



# General Consent for Services

## GENERAL CONSENT TO TREAT:

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision to undergo any suggested treatment or procedure after knowing the potential benefits as well as the risks and hazards involved. At this point in your care, no specific treatment plan has been recommended. This consent provides us with your permission to perform any reasonable and necessary evaluation to identify the appropriate treatment and/or procedure for any identified condition(s), as well as any reasonable and necessary medical examinations, testing, and treatment for the same.

By signing the Curana General Consent for Services, you are indicating that (1) you intend that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended; (2) you consent to treatment by any Curana Health and its affiliated entities' provider, (3) you consent to communication via electronic and/or written format, and (4) you consent to the release of information to your healthcare providers as necessary for continued patient care and other related purposes. The consent will remain fully effective until it is revoked in writing. You have the right at any time to discontinue services. You have the right to discuss the treatment plan with your provider, including the purpose, potential risks, and benefits of any test or treatment ordered for you. If you have any concerns regarding any test or treatment recommended by your health care provider, we encourage you to ask questions of your Curana Provider.

I voluntarily request a physician, and/or mid-level provider (Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist), and other health care providers or their designees as deemed necessary (collectively "Curana Provider"), to perform reasonable and necessary medical examination, testing and treatment for the condition which has brought me to seek care at this practice.

I authorize Curana Health to seek emergency medical care on my behalf if deemed necessary.

I understand that my Curana Provider may be required by law to report suspected abuse or neglect or to disclose my private information if they believe I may harm myself or others.

### CONSENT TO USE OF TELEHEALTH:

Circumstances may arise where medically necessary telehealth visits are required to address your medical needs, including but not limited to after hours and on weekends. By signing the Curana General Consent for Services, (1) I intend that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended; (2) I consent to treatment by any Curana Health and its affiliated entities' provider; (3) I consent to communication via electronic and/or written format; and (4) to the extent I initiate any such virtual or telephonic visit, I consent to medical examination and treatment via telephonic, video, or other virtual modalities. This consent will remain fully effective until it is revoked in writing. I have the right at any time to discontinue services. I have the right to discuss the treatment plan with my provider, including the purpose, potential risks and potential benefits of any test or treatment ordered for me. If I have any concerns regarding any test or treatment recommended by my health care provider, Curana encourages me to ask questions of my Curana Provider.

### CONSENT TO USE OF REMOTE MEDICAL MONITORING DEVICES:

I voluntarily request my Curana Provider to use remote medical monitoring devices as reasonable and medically necessary to identify, evaluate, and monitor any medical conditions or diagnoses I may have and determine appropriate treatment and/or procedures for those conditions or diagnoses. Remote medical monitoring devices may include, as determined by my Curana Provider, devices to monitor blood pressure, heart rate, weight, falls, sleep disturbances, and blood sugar, among other clinically important measures. I acknowledge and consent that some of these devices may involve devices that are installed in my room at my medical facility that will continually monitor my relevant health measures. I acknowledge that any remote medical monitoring devices are not intended to be emergency response devices and that while data is collected continually, the data stream is only reviewed at set intervals for limited purposes. I expressly acknowledge and agree that I will not rely on the existence of these devices in the event of a medical emergency but will contact 911 or the medical staff on duty in my facility. **This paragraph will only apply if my Curana Provider and I agree that remote medical monitoring is an appropriate treatment for me.**

### CONSENT TO BEHAVIORAL HEALTH TREATMENT:

**This paragraph will only apply if Behavioral Health Services are requested.** You have the right, as a patient, to be informed about your condition and the recommended behavioral health or diagnostic procedure to be used so that you may make the decision to undergo any suggested treatment or procedure after knowing the potential benefits as well as the risks and hazards involved. At this point in your care, no specific treatment

plan has been recommended. This consent provides us with your permission to perform any reasonable and necessary evaluation to identify the appropriate treatment and/or procedure for any identified condition(s), as well as any reasonable and necessary behavioral health examinations, testing, and treatment for the same.

By signing the Curana General Consent for Services, you are indicating that (1) you intend that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended; (2) you consent to treatment by any Curana Health and its affiliated entities' provider; (3) you consent to communication via electronic and/or written format, and (4) you consent to the release of information, including diagnostic and treatment information, to your healthcare providers as necessary for continued patient care and other related purposes. Psychotherapy notes will be kept confidential as required by HIPAA. The consent will remain fully effective until it is revoked in writing. You have the right at any time to discontinue services. You have the right to discuss the treatment plan with your provider, including the purpose, potential risks, and benefits of any test or treatment ordered for you. If you have any concerns regarding any test or treatment recommended by your health care provider, we encourage you to ask questions of your Curana Provider.

