THIS NOTICE DESCRIBES BEND NEUROLOGICAL ASSOICATES POLICIES AND HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Appointments & Cancellation Policy
To schedule, reschedule or cancel an office appointment, you may call our office at (541)317-0044.

- Please notify us as soon as possible in the event you need to reschedule or cancel your appointment.
- If you need to be seen immediately, we will do our best to accommodate you.
- Follow-up appointments should be made when you check out.
- Canceling an appointment: Cancellations should be made at least 24 hours prior to your scheduled appointment time. If you know you will not be able to keep your appointment, contact our office as soon as possible. If you cancel or fail to show for your appointment, we reserve the right not to reschedule your appointment and you may be dismissed from our practice.

Checking-In
Upon checking-in for your appointment, you will be asked to verify all of your demographic and insurance information. The receptionists will request a copy of your valid photo ID and your insurance card. While we understand that your information may not have changed since your last appointment, we want to ensure the highest level of service by verifying such.

Identity Theft Prevention and Detection and Red Flags Rule Compliance
It is the policy of Bend Neurological Associates, LLC. that, pursuant to the existing HIPAA Security Rule, appropriate physical, administrative and technical safeguards will be in place to reasonably safeguard protected health information and sensitive information related to patient identity from any intentional or unintentional use or disclosure. The patient will be asked to bring the following to their appointment: Drivers license or Photo ID and current health insurance card. This information will be documented in the patient chart for identity verification purposes.

Cell Phone Use
As a courtesy to others, we request that you turn off your cellular phone while in the office.

Telephone Calls & Medical Questions
We make every effort to answer calls as they come in but should we not be available, please leave a message and we will respond to all non-urgent calls within 24 hours. Except in emergencies, our physicians and physician assistants will not be able to accept calls while they are in clinic with patients. The team will respond to your call either between patients (time permitted), at the end of the clinic or the next business day.

Patient Portal
Start using our Patient Portal today! Using the patient portal will allow you to bypass voicemails and communicate with us at your convenience, 24/7. Through the patient portal, you can securely message with your physician's office, view and request appointments, review test results, update personal information, request prescription refill, pre-register for your visit. To get started, make sure you have been web enable with our office.

Telehealth/Patient Portal Services
Bend Neurological Associates, LLC offers secure viewing and communication as a service to patients who wish to view parts of their records and communicate with our staff and physicians. Secure messaging can be a valuable communications tool, but has certain risks. In order to manage these risks we need to impose some conditions of participation. This form is intended to show that you have been informed of these risks and the conditions of participation, and that you accept the risks and agree to the conditions of participation.
How the Secure Patient Portal Works: A secure web portal is a type of webpage that uses encryption to keep unauthorized persons from reading communications, information, or attachments. Secure messages and information can only be read by someone who knows the right password or pass- phrase to log in to the portal site. Because the connection channel between your computer and the website uses secure sockets layer technology you can read or view information on your computer, but it is still encrypted in transmission between the website and your computer. Protecting Your Private Health Information and Risks: This method of communication and viewing prevents unauthorized parties from being able to access or read messages while they are in transmission.

No transmission system is perfect and we will do our best to maintain electronic security. However, keeping messages secure depends on two additional factors: 1) the secure message must reach the correct email address, and 2) only the correct individual (or someone authorized by that individual) must be able to have access to the message. Only you can make sure these two factors are present. It is imperative that our practice has your correct e-mail address and that you inform us of any changes to your e-mail address. You also need to keep track of who has access to your email account so that only you, or someone you authorize, can see the messages you receive from us. You are responsible for protecting yourself from unauthorized individuals learning your password. If you think someone has learned your password, you should promptly go to the website and change it.
Types of Online Communication/Messaging: Online communications should never be used for emergency communications or urgent requests. If you have an emergency or an urgent request, you should contact your physician via telephone. If there is information that you don't want transmitted via online communication, please inform your practice.
Patient Acknowledgement and Agreement: I acknowledge that I have read and fully understand this consent form and the Policies and Procedures regarding the Patient Portal that appears at log in. I understand the risks associated with online communications between my physician and me, and consent to the conditions outlined herein. In addition, I agree to follow the instructions set forth herein, including the Policies and Procedures set forth in the log in screen, as well as any other instructions that my physician may impose to communicate with patients via online communications. I understand and agree with the information that I have been provided.
Telehealth and Telemedicine involve the use of electronic communications to enable health care providers at different locations to share individual patient medical information for the purpose of improving patient care. The information may be used for diagnosis, therapy, follow-up and/or education, and may include any of the following: Patient medical records, Medical images, Live two-way audio and video, Output data from medical devices and sound and video files. Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption. Expected benefits: Improved access to medical care by enabling a patient to remain in his/her neurologist's office (or at a remote site) while the physician obtains test results and consults from healthcare practitioners at distant/other sites. More efficient medical evaluation and management. Obtaining expertise of a distant specialist. Possible Risks, as with any medical procedure, there are potential risks associated with the use of telemedicine. These risks include, but may not be limited to: In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the physician and consultant(s); Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment; In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information; In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other judgment errors. I understand the following: I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment. I understand that I have the right to inspect all information obtained and recorded in the course of a telemedicine interaction, and may receive copies of this information for a reasonable fee. I understand that a variety of alternative methods of medical care may be available to me, and that I may choose one or more of these at any time. My Neurologist has explained the alternatives to my satisfaction. I understand that telemedicine may involve electronic communication of my personal medical information to other medical practitioners who may be located in other areas, including out of state.6.I understand that it is my duty to inform my neurologist of electronic interactions regarding my care that I may have with other healthcare providers.7.I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured. I have read and understand the information provided above regarding telemedicine, have discussed it with my physician or such assistants as may be designated, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my medical care.

