

HIPAA Compliance Patient Consent Form¹

Thank you for choosing [USAP Continuum Partners of Florida, Inc.] and for using the [healthpath] mobile application as part of your care. This consent explains how we may use and share your health information in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws. It applies to communications you receive through our mobile app, including chat messages, push notifications, and appointment reminders.

Our Notice of Privacy Practices provides information about how we may use or disclose your protected health information, which also contains a statement of your rights with respect to your protected health information.

You acknowledge that you have reviewed our Notice of Privacy Practices before signing this consent form. We reserve the right to change our Notice of Privacy Practices as allowed by law.

HIPAA (Health Insurance Portability and Accountability Act of 1996) allows for the use of your protected health information for treatment, payment or healthcare operations. You have the right to request a restriction on how your protected health information is used and disclosed[§]for treatment, payment, and healthcare operations. We are not required to agree with your restrictions. If we do agree, we will adhere to your restrictions.

You have the right to revoke this consent form in writing at any time. However, such a revocation will not be retroactive. You may revoke this authorization by notifying us by email: Compliance@USAP.com.

We may condition our services on your signing of this consent form.

By signing this consent form, you understand and consent to our use and disclosure of your protected healthcare information and you also agree that:

- Your protected health information may be disclosed or used for treatment, payment or healthcare operations.
- You hereby release the provider, its employees, officers and directors, medical staff members, and business associates from any legal responsibility or liability for the disclosure of information to the extent indicated and authorized herein.

¹ We in this document would be U.S. Continuum Partners of Florida, Inc. or another covered entity.