medical Group's online patient portal. Enrollment to the Patient Portal is optional, I may choose to opt-out at any time by completing the Patient Portal Opt-Out Form at any of Swedish Medical Group's locations. If I choose to enroll in the Patient Portal, I am responsible and agree to maintain an up-to-date and secure email address on file. I understand messages sent to the email on file may contain Protected Health Information and portal website login information. I understand Swedish Medical Group provider(s) will use the portal as a primary means of communication and will send results and communications via my Patient Portal. I agree to use the portal as a primary means of communication. I understand and agree, I am responsible for logging into my portal to view results and communications sent by my provider(s).

Patient Portal Proxy: I understand if I provide an email address shared or owned by someone else I am appointing them my proxy which grants the person access and privileges to my Protected Health Information available on the portal. Additional information may become available as Swedish Medical Group continues to implement and upgrade the Patient Portal. Swedish Medical Group strongly recommends I only appoint a trusted person as a proxy. This authorization is valid until revoked by me providing Swedish Hospital with a new email address that is not shared or owned by another person. To ensure portal security, I understand email address must be updated in person at any Swedish Medical Group location. I understand information obtained by my proxy is no longer protected by federal privacy laws under the Health Insurance Portability and Accountability Act. My revocation will not affect Protected Health Information obtained by my proxy pursuant revocation.

Protected Health Information Communication: I understand Swedish Medical Group will use the phone number(s) and address on file to communicate Protected Health Information. This includes, but is not limited to, detailed voicemails and mailings containing Protected Health Information. Swedish Medical Group strongly recommends I provide only secure number(s) and address. Providing unsecure number(s) or address may lead to another person(s) obtaining my Protected Health Information. I understand information obtained by others is no longer protected by state and federal privacy laws. To ensure Swedish Medical Group has the most current information on file, I will be required to review my demographic information at each scheduled appointment for accuracy and I must inform staff of any changes or errors immediately so the proper updates can be made to my account. Failure to report phone number(s) or address changes can lead to my Protected Health Information being obtained by others. I understand information obtained by others is no longer protected by federal privacy laws under the Health Insurance Portability and Accountability Act.

Emergency Contact(s): I understand Swedish Medical Group will ask I provide emergency contact(s) information which will allow Swedish Medical Group providers and its staff permission to reach out to my emergency contact(s) on file in the event of an emergency and allows my emergency contact(s) to view and obtain Protected Health Information on my behalf. Swedish Medical Group strongly recommends I list a trusted person as an emergency contact. Emergency contact authorization can be revoked by me in person by completing the Factsheet with new emergency contact information at any Swedish Medical Group location. I understand the information disclosed to my emergency contact on file may be subject to re-disclosure and no longer protected by federal privacy laws under the Health Insurance Portability and Accountability Act.

Appointment Reminder Call Notification: I understand and agree I will receive a reminder call to the cell phone or home phone number on file two days before a scheduled appointment. Appointment reminder call notifications are optional and I may choose to opt out by completing an *Appointment Reminder Call Notification Opt-Out Form* at any Swedish Medical Group location. Opting out will disable reminder calls from all Swedish Medical Group providers.

Health Information Exchanges: I understand Swedish Medical Group participates in Health Information Exchange and submits information to registries. As a member of Health Information Exchange organizations, the goal is to make patient information available electronically to participating hospitals, doctors and others using a computer network. Using Health Information Exchange will provide faster and more complete access to your health information so we can make more informed decisions about your care. Registries are designed to help health care professionals and record, track and report information such as immunization records. Swedish Medical Group and other participants in Health Information Exchange may also share your information to the extent permitted under privacy laws to seek payment for your care, satisfy public health reporting obligations and conduct health care operations such as evaluating quality of care and developing clinical care guidelines. Patient information may be transmitted through Health Information Exchange to conduct these activities. Both Health Information Exchange and registries such as I-Care (Immunization Reporting) are structured to comply with federal and state privacy and security laws. Use of Health Information Exchange and registry information is limited to authorized users who confirm that they will comply with these laws. Information that identifies you will not be sold and your name will not be added to any mailing list. I understand participation is voluntary, I can choose not to participate (Opt-Out) by completing the Health Information Exchange Opt-Out Form and returning to any Swedish Medical Group office. I may also choose to re-opt in by completing the Health Information Exchange Opt-in Form. Medicaid patients will not be able to opt out of ICare immunization reporting as required by state law.