External Prescription History
Bend Neurological Associates, LLC uses an Electronic Medical Record system that allows electronic prescribing of medications. Medications are sent to your pharmacy through a secure electronic prescription connection which improves the timely and accurate transmission of your medication information.

Assignment of Payment and Insurance
I hereby authorize and request that payment of authorized Medicare/other insurance company benefits be made on my behalf, be paid directly to Bend Neurological Associates, LLC for any medical services rendered by its affiliated medical groups to me or a

member of my family. I authorize any holder of medical or other information about me to release to the Social Security Administration, its agents or carriers, or the insurance company any information needed for this or a related Medicare/other insurance claim to determine these benefits or the benefits payable for related services. I understand that it is mandatory to notify the healthcare provider of any other party who may be responsible for paying for my treatment.

Financial Policy

The patient is expected to update Bend Neurological Associates regarding any insurance changes and to present an insurance card at each visit. All co-payments and past due balances are due and payable at the time of service. Patients with an outstanding balance of 120 days may be discharged from our practice unless a payment arrangement is made. Unpaid accounts, including payment arrangements not made, will be turned over to a collection agency.

Consent to Treat

I/We do hereby consent to and authorize the performance of all treatments, surgeries and medical services deemed advisable by the physicians and staff of the Bend Neurological Associates, LLC. to me or to the above-named minor of whom I am the parent or legal guardian. I hereby certify that, to the best of my knowledge, all statements contained hereon are true. I understand that I am directly responsible for all charges incurred for medical services for myself and my dependents regardless of insurance coverage. I furthermore agree to pay legal interest, collection expenses, and attorneys' fees incurred to collect any amount I may owe. I also hereby authorize Bend Neurological Associates, LLC to release information requested by insurance company and/or its representatives. I fully understand this agreement and consent will continue until cancelled by me in writing.

Form & Endorsement Policy

Patients may require forms to be completed by their provider which are not directly associated with medical care provided during standard office visits; completion of forms requires administrative time to gather data, physician time to review, and time to complete the form. Some forms are lengthy, complex, and require extended time by a licensed health care provider. To expedite processing these forms in a timely manner, we have developed the following Forms Completion Policy. ***If this is an urgent matter, please refer to your Primary Care as completion of forms can take up to 30 days or longer.*** Bend Neurological Associates will require **pre-payment** on any and all forms or endorsements that require the attention of a healthcare provider. Forms are completed for those accounts in good standing. Blank forms will not be accepted-personal information must be completed prior to. Forms/Endorsements can be defined as any external document that: Requires MORE than 5 minutes of provider time, requires chart review, benefits the patient financially, requires a provider's signature, stem from a recent physician order or provides clarification discussed during a recent exam. Assessment of Form or Endorsement can vary from $10-$50. We are not obligated to complete these forms. We reserve the right to refuse to complete any form.

Who Will Follow This Notice

Bend Neurological Associates, LLC and the employees and staff at Bend Neurological Associates, LLC, who provide healthcare to patients, together with other healthcare providers and other organizations. This Notice applies to the following persons and entities, who have agreed to be bound by this Notice:

- Each Bend Neurological Associates, LLC, as well as all Bend Neurological Associates, LLC employees, staff and other personnel, who may need to access your information to perform their job functions.
- Members of the medical staff of each Bend Neurological Associates, LLC, as well as other health care professionals who provide health care services at Bend Neurological Associates, LLC.
- Any member of a volunteer group we allow to help you while you are receiving care.

