

Patient's Agreement to Practice Policies

"I" refers to the patient in this agreement.

I understand that the focus of Dr. Yun Tran is primary care for chronic medical conditions, with minor urgent care provided only for established patients when she is available. Dr. Yun Tran is not an urgent care provider, and an in-person visit or an e-visit could possibly be arranged on the same or next day but it is not guaranteed.

I understand that Dr. Yun Tran reserves the right to refer me to the ER or other treatment provider instead of treating me herself based on the severity of my presenting problem.

Dr. Yun Tran does not provide

- Controlled substance prescriptions including opioids, benzos, barbituates, and stimulants
- Estrogen or testosterone replacement therapy
- Dispensing of medications including antibiotic or steroid injection
- Vaccines which can be obtained from local pharmacies
- Exams of the urinary genital rectal area
- Draining of abscess or repair of lacerations and other minor surgical procedures
- On site labs or imaging
- Well child checks

Consent for Treatment

I hereby authorize Dr. Yun Tran to provide me health care services that may include but are not limited to ordering diagnostic, radiology and laboratory procedures as well as medication prescriptions, in my home or work site within areas posted on www.doctorfw.com. I understand that except for emergency or extraordinary situations, I will be given an opportunity to learn the benefits and risks of a particular treatment and/or procedure and provide my informed consent verbally to that particular treatment and/or procedure.

Consent for Payment

I understand that Dr. Yun Tran does not accept or file for insurance and I agree to pay all charges for services provided by Dr. Yun Tran. I understand that payment is due at the time of appointment booking. I understand that except in extenuating circumstances, my payment is not refunded if I don't cancel or reschedule an appointment at least 24 hours in advance, or if I am more than 10 minutes late to appointment. If I am a Medicare Part B beneficiary, I must let Dr. Yun Tran know at once and sign a private contract.

Consent for Photos

I understand that Dr. Yun Tran may take a headshot of me on the first visit and take other photos of my presenting problems from time to time for record-keeping and treatment purposes, and when communication with other entities involved in my care is needed. Dr. Yun Tran will not use my photos for any other purposes.

Late Policy

I understand that I can be seen for up to 10 minutes late.

Follow-up

I understand that a follow-up appointment may not be made at the time of an in-person visit or an e-visit, and that I am responsible for making a follow-up appointment within the time frame recommended by Dr. Yun Tran. There will not be reminders from Dr. Tran's practice.

Referrals and Prior Authorizations

Dr. Yun Tran will help me complete referrals to specialists and prior authorizations for tests, medications, medical equipment and supplies. However, I understand that because the contractual relationship is between me and my health

insurance company alone, ultimately it is my responsibility to resolve any problem I may have with my health insurance company. It is also my responsibility as a patient to establish care and follow up with a specialist.

Disability paperwork

I understand that, if appropriate, Dr. Yun Tran will fill out paperwork associated with FMLA/temporary/short term disability of up to 6 months duration. This includes all manners of financial assistance applications. In general, **Dr. Yun Tran does not sign paperwork stating that I am permanently and totally disabled, or fill out residual functional capacity forms.**

Consent for E-Prescribing

E-Prescribing is where Dr. Yun Tran electronically sends a prescription directly to a pharmacy. E-Prescribing reduces medication errors and enhances convenience for me. The Medicare Modernization Act (MMA) of 2003 listed standards that have to be included in an E-Prescribing program. These include:

- Formulary and benefit transactions – Gives the prescriber information about which drugs are covered by the patient's drug benefit plan.
- Medication history transactions – Provides the physician with information about medications the patient is already taking to minimize adverse drug events.
- Fill status notification – Allows the prescriber to receive an electronic notice from the pharmacy telling them if the patient's prescription needs to be refilled, has been picked up, not picked up, or partially filled.

By signing this consent form, I am agreeing that Dr. Yun Tran can electronically transmit my prescriptions directly to my pharmacy. I understand that **enrolling in E-Prescribing is mandatory** when I choose to establish care with Dr. Yun Tran. I understand that consenting to E-Prescribing also permits the use of my prescription medication history from other healthcare providers and/or third-party benefit payers (i.e., my insurance company) for treatment purposes only. If I need a refill on a prescription I must ask my pharmacy to send the request to Dr. Yun Tran electronically. I also understand that any refill request will not be approved unless I have been seen in office within the last 12 months.

