

After Hours, Holiday and On-Call Coverage:

Connected care Psychiatry is open M-F between 6pm-10pm as well as Weekends 8 am to 8pm. Please refer to schedule for available dates and times.

At Connected Care Psychiatry we believe patient should not incur additional monetary charges for urgent call services. Urgent on call hours begin at 9 pm daily until 8 am the following morning.

If you are calling after hours about a matter that does not necessitate immediate attention, leave a voicemail and we will return your call as soon as possible.

Phone call made after hours, are considered to be an urgent matter that cannot wait until the following morning.

Any calls regarding suicidal ideations, are considered an emergent matter, and patients calling with suicidal ideations will be directed immediately to their local hospital for prompt evaluation with potential notification of 911 services to facilitate

If you are suicidal, or fear that you will do harm to yourself or others, suspect you are having a severe allergic reaction to a medication, or face a lie-threatening emergency, please call "911" or go to the nearest emergency room.

You should instruct the emergency room to notify Dr. Broszko. For the sake of continuity of care, we ask that you notify Dr. Broszko of any discharge instructions or medication adjustments at your next appointment.

Patients consenting to treatment will consent to the policy stated above.

Appointment Scheduling Policy

Patient will only be seen by appointment.

Same day appointments may be made available if request is made no less than 12 hours before appointment time.

To schedule an appointment access CHARM EHR patient portal or www.connectedcarepsychiatry.com to view a calendar with all available appointment dates.

On the homepage you will find an option to select *follow up* or *initial consultation* appointment types.

After clicking on the appointment type that is requested, a calendar will appear indicating all available appointment dates, and times.

You will follow the prompt to select the appointment based on your preference.

Attendance Policy

Connected Care Psychiatry takes great pride in our ability to offer patients easy and convenient scheduling on our website, and in the patient portal on CHARM.

We furthermore take great pride in our ability to waive any penalty fees for all patients who are unable to attend their appointment.

We request of patients to cancel appointments as soon as they are aware that they will be unable to make their appointment.

If an appointment is not cancelled, Dr. Broszko will connect to the virtual visit in expectation of meeting with the patient. Following procedure, if Dr. Broszko is unable to connect with the patient, he will proceed with calling the patient to verify the patient is unable to attend their appointment.

If Dr. Broszko is unable to connect with the patient via phone, he will proceed by sending a message in the patient portal CHARM or any other contact method that is available.

The following rules apply to the following:

Initial Consultations:

If a patient cancels their appointment within the 24 hour period from their appointment start time.

OR

If a patient fails to cancel the appointment all together and does not proceed to their appointment.

They will be marked as a “NO SHOW”

If a patient has 2 consecutive “NO SHOW” occurrences they will not be permitted to schedule any further appointments at Connected Care Psychiatry.

Follow up Appointments:

If a patient cancels their appointment within the 24 hour period from their appointment start time.

OR

If a patient fails to cancel the appointment all together and does not proceed to their appointment.

They will be marked as a “NO SHOW”

If the patient has 3 “NO SHOW” occurrences in a period of 9 months, Connected Care Psychiatry may terminate services due to noncompliance.

Physician Visit Cancellation.

In the event that the physician is unable to attend the requested appointment date, and needs to cancel a patient appointment, the patient will receive a phone call and portal message indicating the need to reschedule.

Patient will be prompted to reschedule their appointment from the online schedule on their patient portal or on the website.

All patients are directed to their local Emergency appointment for any immediate need that requires emergent psychiatric intervention.

Cannabis Prescription Policy

Connected Care Psychiatry does not prescribe Cannabis as a medicine or provide any waivers/letters for Cannabis Dispensaries.

Based on the American Psychiatric Association Official Position Statement:

“There is no current scientific evidence that cannabis is in any way beneficial for the treatment of any psychiatric disorder. In contrast, current evidence supports, at minimum, a strong association of cannabis use with the onset of psychiatric disorders. “

Please see the current Position Statement in Opposition to Cannabis as Medicine published on the APA website.

Confidentiality Policy

The following document pertains to elements of patient confidentiality.

The confidentiality of all patient information given by the patient will be maintained.

