



Payne Nursing Services Patient Consent Form

Right to Choose

I understand I have the legal right to choose which medical and behavioral care providers are involved in my care. I willingly choose to engage Payne Nursing Services for the purpose of behavioral and mental health care services. While under the care of Payne Nursing Services for mental health medication management, I will not elicit the same from another healthcare provider concurrently, except for acute emergency room treatment or inpatient hospitalization care. Obtaining prescriptions from other healthcare providers concurrently, for my mental health, may result in being released from the care of Payne Nursing Services. In turn, I have the right to end our provider and patient relationship at any time, if I choose, by providing a written notice to their office and/or its representatives.

Medical Consent

I request and authorize my nurse practitioner, physicians, and healthcare providers who may attend me while under the care of Payne Nursing Services, and its agents, to provide and perform such medical evaluation, diagnoses, tests, care, drugs, treatment, procedures and other services and supplies as are considered advisable for my health and well-being whether performed in the office, by virtual care, at home, or in an associated facility (hereinafter collectively referred to as Medical Treatment). This may include, but is not limited to medication management, evaluation and assessment of symptoms and diagnosis, therapy or counseling services, and/or laboratory services, and other special services and tests ordered by a nurse practitioner, physician, or other authorized healthcare provider. I acknowledge that no representations, warranties, or guarantees as to the results or cures have been made to or relied upon by me. I acknowledge that the healthcare professionals who attend me and provide and perform such medical treatments and other services may be independent contractors and not employees or agents of Payne Nursing Services.

Virtual Care

Virtual Care refers to the provision of Medical Treatment through telemedicine and/or telehealth technology. In providing my consent to receive Medical Treatment through Virtual Care, as set forth above, I understand and agree: (a) that Virtual Care services will be provided by a nurse practitioner, physician, or other healthcare provider, through remote technology, who is physically located in a different location from me, and as a result, these services may necessarily be limited in nature and scope; and (b) although there are benefits to receiving Virtual Care services, such as increased access to specialized providers, there are also risks, which include but are not limited to: (i) sudden interruptions, delays, poor image quality, termination of connection, or other technical difficulties or limitations may occur, (ii) limitations in relation to physical examination that may preempt Virtual Care services or necessitate in-person care, and (iii) the risk of unauthorized access of my personal information, including protected health information, by third parties.

We utilize a HIPAA secure platform called Tebra.

Telephone Consumer Protection Act (TCPA) Consent

I give my expressed consent to Payne Nursing Services and any of its agents to service my account or to collect any amount I owe. They may contact me by telephone, at any telephone number associated with this or any other account held by Payne Nursing Services, including wireless telephone numbers, which could result in charges to me. Payne Nursing Services, and any of its agents, may also contact me to obtain information about my visit by sending text messages, including surveys, billing and appointment reminders, or e-mails using any e-mail address I provide to Payne Nursing Services or its agents. Methods of contact may include using pre-recorded and/or artificial voice messages and/or use of an automatic dialing device, as applicable.

We offer 2-way messaging via our Tebra platform. If you are interested in the option of texting with the office, it requires a special invitation, and you will need to request this if you are not invited. A separate consent will be required as we want to make sure each person understands the etiquette of this messaging opportunity and how to ensure it is not misused.

Medication Consent

A patient medication history is a list of prescriptions that healthcare providers have prescribed for a patient. It may be obtained from a variety of sources, (we utilize Surescripts) including pharmacies, health insurers, and other healthcare providers. Some pharmacies do not make prescription history information available. It may not include items purchased without the use of health insurance, such as over-the-counter medications, supplements, or herbal remedies that a person may take or purchase on their own. A patient's medication history is very important in helping providers treat a patient's symptoms and/or illness properly and avoid potentially dangerous drug interactions.

Payne Nursing Services participates by collecting this information and storing it in our secure electronic medical record system and it will become a part of your personal medical record.

I understand it is my responsibility to remain open and honest by always informing my healthcare providers of any prescription changes, over-the-counter medications, supplements, and/or herbal remedies I am taking. I give my permission to allow my healthcare provider to obtain and/or share my medication history with my pharmacy, health plans, and other healthcare providers.

Assignment of Insurance Benefits

I hereby assign to all medical care providers the right to receive all insurance benefits to which I may be entitled as a result of this medical treatment. I hereby authorize all medical care providers to release any information required to establish a health insurance claim form including treatment of drug or alcohol abuse, psychological conditions, HIV testing, or an AIDS-related condition, and to directly collect all such insurance benefits. I authorize Payne Nursing Services to apply for benefits on my behalf for services rendered and request that payment from my insurance company be made directly to Payne Nursing Services. I understand that I am financially responsible to all medical care providers for charges not covered by my insurance.

Financial Responsibility

Additionally, I agree to pay all charges and account balances that are not paid in full by the assigned insurance company or third-party payer. I understand that payment is immediately due when services are rendered. If amounts due to the healthcare providers are not paid after reasonable notice and healthcare provider's efforts to collect, then the account will be considered delinquent – and additional service charges may be added to the account balance to offset additional incurred collection expenses. If I avoid or refuse to pay or I default on agreed payment arrangements and terms, I understand that I will be

responsible for all reasonable attorneys' and legal fees, court costs, and incurred collection costs and expenses. If the outstanding debt is assigned to a third-party collection service, then I agree to be responsible for the collection fees and interest as allowed by Indiana statute on the outstanding debt. I understand that debts referred to a third party for collection will be reported to the credit reporting entities and will be reflected in my credit file and history. In the case of children whose responsible party is someone other than the custodial parent, we ask that the person accompanying the child make payment at the time of service. Although we empathize with divorced parents, we cannot become involved in the financial arrangements of the divorce decree.

Guarantee of Account

I hereby agree to pay all medical care providers for all services rendered during the course of my medical treatment. I shall also be responsible for all reasonable costs of collections of this account including but not limited to collection fees, attorney fees, and court costs.

Release of Information

I certify that the information given by me for payment under Title XVIII (Medicare) and/or Title XIX (Medicaid) of the Social Security Act is correct. I authorize any holder of medical information about me to release to the Social Security Administration or its intermediaries any information needed for this or a related Medicare/Medicaid claim. I request that payment of authorized benefits be made on my behalf. I also authorize any holder of medical information about me to release any information needed to any person and/or institution involved in my care, Health Information Exchanges, and to myself. Upon this initiation of services, I agree to allow Payne Nursing Services to provide via telephone, in person, or by e-mail, my name and general condition, unless I request confidential status, to all members of my healthcare team. I hereby release all medical care providers from all legal liability that may arise from the release of such information. I permit a copy of this authorization to be used in place of the original, where applicable.

Today's Date

Patient's Signature

Patients Printed Name

Legal Representative Printed Name

Legal Representative Signature

Relationship to Patient

Version	Date of Update	Changes	Updated By
1	11.30.2024	New and Updated General Consent	C Payne
2	07.21.2025	Added Tebra for virtual services and secure messaging. Added Surescripts as method of obtaining prescription information	C Payne
3	08.20.25	Updated minor language terms for easier understanding	C Payne