Availability

I understand that I should check Dr. Yun Tran's availability for in-person visits and book appointments on her website at www.doctorfw.com. I understand that I could contact her via telephone or Patient Portal at any time for non-emergent issues. However, I should expect messages to be returned Monday through Thursday from 10am to 2pm CST, which are generally the hours she works.

Coverage

I understand that there is no coverage for Dr. Yun Tran when she is away from her practice, including when she is on vacation during which time she may be out of cell phone or Internet range. I understand that I should check her website at www.doctorfw.com for her availability.

Electronic Health Records and Patient Portal Policy, Procedures and Consent

I understand that Dr. Yun Tran maintains my information on the cloud-based, HIPAA compliant Practice Fusion electronic health records system. Dr. Yun Tran does not keep any physical records in print. Electronic health records help to reduce medical errors and expedite retrieval of important information, as well as improve communication of information between different entities involved in my care.

I understand that Dr. Yun Tran also provides patient portal through Patient Fusion for established patients. Patient Fusion is the patient portal of the Practice Fusion electronic health records system. The patient portal is designed to enhance my communication with Dr. Yun Tran, who strives to keep all of the information in my records correct and as complete as possible. If I identify any error or discrepancy on my records, I agree to notify Dr. Yun Tran immediately, and I agree to provide her only truthful information.

***I understand that I am not to use patient portal for emergency situations. I am to call 911 or go to the nearest emergency room in such situations.**

Yun Tran, M.D. Essence Medical Clinic-Mobile Primary Care
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Phone 682-215-4657 Fax 888-779-8675 www.DoctorFW.com

I understand that Dr. Yun Tran reserves the right at her discretion to terminate patient portal offering, suspend my access, or modify services offered through the patient portal if she suspects abuse or negligent usage of patient portal.

I understand that Dr. Yun Tran also reserves the right to ask me to make an in-person visit or an e-visit if she thinks that it will be in my best interest instead of directly responding to my messages on patient portal.

I understand that I should ask my pharmacy to send Dr. Yun Tran refill requests electronically instead of asking her through patient portal.

I understand that Dr. Yun Tran responds to non-urgent messages within 24 hours. I understand that if I have not received a response from Dr. Yun Tran in 24 hours that I should contact her at 682-215-4657.

I understand that I will receive an e-mail (either in Inbox or Spam) concerning how to log in for the first time if I provide Dr. Yun Tran with my e-mail address. I will follow the instructions to log in and choose my password which only I will know. I understand that Dr. Yun Tran does not keep my password and that if I have any issues with the patient portal's technical aspect, I should contact Practice Fusion/Patient Fusion directly. I understand that Dr. Yun Tran will never sell or give away any private information, including my e-mail address. It is my responsibility to notify Dr. Yun Tran if there is a change in my e-mail account, and if I feel that my secure password has been breached, I will go to patient portal and change it.

I understand that Practice Fusion/Patient Fusion is HIPAA compliant and provides a secure platform for record-keeping and communication. However, this does not guarantee that unforeseen adverse events cannot occur. I agree not to hold Dr. Yun Tran liable for Practice Fusion/Patient Fusion network infractions or breach of information beyond her control. In addition, **I will not assume that a message sent from Practice Fusion is necessarily originated by Dr. Yun Tran even if Dr. Yun Tran's name is on the byline.** I will contact Dr. Yun Tran directly either via the phone or the patient portal before I act on such a message. Below is a link to the terms, user agreement, privacy policy, and other useful information of the Patient Fusion patient portal of Practice Fusion, Inc.
<https://www.patientfusion.com/legal/terms>

I acknowledge that I have read and fully understood the benefits and risks associated with the electronic health records system and the patient portal. By signing this consent form I accept the risks and agree to the conditions of participation. I also agree to adhere to the policy and procedures outlined above, as well as any other instructions Dr. Yun Tran may impose. I acknowledge that using the patient portal is entirely voluntary and will not impact the quality of care I receive from Dr. Yun Tran.

