



DOC BEE WELL

Patient Rights, Responsibilities & State-Specific Notices

V7.1 — Effective August 8, 2026

This document summarizes patient rights and responsibilities applicable to care through Doc Bee Well and provides state-specific licensing and regulatory information. It supplements, but does not replace, the Multistate Telehealth Informed Consent, Financial & Appointment Policy, Notice of Privacy Practices, or—when applicable—the Honey Bee Member Services Agreement.

1. Your Rights as a Patient

- To receive respectful, professional care without discrimination prohibited by applicable law.
- To receive information about your health, diagnosis, treatment options, expected benefits and risks, and reasonable alternatives in language you can understand.
- To participate in decisions about your care, ask questions, and decline a recommended treatment or telehealth service, subject to the consequences of declining care.
- To know the identity and professional role of the physician providing your care and to receive licensure information when required or reasonably requested.
- To have your health information protected in accordance with HIPAA and other applicable federal and state privacy laws, as described in the Doc Bee Well Notice of Privacy Practices.
- To request access to your medical records and exercise applicable rights to amendment, confidential communications, restrictions, and accounting of disclosures.
- To choose your pharmacy, subject to applicable law, pharmacy requirements, medication availability, and clinical appropriateness.
- To seek a second opinion or obtain care from another clinician.
- To be informed when telehealth or the resources available through Doc Bee Well are not sufficient and when local in-person, urgent, emergency, or specialty care is recommended.
- To raise concerns or file a complaint with Doc Bee Well or an appropriate governmental or licensing authority without retaliation.

2. Your Responsibilities as a Patient

- Provide complete and accurate information about your identity, current physical location, health history, symptoms, medications, allergies, other clinicians, and relevant treatment.
- Keep your email address, mobile number, home address, payment information when applicable, and other contact information current.
- Participate in care decisions, ask questions when instructions are unclear, and tell the physician when you cannot or do not intend to follow a recommended plan.
- Use medications as prescribed, do not share prescription medications, and disclose controlled medications or other relevant substances obtained from other sources.
- Seek emergency or higher-level care when symptoms require it or when advised by the physician.

- Participate in telehealth from a reasonably safe and private environment and protect access to your devices, email, and mobile communications.
- Attend scheduled appointments or use the appointment-management tools to cancel or reschedule when possible.
- Treat the physician, practice personnel, other patients, and others involved in care with dignity and respect.
- Pay applicable charges and third-party costs for which you are responsible under the Financial & Appointment Policy, Member Services Agreement, or other disclosed agreement.

3. Practice Scope and Limitations

Doc Bee Well is a physician-owned, virtual-first adult primary care practice. It does not provide emergency services and does not replace emergency departments, urgent care centers, hospitals, specialists, or other services outside the practice.

- Doc Bee Well serves adults age 18 and older and does not provide pediatric care.
- In-person Doc Bee Well visits are available only at the Tacoma, Washington office unless the practice expressly identifies another location.
- Doc Bee Well does not routinely manage workers' compensation claims, commercial-driver medical examinations, motor-vehicle injury claims, or other services the practice has expressly identified as outside its scope.
- Controlled-substance treatment is governed by Doc Bee Well practice policy, applicable law, and, when applicable, a separate Controlled Medication Treatment Agreement.
- The physician may recommend referral or transfer of care when a patient's needs exceed the scope, resources, licensure, or clinical capabilities of Doc Bee Well.

4. Questions, Concerns, and Complaints

Doc Bee Well welcomes the opportunity to address concerns directly, but you are not required to resolve a concern with Doc Bee Well before contacting a licensing board, regulatory agency, privacy authority, consumer-protection authority, or other lawful forum.

Doc Bee Well Administrator / Practice Contact
 Pacific Northwest Kaizen, PLLC DBA Doc Bee Well
 1201 Pacific Ave, Suite 646
 Tacoma, WA 98402
 Email: admin@docbeewell.com
 Phone: 253-777-3919

5. State-Specific Licensing and Regulatory Notices

The following contact information is embedded in this executed notice so patients can directly identify and contact the medical licensing or regulatory authority associated with the state in which they receive care. Contact information was verified against official agency sources before publication.

Washington

- Medical care is provided under active Washington licensure.
- Regulatory authority: Washington Medical Commission / Washington Department of Health.
- Complaint Intake: 360-236-2706 | Email: medical.complaints@wmc.wa.gov | Web: wmc.wa.gov/complaints-actions/file-complaint-against-md-or-pa

Colorado

- Medical care is provided under active Colorado licensure.
- Regulatory authority: Colorado Medical Board, Colorado Division of Professions and Occupations (DPO).
- Phone: 303-894-7800 | Email: dora_medicalboard@state.co.us | Complaint Web: dpo.colorado.gov/FileComplaint

Florida

- Medical care is provided under active Florida licensure.
- Regulatory authority: Florida Board of Medicine / Florida Department of Health, Medical Quality Assurance (MQA).
- Complaint Contact: 850-245-4339 | Email: MQA.ConsumerServices@flhealth.gov | Web: online-complaint.mqa.flhealthsource.gov

Idaho

- Medical care is provided under active Idaho licensure.
- Regulatory authority: Idaho Board of Medicine, Idaho Division of Occupational and Professional Licenses (DOPL).
- DOPL Health Professions: 208-334-3233 | Email: HP-Licensing@dopl.idaho.gov | Complaint Web: edopl.idaho.gov/OnlineServices/

Missouri

- Medical care is provided under active Missouri licensure.
- Regulatory authority: Missouri Board of Registration for the Healing Arts.
- Enforcement: 573-526-1105 | Email: enforcement@pr.mo.gov | Web: pr.mo.gov/healingarts-complaint-form.asp

Ohio

- Medical care is provided under active Ohio licensure.
- Regulatory authority: State Medical Board of Ohio.
- Confidential Complaint Hotline: 1-833-333-SMBO (7626) | General Email: contact@med.ohio.gov | Web: med.ohio.gov/help-center/file-a-complaint

Utah

- Medical care is provided under active Utah licensure.
- Regulatory authority: Utah Division of Professional Licensing (DOPL), Investigations.
- Investigations: 801-530-6630 | Email: dopl@utah.gov | Web: dopl.utah.gov/file-a-complaint/
- Utah patients may request physician license information and retain pharmacy choice as described in the Multistate Telehealth Informed Consent.

6. Other Complaint and Privacy Rights

Privacy complaints may also be filed with the U.S. Department of Health and Human Services, Office for Civil Rights, as described in the Doc Bee Well Notice of Privacy Practices.

Nothing in this document limits a patient's right to contact another governmental agency, law-enforcement authority, consumer-protection office, court, or other lawful forum when appropriate.

7. Acknowledgement

By signing or electronically acknowledging this document, you acknowledge receipt or availability of these Patient Rights, Responsibilities & State-Specific Notices. This acknowledgement does not waive a legal right, require you to agree with a medical recommendation, or restrict your ability to file a complaint.

Patient name

Signature / electronic acknowledgement

Date

Home state