The consent of the patient or the patients legally authorized representative is required in order to release confidential patient information, unless an exception applies.

The release of any confidential patient information must be approved in advanced by the psychiatrist.

Confidential patient information will not be discussed in places or at times where others may overhear.

Patient information will not be published.

Patient information will not be left where it might be visible to others.

Access to the medical record will be granted only to the psychiatrist.

Confidentiality survives the death of a patient. In the absence of consent from the patient, all requests and inquires about patient will be denied, even when the inquire comes from family members, insurance companies, attorneys, law enforcement officers, department officials or other patients. The requester should write a written request for records release and cite his/her authority for obtaining the information.

Use of telephones will by permitted, with direct attention to limiting any device settings that broadcast audibly, such as intercoms, voice pagers, speakerphones.

Use of answering machines: When returning patient phone calls and obtaining voicemails/answering machines only the Identifying name, phone number and time to return the call will be stated.

Use of fax machines will be avoided to transmit patient information. Any forms required to be filled out will be uploaded to the patient EHR medical records to be accessed by the patient, unless an exception applies where fax is necessary.

Please see CHARMhealth HER for additional information and compliance with all applicable confidentiality statutes and regulations (including 42 CFR, Part 2 and

HIPAA's privacy policy) in receiving, storing, processing and otherwise handling of any patient information.

The patient will sign the Confidentiality agreement to confirm understanding and agreement with the stated terms that apply to the policy.

The patient will also sign the HIPAA Privacy Practices document included in their welcome packet before initiating treatment.

Connection Disruption Policy Procedure.

The following document includes policy and procedures related to emergency management and connection disruption during telemedicine encounter.

Provider loses connection/unable to establish connection:

- If provider loses connection either prior to visit commencing, or during visit, the Provider will call patient as soon as they are able to re-establish connection.
- If extended period of time has surpassed, the physician will coordinate a time for the patient to reschedule, possibly same day, or next available time slot. There will be no additional cost incurred for the patient to reschedule a secondary visit.
- If the provider deems it appropriate to continue session with patient as the disruption in care is short in duration and would not compromise the effectiveness and safe practice of the encounter, with the patient's permission the visit will continue.
- If patient prefers to reschedule due to convenience, the provider will coordinate a time for patient to reschedule, without any cost incurred to pt for rescheduling.

Patient loses connection/unable to establish connection

If patient loses connection either prior to visit commencing, or during visit, the provider will make a phone call to the patient to make contact with patient.

If contact is made with patient with phone call a decision can be made to attempt to re-establish a connection and continue visit or reschedule the appointment without any cost incurred to the patient.

If contact is not made with the patient with telephone, the provider will send a message to the patient account, indicating a disconnected session, and request patient reschedule session without any cost incurred to the patient.

If patient has connection difficulties that result in an inability of provider to communicate with patient in an effective manner (words cutting out, poor video image quality), the provider may suggest the patient reschedule appointment. There would be no cost incurred to the patient to reschedule an appointment.

If patient continues to have connection problems, resulting in disrupted appointments, the Physician will recommend alternate care to patient, and pursue a patient Discharge, as outlined in Patient Discharge policy.

General Policy the applies to any loss of connection

If there is any concern from the provider in regard to safety of the patient or others, the provider will follow local laws to ensure patient safety. This may include requesting police perform welfare visit at the patients home or other intervention deemed clinically necessary.

If for whatever reason, the provider must reschedule a visit with the patient that has already made payment, there will be no additional cost incurred to the patient.

Controlled Substance Policy

If indicated, your physician may prescribe medications that are considered controlled substances under the Controlled Substance ACT (CSA). Dr. Broszko is licensed by the DEA to prescribe medications classified as Schedule 2/2N, 3/3N, IV, and V.

These substances and their Schedule designation vary depending on whether they have a currently accepted medical use in treatment in the United States, their relative abuse potential and likelihood of causing dependence when abused.

Some examples of Schedule I/II medications include stimulants such as: amphetamine, methylphenidate.

Some examples of Schedule III medications include buprenorphine.