I further understand that this section also applies to other electronic applications Dr. Tran may use for her practice, now or in the future, including the scheduling application, Acuity Online Appointment Scheduling, which is also HIPAA compliant.

I understand that Dr. Tran does not request medical records from my other providers. It is my responsibility to obtain the records that may be necessary for Dr. Tran to develop a treatment plan for me.

E-Visit Disclaimer and User Consent

In case of emergency, I agree to call 911 or go to the nearest emergency room. Examples of emergency situations include but are not limited to: Loss of consciousness, confusion, difficulty arousing, exhibiting unusual behavior, convulsion, sudden prolonged dizziness, fractures, auto accidents, trauma, foreign body, worst headache of your life, sudden change in vision, **chest pain**, sudden tingling or pain in one arm, abdominal pain, bleeding from any source, shortness of breath, fever 103 °F and higher, **stroke-like symptoms** (facial asymmetry, slurred speech, and weakness in one extremity,) choking, feeling of committing suicide or murder, swallowing a poisonous substance, burns or smoke inhalation, near drowning, severe or persistent vomiting, any pain that is sudden, severe, and unexplained.

An e-visit is a conversation between me and Dr. Yun Tran through either a telephone call or via a secure messaging platform. The communication is asynchronous, meaning that the response may not be immediate and could take hours or

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even a day. Therefore, e-visits can be used **only** for non-emergent problems. By initiating an e-visit, I indicate that I have accepted this disclaimer and consented to the treatment that Dr. Yun Tran prescribes based on the information that I provide. I understand that electronic and telephone communication cannot substitute for an in-person medical evaluation. Dr. Yun Tran will offer treatment via an e-visit **only** for non-emergent problems. At any time during the e-visit, Dr. Yun Tran may terminate the e-visit and advise me to see a provider in person or, if it seems that the symptoms described are emergent, to seek care at the nearest emergency room. In addition, I am advised to follow up with an in-person visit in 72 hours to ensure that my problem is resolved or, in the case of a chronic issue, that it is controlled. I must be currently physically located in Texas in order to use this service. If a prescription medication is needed, it will be sent to a pharmacy located in Texas.

Texting

I understand that texting 682-215-4657 is not HIPAA compliant. It is not secure or private.

Consent for Clinic Policies and Procedures

I understand that the policies and procedures outlined above are subject to change. I understand that in order to establish and to continue the patient-physician relationship with Dr. Yun Tran, I must agree and adhere to all current policies and procedures.

Disclaimer

I understand that the above policies and procedures may contain typos or inadvertent errors in spelling, grammar, usage of certain words or phrases, and syntax. I agree not to hold or use these errors against Dr. Yun Tran. If at any time I have a question about any of the stated policies or procedures, I will contact Dr. Yun Tran.

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.** In this document, the words “we,” “us,” and “our” refer to Dr. Yun Tran and her associates, if any.

Your 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.

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.

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 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 if you ask for another one within 12 months.

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 every effort to ensure that 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 can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

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.

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
- 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.

Our Uses and Disclosures

How do we typically use or share your health information?

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

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities. (Not applicable to Dr. Yun Tran's practice currently.)

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

How else can we use or share your health information?

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. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

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, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do 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

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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.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

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, in our office, and on our web site.

This Notice is effective February 12, 2016

Self Care - Discuss with Dr. Tran if you would like to be screened or need more information.

Diabetes

- 1) Daily foot check for wounds
- 2) Hemoglobin A1C, test for blood glucose average in the last 3 months) every 3-6 months
- 3) Yearly dilated eye/retinal exam (can be done at optometrist if no retinopathy the previous year)
- 4) Yearly urine exam for proteins and blood creatinine test for kidney function
- 5) Lipid panel at least once
- 6) Yearly flu vaccine
- 7) Pneumovax once before turning age 65.
- 8) Prevnar once after turning age 65 (at least 1 year after Pneumovax)
- 9) Pneumovax 2nd dose at least 1 year after Prevnar and at least 5 years after 1st dose of Pneumovax
- 10) Hepatitis B immunity status or go through vaccine series especially for younger than 60
- 11) Healthy eating, daily exercise, good night's sleep, and stress management

