

## PATIENT CONSENT

**CONSENT FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

- I understand that Tactile Medical (Tactile) originates, collects and maintains paper and/or electronic records describing my Protected Health Information (PHI) such as health history, diagnosis, symptoms, test results, etc. I consent to the use and disclosure of my PHI by Tactile, its staff, and its business associates for treatment, payment and healthcare operations.
- I understand I have a right to request restrictions or revoke any use and/or disclosure of my PHI by Tactile. A detailed description of my rights was provided to me in the Notice of Privacy Practices. This authorization is effective for 5 years unless otherwise provided by law.
- I consent to the release of PHI by Tactile to my healthcare providers and insurance company(ies). I authorize and consent to the release by my healthcare providers to Tactile and any insurance company(ies), all PHI necessary to secure payment.
- I understand Tactile may desire to review de-identified health information for the purposes of clinical research, evaluation of patient outcomes, or clinical protocol development. I consent to the release and use of my de-identified information so long as Tactile ensures that I cannot be identified through release and use of that information.

**ASSIGNMENT OF BENEFITS**

I assign payment of medical benefits to Tactile and direct any payer to make payment on my behalf directly to Tactile. I understand that all costs not covered by my insurance are my responsibility. I understand that in the event my insurance company makes payment directly to me for the medical equipment provided by Tactile, I am responsible for ensuring payment in full is made promptly to Tactile.

**CONTACT INFORMATION**

Preferred language (if other than English): \_\_\_\_\_

Best number(s) to contact:  
*If we are not able to reach you with the phone numbers provided, we may attempt to contact you with information provided by your clinic.*

Home ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_

By providing my cell phone above, I authorize Tactile Medical to text me regarding the status of my order.

Email address: \_\_\_\_\_

By providing my email above, I authorize Tactile to email me regarding my order or other services or products provided by Tactile. I understand that emails containing PHI will be encrypted. Encrypted email will require that I click on a provided link and create a password in order to review the secure email.

**ALTERNATE/EMERGENCY CONTACT(S)**

I authorize Tactile to contact or respond to inquiries from the following individual(s):

NAME	RELATIONSHIP	PHONE
_____	_____	_____
_____	_____	_____

MEDICARE BENEFITS	PRIMARY ADDRESS
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Do you have Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No	My address is a: <input type="checkbox"/> Private home/apartment <input type="checkbox"/> Assisted Living <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Group Home
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**PATIENT SIGNATURE**

By signing this, I agree to all the terms and conditions listed above.

PATIENT NAME (PLEASE PRINT)	PATIENT SIGNATURE	DATE
_____	_____	_____
<i>IF APPLICABLE: NAME OF AUTHORIZED PERSON AND DESCRIPTION OF AUTHORITY TO SIGN; E.G., POWER OF ATTORNEY, LEGAL GUARDIAN (PLEASE PRINT)</i>	AUTHORIZED PERSON SIGNATURE	DATE
_____	_____	_____

## Tactile Medical 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.**

### Uses and Disclosures

*Treatment.* Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.

*Payment.* Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services.

*Health care operations.* Your health information may be used as necessary to support the day-to-day activities and management of Tactile Medical. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

*Research.* Your health information may be included in research undertaken about the services and products provided by Tactile Medical. Generally, a research review board will evaluate the project to ensure the processes are followed to protect your privacy.

*Law enforcement.* Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

*Public health reporting.* Your health information may be disclosed to public health agencies as required by law.

*Court Order.* Your information may be shared in response to a court order and, in certain cases, a subpoena, discovery requests or other lawful process.

*Other uses and disclosures require your authorization.* Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

### Additional Uses of Information

*Information about treatments.* Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health related products and services that we believe may interest you.

### Individual Rights

You have certain rights under the federal privacy standards.

These include:

- the right to request restrictions on the use and disclosure of your protected health information
- the right to request that items for which you pay fully out of pocket are not to be shared with your health plan
- the right to receive confidential communications concerning your medical condition and treatment
- the right to inspect and copy your protected health information
- the right to amend or submit corrections to your protected health information
- the right to receive an accounting of how and to whom your protected health information has been disclosed
- the right to receive confidential communications of your protected health information
- the right to receive a printed copy of this notice

### Tactile Medical's Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice and to notify you in the event of a breach of your protected health information.

### Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

### Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain for you. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the privacy officer. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

### Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Tactile Medical, Attn: Privacy Officer  
1331 Tyler Street NE, Suite 200, Minneapolis, MN 55413

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights. You will not be penalized or otherwise retaliated against for filing a complaint.

### Contact Person

For further information concerning our privacy practices contact the Privacy Officer at Tactile Medical at 612-355-5100.

### Effective Date:

This Notice is effective on or after September 2013.

**(PATIENT COPY)**

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