Some examples of Schedule IV medications include benzodiazepines such as alprazolam, clonazepam, diazepam, lorazepam.

Current law allows for the prescription of Controlled Schedule medications during telemedicine encounters. This law may change. If it does, Dr. Broszko would may be unable to prescribe medications classified by the DEA as Controlled Substances.

Dr. Broszko will notify any patient with a prescription of any Controlled Scheduled Medication of any changes with the law that would restrict in the ability of CCP to continue to provide patients with the medications that is being prescribed. This message will be delivered to the patient PORTAL at CHARM EHR. This may lead to Dr. Broszko tapering medications to allow for safe discontinuation vs. managing alternate care to continue to provide you with medication.

The following applies to any patient receiving controlled substances from CCP.

Each patient will be asked to review and sign this document as a consent to treatment and understanding upon prescribing any medication that may apply.

- I will take my medicine as prescribed, in the amount and duration indicated by the prescription. I will not change the way I take my medicine, unless instructed to by Dr. Broszko.
- I will keep the medicine prescribed, safe, secure and out of reach of children. If the medicine is lost or stolen, I Understand it will not be replaced until my next appointment, and may not be replaced at all. This will be reviewed on a case by case basis.
- I understand that I cannot obtain a 90 day one time prescription of any Controlled Substance medicine prescribed.
- I understand that appointments are required at every 3 month interval in order to obtain ongoing medicine prescriptions. Dr. Broszko will not prescribe more than 3 months of medications at any given time.
- I understand that I am expected to schedule an appointment every 3 months to ensure a refill of medications is obtained.
- I understand that my medication may not be refilled if I am not able to attend my appointments as scheduled. This will be reviewed on a case-by case basis.
- I will not sell the medications obtained or share it with others. I understand if I do, my treatment will be discontinued, and I will be discharged from the clinic.
- If requested, I will sign a release to allow Dr. Broszko to speak to any other providers that I currently see, or have seen in the past.
- I will notify Dr. Broszko about all other medications that I am prescribed and or consume, and let Dr. Broszko know right away if there is any medications changes, or dose changes with any other medications I am prescribed.
- I will not obtain any other Controlled Substances without first notifying Dr. Broszko and Connected care Psychiatry PLLC for approval.
- I understand Dr. Broszko will review the prescription monitoring program, which is a database containing information on dispensed controlled substances, that include Schedule II through V.
- I understand that if any discrepancies are found on the PMP (prescription monitoring program) I may be discharged from treatment, without any further medications prescribed.

- I understand I may be requested to obtain a Urine Drug Screen at any time during my treatment. A urine drug is to be obtained within 24 hours of request.
- I understand that certain medications may make me drowsy. If I consume these medications I will not drive, operate heavy machinery equipment, or perform any duty or task that requires complete mental or physical alertness.
 - I understand that the misuse of these medications on its own or with combination with other substances including alcohol, may cause drug overdose and or death.
 - I understand it is my responsibility to be sure that Connected Care Psychiatry PLLC can reach me, and must have at least two ways of reaching me. I must return voicemail messages within 24 hours.
If my phone number changes, I must notify Connected Care Psychiatry PLLC within 24 hours.
 - If I use more than one name/alias, I will provide a list of names and aliases to Connected Care Psychiatry.
 - I agree to random urine and or blood tests to assess my compliance with prescribed medications. I understand that failure to comply with this request will be considered a violation of this contract.
 - I also agree to requests for medication verification through pill counts and have 24 hours to comply with this request.

E-mail policy

Please note the emails are not an appropriate form of communication for any topic related to patient care.

All active patient are expected to register with the CHARM health patient portal, and communicate with Connected Care Psychiatry via patient portal, where their Health information is secure for transmission. All communication with our clinic will be maintained in the patient medical record.

Any refills requests should also be requested via patient portal.

If you have any difficulties accessing your patient portal, please call us for assistance at 252.320.9775

Please note that email communication is restricted to questions about clinic procedure, policies, or any potential patient inquiries.

Please note that Patient Portal communication is reviewed at least daily, however any urgent requests requiring attention, we recommend calling our clinic at 252.320.9775.