Women

- 1) Pap Smear every 2 years from age 21, then every 3 years from age 30, or every 5 years from age 30 if HPV screening is done and negative. Screening can be discontinued at age 65 if previous screenings are adequate.
- 2) Gonorrhea and Chlamydia screening if sexually active and 25 or younger, older women if at risk (new partner).
- 3) If family history of breast, ovarian, tubal, or peritoneal cancer, consider genetic counseling
- 4) Mammogram every 2 years age 50 to 74 if no family history.
- 5) Osteoporosis screening once at age 65 (younger if at risk,) repeat in 10-15 years if normal
- 6) All women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid

Men

- 1) Age 65-75, one time abdominal aorta ultrasound to screen for aneurysm if you ever smoked.

Smokers

- 1) Low dose chest CT from 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years.

Everyone

- 1) Age 15-65, screen for HIV
- 2) From age 18, screen for high blood pressure
- 3) Screen for diabetes when BP is >135/80, or BMI 25 and over in age 40-70.
- 4) Screen for high cholesterol: Men aged 20-35 and women over age 20 who are at increased risk for coronary heart disease; all men aged 35 and older
- 5) Hepatitis C screening if born between 1945-1965
- 6) From age 50 to 75, colonoscopy every 10 years, or stool occult blood test every year
- 7) Flu shot yearly
- 8) At age 60: Shingles vaccines
- 9) At age 65: Pneumonia vaccine Prevnar 13, then one year later get Pneumovax PPSV23
- 10) Apply sun screen or wear clothing with SPF at least 30.
- 11) Practice safe sex using condoms.
- 12) Wear seat belts.
- 13) Use BMI calculator online. BMI 25-29.9 is overweight. BMI 30 and over is obesity.
- 14) If you had a fall within last year, talk to your doctor.
- 15) Does a partner, or anyone at home, hurt, hit or threaten you? If so, talk to your doctor.

16) Depression Screening

(A) Within the last two weeks, how often did you feel little interest or pleasure in doing things:

Not at all (0) | several days (1 point) | more than one-half the days (2 points) | nearly every day (3 points)

(B) Within the last two weeks, how often did you feel down, depressed, or hopeless:

Not at all (0) | several days (1 point) | more than one-half the days (2 points) | nearly every day (3 points)

Talk to your doctor about possible depression if your total score is 2 points or more.

17) Alcohol Screening

A) How often do you have a drink containing alcohol?

Never (0) | Monthly or less (1 point) | 2-4 times a month (2 points)

2-3 times a week (3 points) | 4 or more times a week (4 points)

B) How many standard drinks containing alcohol do you have on a typical day? (A standard drink is 12 ounces of regular beer which is usually about 5% alcohol, 5 ounces of wine which is typically about 12% alcohol, or 1.5 ounces of distilled spirits which is about 40% alcohol)

1-2 (0) | 3-4 (1 point) | 5-6 (2 points) | 7-9 (3 points) | 10 or more (4 points)

C) How often do you have 6 or more drinks on one occasion?

Never (0) | Less than monthly (1 point) | Monthly (2 points)

Weekly (3 points) | Daily or almost daily (4 points)

Talk to your doctor about your alcohol use if you are a woman and your total score 3 points or more, or if you are a man and total score 4 points or more, unless you score 0 for question B and C.

18) Dementia Screening

Say the following words and remember them:

apple, watch, penny

In the space below, draw an analog clock face showing all the numbers and draw hands reading 10 minutes after 11 o'clock. When you are finished, go to the next page.

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Without looking back, say the 3 words you were asked to remember before you drew the clock.

Now look back. Did you remember all 3 words? You get 1 point for each word remembered.

Now ask a family member or a friend to look at your clock. If they tell you it looks like a normal clock showing 10 minutes past 11, you get 2 points. Otherwise, you get 0.

If your total points are 3 or more, you are at low risk of dementia. If you score 2 points or fewer, talk to your doctor.