



## **Consent for Patient Care and Entity Partner Agreement**

**Wander Medicine**

**Updated: September 10, 2020**

This is an agreement between Wander Medicine pLLC (Wander Medicine) located at 1105 S Federal Way, Boise, Idaho 83705 and you, (patient or legal guardian of the patient). If patient care is paid for by an Entity, which also has a stake in the patient's health, that entity must also sign this agreement. Those individuals or entities which fail to uphold this agreement, will no longer be permitted to receive care at Wander Medicine clinic.

### **Background**

The physicians, nurse practitioners, nurses, and medical assistants (collectively “medical staff”) at Wander Medicine practice medicine and deliver medical care in Boise, Idaho in exchange for certain fees paid by you, the patient, legal guardian of the patient, or the patient’s employer. By signing this contract, the patient agrees (freely gives consent) to receive medical care from the medical staff with all potential benefits, risks, and adverse outcomes associated with that care. Any entities contracting Wander Medicine for the purpose of providing care for their workforce must also sign this consent form. A partnership between the patient, their providers, and their employers is important to assuring the safety of any workforce.

### **Privacy & Communications**

You, as the patient, legal guardian of the patient, or the patient’s employer, acknowledge that communications with the medical staff using e-mail, facsimile, video chat, instant messaging, and cell phones are not guaranteed to be secure or confidential methods of communications. Wander Medicine will make an effort to secure all communications via passwords and other protective means and these will be discussed in an annually updated Health Insurance Portability and Accountability Act (HIPAA) “Risk Assessment.” Wander Medicine will make an effort to promote the utilization of the most secure methods of communication, such as software platforms with data encryption, HIPAA familiarity, and a willingness to sign HIPAA Business Associate Agreements. This may mean that conversations over certain communication platforms are highlighted as preferable based on higher levels of data encryption, but many communication platforms, including email, may be made available to the patient. If the patient initiates a conversation in which the patient discloses “Protected Health Information (PHI)” on one or more of these communication platforms, the patient has then authorized Wander Medicine to communicate with the patient regarding PHI in the same format.

### **Email, Text, and Other Clinic Communication**

By signing this Consent/Agreement, the patient or entity gives Wander Medicine permission to



send periodic emails, texts, and other forms of communication to any email address, phone number, or other communication platform provided by patient or entity to Wander Medicine. Patients and entities have the ability to opt out of such communications at any time following a written request in the form of email or letter.

### **Handouts, Educational Materials, and Protocols are for Patients and Business Partners Only**

Wander Medicine provides patients and occupational partners with handouts, educational materials, and protected company protocols to facilitate excellent care. These resources are meant solely for the patient or entity they have specifically been given to. Any copying, publishing, re-distribution, or other re-use of educational materials, handouts, or protocols provided to you, without expressed written consent from Wander Medicine, is strictly prohibited and punishable by law. Any information written on the wandermedicine.com blog or fullscope.org is available to all and redistribution with proper citation is strongly encouraged.

### **Education for Future Healthcare Workers, Scientists, and other Learners**

Wander Medicine takes pride in educating future medical assistants, lab technicians, undergraduate science majors, nurses, physicians, and other clinical providers. As such, certain students, residents, and other trainees may be involved in your care. Wander Medicine sincerely thanks you for participating in the education of these future providers. By signing this document, you give Wander Medicine permission to allow trainees to be involved in your care.

### **Pricing, Price Changes, and Available Services**

Affordable and transparent pricing is one of the cornerstones of Wander Medicine's philosophy. However, prices in the healthcare industry are constantly changing. On top of the this, supplies, medications, and equipment often and unpredictably become unavailable. To account for a constantly changing environment, Wander Medicine reserves the right to change any of its prices at any time. Such price changes will be made at the sole discretion of Wander Medicine and are not negotiable. Any existing patients or entity partners will be notified, in writing, at least 7 days prior to any such price change related to services to be rendered. Price changes regarding medications, labs, and other real products received will be discussed immediately prior to any such transaction and may change daily. The prices listed on wandermedicine.com are subject to change. For the most up to date pricing, please enquire at the time of services. Wander Medicine reserves the right to add or remove any services, at any time, and without notice. If Wander Medicine has agreed to provide such a service to you or your workforce, Wander Medicine will continue to provide such a service for at least 30 days after notification of cancellation via a written letter is provided.

### **Data and Research**



Wander Medicine is committed to continued improvement through constant learning. At all times, Wander Medicine is tracking data, analytics, and research involving our providers, our clinic, our patients, our clients, and future patients. By signing this agreement, both patient and/or entity partner agrees to allow Wander Medicine clinic ownership of any data obtained by Wander Medicine, as a result of our relationship. However, both patients and entities have full access to their records at any time, or one final time, following termination of services with Wander Medicine. Wander Medicine is constantly performing research on our patients and their outcomes, in order to improve the care of future patients. By signing this agreement, the patient and/or entity gives Wander Medicine permission to collect personal data and use de-identified health information for research, clinic-improvement, and medical knowledge purposes.