Receipt of Notice of Privacy Practices (NPP): I acknowledge receipt of Notice of Privacy Practices. Swedish Medical Group reserves the right to change its privacy practices that are described in its Notice of Privacy Practices, in accordance with applicable laws. I understand I may obtain a revised notice by requesting a copy from any Swedish Medical Group.

Financial Policy: In order to deliver high quality care and services, Swedish Medical Group will adhere to the following financial policy. I, the patient/responsible party, assume responsibility to ensure the financial obligation is fulfilled for the health care services received.

- As a courtesy Swedish Medical Group will file claims with my insurance carrier(s) and/or third party payers. Except as provided by law, I will be responsible for payment of any charges which for any reason, are not paid by my insurance and/or any third party payer.
- I authorize Swedish Medical Group and Swedish Medical Group's Agents and/or by auto-dialer to call me at the numbers listed in my account in order to collect any balances I owe.
- It is my responsibility to provide the practice any referrals or authorizations for treatment required by my health insurance carrier prior to my appointment. My visit may need to be rescheduled or insurance coverage denied if a required referral or authorization is not provided in advance.
- I understand I am responsible for all co-payments, amounts applied to deductibles, and other amounts that may be deemed my responsibility by the payment sources, as required by my contract with my insurance plan and state regulations at the time of service.
- It is my responsibility to verify applicable coverage prior to receiving services. If I seek care outside the contract terms, I am aware that I will be responsible for all the charges that are incurred.
- Self-pay patients, payment is expected at the time of service. If unable to pay for urgent medical care, patient may be eligible for a payment plan and it is the patient's responsibility to inform the practice prior to the visit.
- Swedish Medical Group asks appointments be cancelled at least 24 hours in advance. I understand that appointments cancelled less than 24 hours in advance, will be considered a "No Show" and fee (dependent on visit type) of \$25.00 up to \$150.00 will be billed to me directly.

Preventative (Physical) Visits: I understand most health care coverage will cover Preventive Visits at 100%. Any health care concerns or health problems discussed with my provider during Preventive Visit are subject to deductibles, coinsurance and copays. I am encouraged to discuss any and all health concerns with my provider. To ensure patient safety and proper continuum of care, providers are required to document all discussions with patients, and this documentation can result in additional charges. Every coverage policy has its own rules and policies regarding what is covered during a Preventive Visit but here are a few examples of items that may be subject to additional charges:

- Discussion and treatment of new illnesses (headaches, insomnia, etc.) injuries or any ailments (colds, allergies etc.) with the provider
- Discussions and treatment of ongoing medical conditions (diabetes, high cholesterol etc.)
- Provider discovery of new illnesses such as masses, elevated blood pressure etc.
- Non-preventative medication refill requests and non-screening diagnostic imaging and lab orders

I am encouraged to reach out to my health coverage carrier with questions or concerns regarding covered and/or non-covered items. Any of the above can result in additional charges and understand I will be responsible for payments of such charges.

Product Purchases: Purchases of cosmetic or medical products can only be refunded due to allergic reactions with supporting medical documentation.

Appointment Guidelines: In order to provide the best possible care to our patients, Swedish Medical Group providers see patients by appointment only, with the exception of urgent care. Swedish Medical Group asks patients to arrive at least twenty minutes before their scheduled appointment to give enough time to complete the paperwork and the check-in process. I understand if I arrive late to my scheduled appointment/s, I may need to be rescheduled to allow timely care for other scheduled patients.

Patient Dismissal: I understand in order to maintain a beneficial therapeutic relationship, there must be respectful, open communication between the patient and provider and its staff. If for some reason a therapeutic relationship cannot be maintained, Swedish Medical Group may discharge the patient from the medical group.

I have read, understand and agree and acknowledge receipt of Swedish Medical Group's Patient Agreement. Swedish Medical Group reserves the right to change its practice policies that are described in its Patient Agreement. I understand I may obtain a revised agreement by requesting a copy from any Swedish Medical Group location.

Print Patient Name

Patient's Date of Birth

Patient/Parent or Legal Guardian Signature

Relationship to Patient

Date



It is our privilege to provide quality medical care to you and your family.