I voluntarily request a physician and/or mid-level provider (Nurse Practitioner, Physician Assistant, or licensed psychotherapy provider), and other health care providers or their designees as deemed necessary (collectively "Curana Provider"), to perform reasonable and necessary behavioral health examination, testing, and treatment for the condition which has brought me to seek care at this practice. I authorize Curana to seek emergency medical care on my behalf if deemed necessary.

I understand that my Curana provider may be required by law to report suspected abuse or neglect or to disclose my private information if they believe I may harm myself or others.

### **MEDICATION CONSENT:**

I consent to the following regarding medication(s) and/or therapies to be prescribed for their intended treatment purpose. I understand that there are risks, side effects, benefits, and possible drug-drug interactions of possible prescribed medication(s) as well as those of all medications currently prescribed. I understand, where applicable, there are increased risks in pregnancy, in the elderly, and other pertinent risk factors, such as FDA black box warnings. Alternatives to medications, such as therapy and non-medication strategies, are understood to be prescribed for their intended use as part of the treatment process.

**CONSENT TO USE OF AMBIENT RECORDING OF MEDICAL VISIT FOR CHARTING PURPOSES:**

I understand that my Curana Provider has access to a tool to assist them in completing their medical charts. This tool will record the conversation between me and my Curana Provider during my medical visit so that my Curana Provider will be able to have a record of our conversation for charting purposes after the visit. The conversations are stored securely where no one else can access them and are deleted after the provider has completed the medical chart documentation. The provider will turn the tool on to record at the beginning of the medical visit with me and turn it off at the end of the visit with me. The tool will not record any other conversations outside of the medical visit nor will it remain in my room when the provider is not in my room. The tool will assist my Curana Provider in completing the medical chart by providing the content of our conversation during the visit in a written format that the Curana Provider can then use to complete the chart. I consent to my Curana Provider's use of this tool for the purpose of ensuring that my medical records are complete and accurate.

**CONSENT TO SHARE MEDICAL RECORDS WITH OTHER PROVIDERS:**

I understand that in order for my Curana Provider to provide the best care to me, my Curana Provider needs a complete picture of my medical history and medical care. I hereby authorize Curana and my Curana Provider to share my medical records, including both receiving records and providing records, with all other health care providers, past or present, from whom I have received or am receiving care or treatment, in any form, including, without limitation, from any Health Information Exchange or Electronic Health Record in which those records might be stored. This consent includes information related to Substance Use Disorder (SUD) diagnosis, treatment, or referral for treatment, which is protected by federal law (42 CFR Part 2). Curana and my Curana Provider may use and disclose this information for treatment, payment, and health care operations. I understand that SUD information may not be redisclosed by recipients unless permitted by law. I may revoke this consent at any time except to the extent action has already been taken in reliance on it. This authorization is continuing for as long as I am a patient of Curana and my Curana Provider unless I revoke this authorization in writing addressed to the Curana Chief Compliance Officer at 8911 North Capital of Texas Hwy Building 1, Suite 1110, Austin, TX 78759.

**ASSIGNMENT OF PROFESSIONAL BENEFITS:**

I hereby assign all insurance benefits and/or Medicare/Medicaid benefits to Providers and/or medical professionals providing services to me and authorize direct payment to Providers. This assignment specifically includes, but is not limited to, major medical and

disability insurance proceeds and benefits. I agree to pay for any and all charges not paid pursuant to this assignment. A photocopy of this assignment shall be valid as the original.

### **CONSENT TO CHRONIC CARE MANAGEMENT:**

**This paragraph will only apply if my Curana Provider and I agree that Chronic Care Management is an appropriate treatment for me.** Medicare covers Chronic Care Management (CCM) services provided monthly by physician practices when a patient has two or more chronic conditions which are expected to last at least twelve months and place the patient's health at risk of decline. I understand that if I enroll in CCM, my Curana Provider is assuming responsibility for all my CCM services and will be a continuing focal point for my healthcare needs relating to my chronic conditions. In agreeing to receive CCM, I understand that my Curana Provider and Curana Health care team are willing to provide such services to me, including the following:

#### Access and continuity of care

- 24/7 access to the care team for urgent needs.
- The ability to get successive, routine appointments with a member of the care team
- Alternatives to traditional office visits (for example, home visits or expanded clinic hours).

#### Comprehensive Care Management

- Needs assessment, including medical and psychosocial.
- Helping ensure I receive recommended preventive services.
- Medication management and support.
- A personalized care plan that outlines my health goals and needs and is regularly reviewed and updated.
- A copy of my care plan accessible to me, my caregivers, and members of my care team.

#### Care Coordination

- Coordinating my care across settings, such as:
  - Referrals to other physicians and health care providers.
  - Communicating with home- and community-based providers, community-based service providers, hospitals, and skilled nursing facilities or others.
- Follow-up care after emergency department visits or discharge from a hospital, skilled nursing facility, or other health care facility.