### **Wander Medicine Clinic Responsibilities**

- Provide expert level medical care to our patients.
- Direct patients to the appropriate care settings when their needs exceed our ability to care for them.
- Provide patients with full price transparency prior to any care rendered. Pricing information can be found on our website, wandermedicine.com.
- Provide patients with the risks and benefits of any intervention, prior to providing such an intervention.
- Constantly learn and better ourselves to facilitate the betterment of our patients and community.
- Advocate for non-invasive interventions whenever possible. This includes minimizing the use of medications and surgical procedures whenever possible.
- Never put financial gains or incentives above the health and well-being of the patients we hope to serve.
- Avoid partnerships with entities that put their financial gains above the health and well-being of patients in our current medical industrial complex.
- Complete honesty with patient and entity partners regarding health, prognosis, potential causes for adverse health problems, and any other parameters related to patient care.
- Wander Medicine providers agree to counsel patients and make health plans as we would want such health plans and counseling to be performed on our own family members and other loved one. This allows us to balance the benefits, harms, and financial implications of any medical decision.
- Wander Medicine will not practice defensive medicine. This means we will not recommend escalation of care, additional testing, or excessive treatment solely to



protect ourselves from future litigation. Wander Medicine will do what is clinically indicated at the time and inform patients regarding any risks to the best of our ability. Medical problems and adverse health outcomes are unpredictable and occur even in the presence of optimal medical care. Wander Medicine asks both patients and entity partners to be aware of this and have reasonable expectations regarding clinical outcomes, safety, risk, and liability.

- Help to better our patients, employees, community and environment.

### **Patient Responsibilities**

- I agree to pay for the care I receive at the time of service, knowing that Wander Medicine does not accept any forms of medical insurance.
- Patients covered by Medicare and Medicaid cannot receive care at Wander Medicine, for services which these entities would otherwise pay for. It is the patient's responsibility to check with Medicare and/or Medicaid, to make sure these entities will not pay for a given service, diagnostic, lab, vaccine, medication, and/or treatment before seeking care at Wander Medicine clinic. Patients with Medicaid or Medicare will be denied service in most instances, except for travel health and a few other selected services, which these entities do not cover.
- The patient agrees to pay the \$20 "No Show" fee should they schedule an appointment and fail to cancel at least 4 hours ahead of time.
- The patient agrees to disclose any and all health or health related issues they have to the extent of their knowledge.
- The patient agrees to provide any relevant past and outside medical records regarding their care. It is not Wander Medicine's responsibility to track down the patient's past medical records.
- The patient takes responsibility for their records and their care. It is their responsibility to access and provide their records to those outside of Wander Medicine providing care for them.
- The patient is committed to understanding their medical problems and plans of care.
- The patient agrees to know and understand all of the medications which they are taking and what they are for. This includes prescription and over the counter medications as well as supplements, vitamins, minerals, and other non-prescription medicinal therapies.
- The patient agrees to follow the care plans provided to them and to be honest with the medical staff when they have deviated from the plan.
- The patient's understanding of their own health is paramount, and they understand that failure to do so will result in suboptimal care at Wander Medicine and outside health



facilities.

- Any harm done to the patient, as a result of their failure to provide accurate health information, is the fault of the patient's. They will not seek retaliation against or remuneration from Wander Medicine following such harm.
- It is the patient's responsibility to keep Wander Medicine updated on their personal and emergency contact information.
- It is the patient's responsibility to provide accurate payment information, there will be an additional \$20 fee if there is any difficulty in obtaining full payment. Late payments will continue to accrue interest. The patient gives Wander Medicine permission to collect late payment via any means necessary and available.
- The patient understands that if they are dissatisfied with their care for any reason, they should contact the medical director, by contacting Wander Medicine during scheduled clinic hours.

#### **Occupational and Other Entity Partner Responsibilities**

- Care deeply about the health and wellness of your employees, contractors, and workforce.
- Supply your workers with ample protective equipment and work environments that will not endanger their long and short-term safety.
- Agree to follow the surveillance protocols recommended by Wander Medicine and agree to disclose whenever failure to meet surveillance protocols occurs.
- Agree to follow regulations as set forth by OSHA (Occupational Safety and Health Administration).
- Pay Wander Medicine as negotiated, within 1 week of being invoiced. If payment is not received, a late fee will be assessed. Unpaid invoices will continue to accrue interest.
- If payment occurs on recurring basis or by due date and payment is missed by > 1 week, a late fee will be assessed. Unpaid fees will accrue interest.

#### **Direct Primary Care Membership Agreement**

- Each membership must be paid monthly or annually. Any payment missed will result in a late fee and unpaid fees will accrue interest. In the event that 2 payments are missed, Wander Medicine reserves the right to remove the patient's membership privileges.
- Members may cancel their membership at any time. Written cancellation in the form of a letter or email with the patient's name and desired date of cancellation is required.
- Any payments already made to Wander Medicine are non-refundable.
- Membership provides around-the-clock access to medical care. If a patient abuses access by not participating in their own care, contacting the clinic or its providers



unnecessarily and repeatedly, being dishonest with providers, missing more than 2 appointments without notification, engaging in rude or inappropriate behavior to the staff at Wander Medicine, or any other offense that could be seen as abusive to the clinic or its providers, such patient will lose their membership and any privileges associated with membership.