HIPAA Notice of Privacy Practices

Connected Care Psychiatry PLLC
2500 Regency Parkway, Cary NC 27518
Tel: 252.320.9775 fax: 877.705.9891

As required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Effective date: May 25, 2022.

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) for the purpose of providing services/treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law.

It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information: Your protected health information may be used and disclosed by our organization, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the organization, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of our organization. These activities include, but are not limited to, quality assessment activities, employee review activities, accreditation activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to accrediting agencies as part of an accreditation survey.

To Avert a Serious Threat to Health or Safety: We may use and disclose your health information when necessary to prevent a serious threat to the health and safety of you, another person, or the public. Disclosures will be made only to someone who can reasonably be believed to help prevent the threat.

Business Associates: We may disclose your health information to our business associates that perform functions on our behalf or provide us with services if necessary. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose the information for any other purpose than appears in their contract with us.

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

We may use or disclose your protected health information in the following situations without your authorization: as Required By Law, Public Health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Criminal Activity, Inmates, Military Activity, National Security, and Workers' Compensation. Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

To Avert a Serious Threat to Health or Safety: We may use and disclose your health information when necessary to prevent a serious threat to the health and safety of you, another person, or the public. Disclosures will be made only to someone who can reasonably be believed to help prevent the threat.

Business Associates: We may disclose your health information to our business associates that perform functions on our behalf or provide us with services if necessary. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose the information for any other purpose than appears in their contract with us.

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

Law Enforcement: We may release your health information request by law enforcement official if 1) there is a court order, subpoena, warrant, summons or similar process; 2) if the request is limited to information needed to identify or locate a suspect, fugitive, material witness, or missing person; 3) the information is about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain your agreement; 4) the information is about a death that may be the result of criminal conduct; 5) it is needed in an emergency to report a crime, the location of a crime or victims, or the identity, description, or location of the person who may have committed the crime.

Public Health Risks: We may disclose your health information for public health activities to prevent or control disease, injury or disability. We are mandated reporters in reporting births or deaths, suspected

child abuse or neglect (or elderly or disabled), medication reactions or product malfunctions or injuries, and product recall notifications. We may use your health information to notify someone who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. If we are concerned that a patient may have been a victim of abuse, neglect, or domestic violence we may ask your permission to make a disclosure to an appropriate government authority. We will make that disclosure only when you agree or when required or authorized to do so by law.

Other Permitted and Required Uses and Disclosures Will Be Made Only with Your Consent, Authorization or Opportunity to Object, unless required by law. You may revoke this authorization, at any time, in writing, except to the extent that your physician or this organization has taken an action in reliance on the use or disclosure indicated in the authorization

YOUR RIGHTS

The following is a statement of your rights with respect to your protected health information

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. All requests to obtain a copy of your protected health information must be done by completing our 'Release of Information Request' form. All requests to release your protected health information to others must also be done by completing the 'Release of Information Request' form.

In general, the provider is allotted up to 30 days for this request.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Our organization is not required to agree to a restriction that you may request. If our organization believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You can ask, for example, that we contact you by mail at specific address or call you on a specific telephone number. Your written request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, e.g., electronically.

You may have the right to have our organization amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we

may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. A request to amend your medical record must be provided in writing.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. A request to obtain an accounting of disclosures must be provided in writing.

The Right to Get Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured PHI.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

The current notice will be available at all times on our website: www.connectedcarepsychiatry.com

You have a right to request a paper copy of the current notice at any time or by written request.

Please keep a copy for your records.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information, if you have any questions concerning or objections to this form, please call our office at 252.320.9775 to discuss. Please feel free to call us if you have any questions about how we protect your privacy. Our goal is always to provide you with the highest quality services.

Complaints: You file a complaint with us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us in writing. We will not retaliate against you for filing a complaint.

Signature and Date will reflect receipt and opportunity to view this updated HIPAA Notice of Privacy Practices as of 5/25/2022.

By typing your full name below, you agree to use the typed script as substitute for your handwritten signature. In doing so, you also confirm that you have read, understood and agree to all of the terms and conditions as outlined in the above document titled 'HIPAA Notice of Privacy Practices'.