### Enhanced Communication Opportunities

- Additional ways for me and my caregivers to communicate with my Curana Provider and care team, such as patient portals, secure messaging, and telehealth visits.

I also understand that I can revoke this agreement at any time (effective at the end of a calendar month) and can choose, instead, to receive these services from another healthcare professional after the calendar month in which I revoke this agreement. Medicare will only pay one physician or health care professional to furnish me CCM services within a given calendar month.

I understand these CCM services are subject to the usual Medicare deductible and coinsurance applied to physician services.

My signature on the Curana General Consent for Services authorizes my Curana Provider to electronically communicate my medical information with other treating providers as part of the care coordination involved in CCM.

This designation is effective as of the date on the Curana General Consent for Services and remains in effect until revoked by me.

### **CONSENT TO ADVANCED PRIMARY CARE MANAGEMENT:**

**This paragraph will only apply if my Curana Provider and I agree that Advanced Primary Care Management is an appropriate treatment for me.** Medicare covers Advanced Primary Care Management (APCM) services provided monthly by physician practices. I understand that if I enroll in APCM, my Curana Provider is assuming responsibility for all my primary care services and will be a continuing focal point for all my healthcare needs. In agreeing to receive APCM, I understand that my Curana Provider and Curana Health care team are willing to provide such services to me, including the following:

#### Access and continuity of care

- 24/7 access to the care team for urgent needs.
- The ability to get successive, routine appointments with a member of the care team.
- Alternatives to traditional office visits (for example, home visits or expanded clinic hours).

#### Comprehensive Care Management

- Needs assessment, including medical and psychosocial.
- Helping ensure I receive recommended preventive services.
- Medication management and support.

- A personalized care plan that outlines my health goals and needs and is regularly reviewed and updated.
- A copy of my care plan accessible to me, my caregivers, and members of my care team.

#### Care Coordination

- Coordinating my care across settings, such as:
  - Referrals to other physicians and health care providers.
  - Communicating with home- and community-based providers, community-based service providers, hospitals, and skilled nursing facilities or others.
- Follow-up care after emergency department visits or discharge from a hospital, skilled nursing facility, or other health care facility.

#### Enhanced Communication Opportunities

- Additional ways for me and my caregivers to communicate with my Curana Provider and care team, such as patient portals, secure messaging, and telehealth visits.

I also understand that I can revoke this agreement at any time (effective at the end of a calendar month) and can choose, instead, to receive these services from another healthcare professional after the calendar month in which I revoke this agreement. Medicare will only pay one physician or health care professional to furnish me APCM services within a given calendar month.

I understand these APCM services are subject to the usual Medicare deductible and coinsurance applied to physician services.

My signature on the Curana General Consent for Services authorizes my Curana Provider to electronically communicate my medical information with other treating providers as part of the care coordination involved in APCM.

This designation is effective as of the date on the Curana General Consent for Services and remains in effect until revoked by me.

#### **CONSENT TO BEHAVIORAL HEALTH INTEGRATION:**

**This paragraph will only apply if my Curana Provider and I agree that Behavioral Health Integration (BHI) is an appropriate treatment for me.** Medicare covers Behavioral Health Integration (BHI) services provided monthly by physician practices to support the assessment, monitoring, and management of behavioral health conditions. I understand that if I enroll in BHI, my Curana Provider is assuming responsibility for coordinating my behavioral health care needs and will serve as a continuing focal point for my mental

and emotional health support. In agreeing to receive BHI, I understand that my Curana Provider and Curana Health care team are willing to provide such services to me, such as the following:

#### Service Components

- Systematically assess and monitor patients
- Adjust care plans for patients not improving adequately
- Provide a continuous relationship with an appointed care team member
- Provides monthly care management with services including:
  - An initial assessment or follow-up monitoring, including using applicable validated rating scales
  - Behavioral health care planning about behavioral or psychiatric health problems, including revising treatment for patients who aren't progressing or whose status changes
  - Facilitating and coordinating treatment, such as psychotherapy, pharmacotherapy, counseling, or psychiatric consultation
  - Continuity of care with an appointed care team member

These services may be provided through multiple formats, including in-person sessions, video conferencing, and telephone calls. I also understand that I can revoke this agreement at any time (effective at the end of a calendar month) and can choose, instead, to receive these services from another healthcare professional after the calendar month in which I revoke this agreement. Medicare will only pay one physician or healthcare professional to furnish my BHI services within a given calendar month. BHI may not be reported in the same month as Psychiatric CoCM codes.

I understand these BHI services are subject to the usual Medicare deductible and coinsurance applied to physician services.