This Notice applies to all of the records related to your health care provided to you in a Bend Neurological Associates, LLC and generated by the applicable Bend Neurological Associates, LLC, whether made by Bend Neurological Associates, LLC personnel or your personal healthcare provider. Your personal healthcare provider may have different policies or notices regarding the use and disclosure of your medical information created or maintained in the healthcare provider's office or clinic. You should review your healthcare provider's notice for information on how your healthcare provider will handle your medical information outside of Bend Neurological Associates, LLC.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. Protecting medical information about you is important. We create a record of the care and services you receive while in our care. We need this record to provide you with quality care and to comply with certain regulatory requirements. This Notice will tell you about the ways in which we may use and disclose medical information about you. This Notice also describes your rights, and certain obligations we have regarding the use and disclosure of your medical information. We are required by law to:

- Keep medical information that identifies you private;
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

As Required By Law

We will disclose medical information about you when required to do so by federal, state or local law.

Treatment

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to healthcare providers who are involved in taking care of you. Different healthcare professionals within Bend Neurological Associates, LLC may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you outside the Bend Neurological Associates, LLC that treated you to people who may be involved in your medical care after you leave a Bend Neurological Associates, LLC.

Payment

We may use and disclose medical information about you so that the treatment and services you receive may be billed to, and payment may be collected from, you, an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your insurance will cover the treatment.

Health Care Operations

We may use and disclose medical information about you for our health care operations. These uses and disclosures are necessary to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without knowing the identities of the specific patients. We may disclose your medical information to another health care professional that you have seen so they may improve their quality or costs of care.

Health Information Exchange (HIE)

Bend Neurological Associates, LLC may make your individual medical information available to a local, regional and/or national Health Information Exchange ("HIE") including, but not limited to, the National Health Information Network ("NHIN"). An HIE is a state and/or federal government sponsored initiative that provides a mechanism for healthcare providers in our community to share information electronically, all with a common goal of improving the quality of care for our patients while protecting the privacy and security of your medical information. For example, if you received treatment at St. Charles Hospital over the weekend and you were following up with one of our physicians in the office that next week, the physician would be able to access and review your emergency department record during your office visit. This type of access provides your physician with the most current information about your care and treatment. Bend Neurological Associates, LLC will only transmit your medical information to an HIE for the purposes of treatment, payment, or healthcare operations, or as required by law. Individual health information that currently by law requires an additional

signed authorization for release WILL NOT be transmitted to an HIE without your consent, or as otherwise mandated by law or regulatory requirement.

Appointment Reminders
We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at a Bend Neurological Associates, LLC.

Treatment Alternatives
We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Business Associates
There are some services provided for our organization through contracts with an outside organization, also known as a business associate. Examples include billing services to submit your claim to the insurance company for payment, transcription services to transcribe dictated reports from the health professionals caring for you in the hospital and copy services for making copies of your health record. When these services are performed by a business associate, we may disclose your information to our business associates so they can perform the job we have asked them to do.

Averting a Serious Threat to Health or Safety
We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations

Military and Veterans
If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military.

Health Oversight Activities
We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes
If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

Public Health Risks
We may disclose medical information about you for public health activities. These activities generally include the following:

- To report reactions to medications or problems with products; • to notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law;
- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report the abuse or neglect of children, elders and dependent adults;
- To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

Law Enforcement
If permitted by applicable law, we may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and
- In emergency circumstances to report a crime, the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors
We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

Right to Inspect and Copy
You have the right to inspect and copy the information that we have about you that may be used to make decisions about you and your care, including your medical and billing records. We may deny your request to inspect and copy in certain very limited circumstances. To inspect and copy your information that may be used to make decisions about you, you must submit your request in writing to Bend Neurological Associates, LLC. where you received health care services

Right to Amend
If you feel that information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by Bend Neurological Associates, LLC. To request an amendment, your request must be made in writing and submitted to the medical records department of the Bend Neurological Associates, LLC. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the medical information kept by or for Bend Neurological Associates, LLC;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

You also may have the right to ask us to add an addendum to your records, which can be up to 250 words for each item you believe to be incorrect or incomplete.

Right to Request Confidential Communications
You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the medical records department at Bend Neurological Associates, LLC. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Receive Testing or Treatment
A health practitioner's decision to refer a patient to a facility for diagnostic test or health care treatment or service shall be based on the patient's clinical needs and personal health choices. The health practitioner shall inform the patient in the form and manner prescribed by the Oregon Health Authority by rule that: The patient may receive the test, treatment or service at a different facility of the patients choice and if the patient chooses a different facility, the patient should contact the patients insurer regarding the extend of coverage or the limitations on coverage at the facility chosen by the patient. ORS 441.009 and ORS 441.991

Changes To This Notice
We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future.