Printed Name:

Date:

Informed Consent for Treatment – Telemedicine

Connected Care Psychiatry PLLC
2500 Regency Parkway, Cary NC 27518
Tel: 252.320.9775 fax: 877.705.9891

The purpose of this form is to allow you to give informed consent for the use of video technology, referred to as telemedicine.

Please read the following informed consent and policies thoroughly for understanding and ensure all of your questions are answered before signing to give consent:

1. The purpose of our telemedicine is to diagnose and treat behavioral or mental health problems. Telemedicine can be useful to diagnose your problem, to recommend/provide therapy or therapeutic recommendations, to provide prescriptions or prescription refills, to schedule appointments, or to educate you. On the other hand, not every medical problem can be managed at a distance via telemedicine. Dr. Broszko will determine whether your condition is appropriate for diagnosis or treatment through a telemedicine encounter and, if so, what the proper way to manage it is. Depending on the nature of your problem, it may be necessary for you to follow-up with other providers. If so, Dr. Broszko will discuss this with you. Dr. Broszko will continue to re-evaluate periodically your appropriateness for telemedicine treatment. If at any point Dr. Broszko feels that you may not be appropriate for telemedicine treatment, he will proceed with alternate treatment recommendations.
2. The advantages of telemedicine include the ability to be treated from almost any location within North Carolina and at almost any time during our regular hours. Telemedicine may also enhance the continuity of your care and accessibility to care. Some patients may even be more comfortable interacting with a psychiatry provider through telemedicine than in-person.

3. Telemedicine relies on electronic communications and devices. These can fail at any time. Any technical failure or power outage could therefore delay or disrupt communication and hinder, delay, or erase our ability to assist you with telemedicine. Ordinarily, however, the technology works well. Barring technology failure, we do not anticipate having telemedicine sessions by phone. There may be times, however, when we need to contact you by phone. If you have a cell phone or other wireless or mobile phone, be advised that such phones are not absolutely secure and the privacy and security of information transmitted may be compromised. If you choose to contact us using a cell phone or other wireless or mobile phone, you agree to accept the risk to the privacy and confidentiality of your information that the use of such phones may pose.
4. I understand that I need to log into my visit early to assure the visit may proceed without any technical difficulties. Patients may be required to download a program named ZOOM to allow access to their devices audio and video and proceed with the visit.
5. Please be advised that no electronic communication is entirely safe from intruders. The risks of using telemedicine services include the potential for unauthorized disclosure of your confidential information when it is transmitted between you and us over the Internet. We take measures to protect your privacy, such as encrypting your data, employing password protected measures, and utilizing other reliable authentication techniques. These features reduce the risk of a data breach, but do not eliminate them. You can help reduce the risk further. You may be overheard by anyone near you if you are not in a private area during a telemedicine session. It is your responsibility to create an environment at your location for each telemedicine transmission that is private and protective of your personal information and communications with us. It is your responsibility to inform us if anyone else can see or hear any part of the session. At the start of each session, we will require you to identify anyone else who may be present in the room where you are or who may be able to overhear some or all of the conversation.* I understand I am solely responsible for maintaining the

strict confidentiality of my user ID and password and not allow another person to use my user ID to access the Services. I also understand that I am responsible for using this technology in a secure and private location so that others cannot hear my conversation and take full responsibility for the security/privacy of any communications or treatment on my own computer and in my own physical location.

6. As part of its commitment to privacy, Connected Care Psychiatry PLLC. does not record telemedicine sessions without the knowledge and consent of the patient. Connected Care Psychiatry PLLC also expects patients do NOT record or attempt to record any telemedicine encounters.
7. All existing confidentiality protections under federal and state law, including but not limited to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), apply to all telemedicine encounters.
8. You may request your protected health information by completing a release of information form. Once you obtain your records, it is your responsibility to maintain their confidentiality when in your custody and to arrange for their secure transmission to other providers as needed.
9. No patient-identifying information from a telemedicine consultation will be provided to researchers or other entities without the written consent of you or of your personal representative. No images or sound will be recorded in your telemedicine sessions without your knowledge and permission.*
10. The physical examination that Dr. Broszko can perform through telemedicine is limited. In particular, information that can be obtained only by physically touching the patient will not be available. Fortunately, physical examination in psychiatry may not impede any treatment, but to the extent that diagnosis depends on such physical exams, you may be referred to an alternate provider to manage your care.