- Contacting providers between the hours of 7pm and 7am is for urgent matters and emergencies only. If care cannot wait until the following morning, or if the patient is considering visiting the emergency department, please call the on-call provider. Patients who contact providers between 7 pm and 7am more than 2 times for non-emergent problems, may lose their membership at the full discretion of Wander Medicine clinic.
- Wander Medicine reserves the right to deny any patient membership for any reason, based on the sole discretion of the providers.
- The patient agrees to inform Wander Medicine immediately if the clinic or its providers have caused them harm or dissatisfaction in any way. We pride ourselves on constant improvement. If you are unhappy with your membership, please let us know why, so that we can improve your experience in the future.

### **Urgent Care Agreement**

- Wander Medicine reserves the right to charge patients as Level 1 or Level 2, for any problem, based on the complexity of their problem and time spent in the clinic. See [wandermedicine.com](http://wandermedicine.com) for more information.
- Wander Medicine does not accept any form of medical insurance.
- Payment is due in full at the time of service.
- Wander Medicine is not an emergency department.
- If the patient is experiencing a life-threatening emergency, please dial 911 or go to the nearest hospital.
- Urgent Care is for acute problems only. Chronic medical conditions requiring follow-up care do not qualify for Urgent Care services but can be managed by the Wander Medicine direct primary care clinic.
- Visit price includes one urgent care visit and one problem.
- The patient will receive a phone call regarding any pertinent lab results or imaging, but any additional follow up care will not be included.

### **Occupational and Travel Medicine**

Keeping individuals and patients healthy and safe in potentially dangerous or foreign



environments is Wander Medicine's principle goal with regard to occupational and travel health. However, any time a person enters a hazardous or unknown environment considerable risks are inherent and often unavoidable. Workers, travelers, and entity representatives must accept these risks, any subsequent harms incurred, and any other unforeseen effects (positive, negative, or life ending) in their entirety. By signing this form, both the patient and any entity representing them agrees to disclose all potentially hazardous exposures, working environments, working practices, activities, travel plans, adventure plans, and/or any other potentially dangerous people, places, or things that could affect the safety of the worker or traveler. Failure to fully disclose potential hazards will result in suboptimal care. Workers, travelers, entity representatives, and anyone else signing this form takes responsibility for any dangerous hazards encountered. Wander Medicine will try and minimize dangers and provide surveillance regarding adverse health effects secondary to such hazards to the best of our ability. However, these hazards and any subsequent health effects, including death, loss of limb, life changing illness, or disease both physical and mental, are the sole responsibility of the individuals and/or entities, signing this form.

### **Consent to Receive Vaccination, Laboratory Testing, Infusion Therapy, Medical Therapy, or Procedural Therapy Provided in Clinic, or Outside the Clinic on Wander Medicine's Behalf**

Wander Medicine provides diagnostic testing, body fluid acquisition for laboratory testing, medications, infusions, vaccinations, and procedural care to its patients from time to time. Anytime any diagnostic or treatment is administered to a patient, inherent risks are present. Wander Medicine will do everything we can to minimize risk and adequately inform patients of such risks. Wander Medicine will utilize medications, infusions, vaccinations, and procedures known to provide benefit, for which risks are acceptable both to providers and patients. By signing this form, the patient agrees to accept all of the benefits, risks, and adverse outcomes associated with any diagnostics, medications, infusions, injections, vaccinations, procedures, or other hands on care received while at or under the care of Wander Medicine.

### **Payment Agreement**

At Wander Medicine we pride ourselves as being as transparent, fair, and affordable as possible. We welcome people from all walks of life to be a part of our practice. We agree to keep the patient informed at all times of price changes and are willing to work with them to make healthcare affordable. All credit card information will be kept confidential and no one will have access to the patient's account but the medical staff at Wander Medicine.



- The patient understands that Wander Medicine does not accept any insurance, including Medicare and Medicaid, or bill out to any third party.
- The patient understands that all payments are due at the time of service and will be charged a \$10 fee for any declined credit card or billing issues in the future.
- The patient agrees to pay the \$20 “No Show” fee should they schedule an appointment and fail to cancel at least 4 hours ahead of time.

### **Conclusion and Agreement Statement**

By signing this document, I, the patient, legal guardian of the patient, or the entity I represent, understand and agree to adhere to all of the information outlined in the **Wander Medicine Notice of Privacy Practices** and **Wander Medicine Consent for Patient Care** found on the Wander Medicine website. I authorize Wander Medicine and the medical staff to provide care for me and/or my workforce. I give my consent for any preventative care, diagnosis, treatment, or other interventions rendered by Wander Medicine. I agree to pay for these services at the time of service. I understand that medical care has risks, and I accept responsibility for such risks. I will not attempt or seek retaliation against or renumeration from Wander Medicine or its medical staff, except in the case of gross negligence, intentional harm, or breach of the responsibilities as outlined in this agreement.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Entity Representative Signature: \_\_\_\_\_

Wander Medicine Provider Signature: \_\_\_\_\_



Date and Time: \_\_\_\_\_