My signature on the Curana General Consent for Services authorizes my Curana Provider to electronically communicate my medical information with other treating providers as part of the care coordination involved in BHI.

This designation is effective as of the date on the Curana General Consent for Services and remains in effect until revoked by me.

## CONSENT TO PSYCHIATRIC COLLABORATIVE CARE MODEL:

**This paragraph will only apply if my Curana Provider and I agree that Psychiatric Collaborative Care Model (Psych CoCM) is an appropriate treatment for me.** Medicare covers Psychiatric Collaborative Care Model services- a type of Behavioral Health Integration (BHI)- provided monthly by physician practices using a teambased approach that includes my primary care provider or other specialist, a behavioral health care manager, and a consulting psychiatrist. I understand that if I enroll in Psych CoCM, my Curana Provider is assuming responsibility for coordinating my psychiatric collaborative care services and will be a continuing focal point for my behavioral health needs. In agreeing to receive Psych CoCM, I understand that my Curana Provider and Curana Health care team are willing to provide such services to me, such as the following:

### Key Services

- Care management support
- Regular psychiatric inter-specialty consultation

### Care Team Members

- Behavioral health care manager
- Psychiatric consultant
- Treating (billing) practitioner
- Patient

### Service Components

- Initial assessment: The team assesses the patient and administers validated rating scales
- Joint care planning:
  - The care team works with the patient to revise the care plan if the condition isn't improving adequately.
  - The patient and the care team discuss treatment options, including pharmacotherapy, psychotherapy, or other recommended treatments.
- Ongoing follow-up by the behavioral health care manager:
  - Follows up proactively and systematically using validated rating scales.
  - Assesses treatment adherence, tolerability, and clinical response using validated rating scales
  - Delivers brief, evidence-based psychosocial interventions, such as behavioral activation or motivational interviewing

- Provides behavioral health care manager time monthly
- Systematic case reviews:
  - The behavioral health care manager and psychiatric consultant conduct regular caseload reviews, including the patient's treatment plan and status, and discuss potential revisions if the patient isn't improving
  - The care team continues or adjusts treatment, including referring to behavioral health specialty care, as needed

These services may be provided through multiple formats, including in-person sessions, video conferencing, and telephone calls. I understand that I may not meet directly with the consulting psychiatrist; instead, the psychiatrist provides recommendations to my Curana Provider based on regular case reviews.

I also understand that I can revoke this agreement at any time (effective at the end of a calendar month) and can choose, instead, to receive these services from another healthcare professional after the calendar month in which I revoke this agreement. Medicare will only pay one physician or healthcare professional to furnish my Psych CoCM services within a given calendar month.

I understand these Psych CoCM services are subject to the usual Medicare deductible and coinsurance applied to physician services.

My signature on the Curana General Consent for Services authorizes my Curana Provider to electronically communicate my medical information with other treating providers as part of the care coordination involved in Psych CoCM.

This designation is effective as of the date on the Curana General Consent for Services and remains in effect until revoked by me.

### **CONSENT TO TRANSITIONAL CARE MANAGEMENT:**

**This paragraph will only apply if my Curana Provider and I agree that Transitional Care Management is an appropriate treatment for me.** Medicare covers Transitional Care Management (TCM) services provided as needed by physician practices upon a patient's transition from an inpatient hospital stay or skilled nursing facility to their home or a community setting. I understand that if I enroll in TCM, my Curana Provider is assuming responsibility for all my TCM services and will be a continuing focal point for all my transitional healthcare needs. In agreeing to receive TCM, I understand that my Curana Provider and Curana Health care team are willing to provide such services to me, including the following:

Access and continuity of care

- Coordination and facilitation of appointments with healthcare providers.
- Review of my discharge summary.
- Medication reconciliation and management.
- Addressing any post-discharge complications or concerns.
- Collaboration with healthcare providers involved in my care.

Care Coordination

- Coordinating my care across settings, such as:
  - Referrals to other physicians and health care providers.
  - Communicating with home- and community-based providers, community-based service providers, hospitals, and skilled nursing facilities or others.
- Follow-up care after discharge from a hospital, skilled nursing facility, or other health care facility.

I also understand that I can revoke this agreement at any time (effective at the end of a calendar month) and can choose, instead, to receive these services from another healthcare professional after the calendar month in which I revoke this agreement. Medicare will only pay one physician or health care professional to furnish me TCM services within a given calendar month.

I understand these TCM services are subject to the usual Medicare deductible and coinsurance applied to physician services.

My signature on the Curana General Consent for Services authorizes my Curana Provider to electronically communicate my medical information with other treating providers as part of the care coordination involved in TCM.

This designation is effective as of the date on the Curana General Consent for Services and remains in effect until revoked by me.