11. You can withhold or withdraw consent to receive behavioral health services through telemedicine, or seek a second opinion, at any time. Doing so will not affect your right to receive future care or treatment. As such, if you choose to refuse telemedicine services, we would be happy to offer you a referral to another provider if required.

12. I understand that Dr. Broszko is licensed to practice Medicine in North Carolina and cannot provide care to any patient at Connected Care Psychiatry outside of the state of North Carolina. I understand that I must be physical present in the state of North Carolina during the time of my telemedicine appointment and that Dr. Broszko must confirm my identity with photo identification before initiating any telemedicine appointment. I must also provide a physical address/location before visit may proceed.

13. In some cases, applicable law may prevent us from providing the services you desire. Should that be the case, we will refer you to another provider.

14. Telemedicine is still a relatively new approach to care. It is possible that risks not yet identified or understood may emerge as telemedicine is more widely used.

We Do NOT provide emergency care. If you think you are facing an emergency, or think that you might be facing an emergency such as Suicidal Thoughts, Please immediately call 911 or go to your nearest emergency room.

15.

PATIENT SIGNATURE,

Acknowledgement

I, (Type First and Last Name)*

am over eighteen (18) years of age and during the time of my telemedicine appointment, am physically present in the State of North Carolina.

I understand the information above and have had adequate time and opportunity to discuss it with Dr. Broszko. My questions have all been answered to my satisfaction in language I understand, I am not under the influence of alcohol or of any other drug that might make it harder to understand the information I have been given. I understand that this document when signed by me is legally binding and will become part of my patient medical record with Connected Care Psychiatry PLLC. At the time of my signature, all the blanks on this document have been filled in.

I hereby authorize Dr. Broszko and Connected Care Psychiatry to use telemedicine in the course of my diagnosis and treatment.

By typing your full name below, you agree to use the typed script as substitute for your handwritten signature. In doing so, you also confirm that you have read, understood and agree to all of the terms and conditions above.*

Name:

Date:

Laboratory / Urine Drug Screen Policy

Connected Care psychiatry may require laboratory testing be completed upon commencement of care, and ongoing during a period of treatment.

Laboratory requests can be sent directly to a laboratory of choice that is local and more convenient to the patient location.

Laboratory requests include but are not limited to blood samples, urine samples. There may be many reasons to obtain laboratory testing, including but not limited to, obtaining blood work that could indicate patients ability to metabolize and excrete medications. Obtaining Blood work throughout treatment as a way of minimizing any unwanted side effects.

Obtaining blood work, imaging, urine testing to exclude other possible causes of psychiatric symptoms that may change the course of treatment options.

As indicated by treatment guidelines, Connected Care Psychiatry will request specific laboratory testing be completed, and indicate the reasoning for the requested laboratory testing. There will be additional costs incurred to the patient for laboratory testing that will be billed directly to the patient from the performing facility.

Urine Drug tests may also be required at the initiation and throughout the course of treatment, if treatment standards indicate the need to do so.

If a urine drug test is requested, the patient will be informed via phone call of the request, they will be permitted to request a laboratory where the request will be sent to. They will be provided with a specific time frame that is required to complete the testing. Eg. Test must be completed within 48 hours of notification.

Refusal, although enabled, may result in the inability of Connected Care Psychiatry to prescribe specific medications, including but not limited to Controlled Substances or medications the require specific laboratory monitoring.

Mission Statement

Our mission is to provide our patients with the most genuine and personalized psychiatric experience. We emphasize a rational and reasonable approach to medicine that is rooted in evidence-based practice.

Patient Insurance /Payment Policy

At the current time Connected Care Psychiatry does not participate in any network insurance coverage.

All payments must be made prior to appointment commencement.

Payment forms accepted include all major credit cards, including AMEX.

If you have any difficulties with payment please contact us directly at 252.320.9775

Payment is considered to be HIPAA compliant and processed via BLUEFIN gateway.

Patients will receive invoice directly mailed to their patient portal after appointment is completed. Please allow up to 24 hours for invoice to deliver.

Patients are encouraged to submit their invoice to insurance for reimbursement as an out-of-network specialist appointment. *Please be aware that services provided may not be covered by your insurer, but you are ultimately responsible for payment of all services rendered.*

Please note that Connected Care Psychiatry does not submit or process any insurance reimbursements on behalf of the patient and does not participate in Medicare. Patients agree that they may not submit invoices to Medicare for reimbursement.

Records request/ Disclosure of patient information policy

In order to request that patient records be released to self/third party, or obtained from a third party, the patient must complete a Document titled "Release of Information. This document is only available per request.

A request can be made during appointment, or by calling our office to request.

The document to be completed will be sent to the patient portal for the patient to complete.

Any discrepancy in the records are requested to be forwarded to Connected Care Psychiatry via patient portal.

Medical Records are stored for a period of 5 years via CHARM HER portal, at which time they expire. Please request any records needed prior to this expiry period.

Please contact Connected Care Psychiatry to obtain necessary forms required to Release Information of Records/Protected Health Information.

Refill policy

Medication refills are to be requested via Patient Portal on CHARM.

Connected Care Psychiatry checks refill requests every 24 hours.

Connected care Psychiatry takes extreme caution when prescribing refills to ensure patients have ample refills to last until their appointment.

There may be circumstances, where a patient may be about to run out of their medications after following the proper refill request policy, and need an urgent refill. In instances where this occurs, please call the clinic to notify the provider that an urgent medication is required for the day of.

We will make every effort possible to refill these medication as soon as possible.

If there is a discrepancy between our medical record that indicates a refill is not indicated, Connected Care Psychiatry will contact you via phone, if contact is not made, we will send a message to your patient portal of a discrepancy that exists. Please respond by calling our office to clarify the discrepancy, so that we may proceed with a refill.

90 day prescriptions are permitted for patients eligible, subject to the medications that is being prescribed.

Please note that all Controlled Substance Refills are limited to 30 day prescriptions with no more than 2 refills. 90 day prescriptions are not permitted with Controlled Substance prescriptions. The patient monitoring program is used to monitor Controlled Substance prescriptions in the state of NC. This will be verified each time a Controlled refill is being requested.

Specific Evaluations

Connected care Psychiatry does not perform any evaluations related to the following:

- Gender Reassignment Surgery
- Forensic Evaluations including Capacity/Competency evaluations, Custody recommendations, court related criminal cases, Disability cases
- Access to weapons evaluations
- Eating Disorder evaluation
- Bariatric Surgery Clearance Evaluation

For specific evaluations requested, a thorough examination can be sought out by Providers trained in Psychiatric subspecialties that include Forensic Psychiatry.

Please contact us via email or at 252.320.9775 to inquire about any specific evaluation necessary.

Treatment Discontinuation Policy

Connected Care Psychiatry places value in their mission to offer genuine and compassionate care with a reasonable approach to medicine. Our goal is to continue working with patients for as long as their need is present.

In the unfortunate instance that physician is unable to continue a therapeutic relationship with a patient, the patient will be notified via phone call, as well as a message in their portal, and official letter mailed to their address on file.

The patient will receive reasonable notice to find alternative treatment and will be provided access to Dr. Broszko in the event of any urgent needs for a period of 30 days. The patient will receive a specific termination date where Dr. Broszko will no longer be available.

The patient will receive education on treatment recommendations.

- The patient will be provided with a list of resources with telephone numbers and addresses of local psychiatric providers, local community mental health services, hospital emergency department available in the event of an emergency.

We are glad to forward any patient records to the new treating provider. Patient must sign a release of information to send records to their provider of choice.

The patient will also receive a follow up letter summarizing the termination of the patient-physician relationship.

Causes for termination may include but are not limited to: failure to comply with Attendance policy, failure to comply with Controlled Substance Agreement, aggressive and or threatening behavior toward staff, failure to comply with telemedicine requirements, failure to comply with treatment recommendations.