

RYAN ZAKLIN, MD, MA PC

PATIENT AGREEMENT

Thank you for selection Ryan Zaklin, MD, MA PC (“Zaklin PC”) as your integrative medicine provider. In order to facilitate your treatment, we ask that you read this agreement and sign it if you are in agreement with its terms. Please let us know if you have any questions.

Financial Agreement Self-Pay

Insurance-based:

I consent to medical treatment by Zaklin PC and acknowledge and understand that I am responsible for any account balances for services that are not covered by my insurance carrier. I hereby give Zaklin PC permission to release protected health information to my insurance carrier as necessary for billing purposes, and I authorize my insurance carrier to pay Zaklin PC directly for all covered medical services. If my insurance plan does not cover the medical services that have been provided to me, I agree that I am personally and financially responsible for payment of non-covered services or co-payments. I agree that Zaklin PC can suspend all appointments if my account is not current.

If Medicare is my primary insurance, I request that payment of authorized Medicare benefits be made either to me or on my behalf to Zaklin PC for any services furnished to me by or in Zaklin PC, including physician services. I authorize any holder of medical or other information about me to be released to the Centers for Medicare and Medicaid and its agents in order to determine whether benefits are available for the services provided and any related services as appropriate. I further understand that Medicare may not cover all services, and that Zaklin PC may provide me with an explanation of non-covered services in the form of an Advanced Beneficiary Notice. I agree to accept full personal responsibility for any services provided in relation to such Advanced Beneficiary Notices.

Self-Pay:

I acknowledge and understand that the services and products offered in the integrative practice of Zaklin PC are not covered by insurance and that my insurance carrier will not be billed on my behalf for fees paid. I agree to pay in advance at the time of scheduling my appointment and accept full personal responsibility for payment of services at the time rendered. I agree that Zaklin PC can suspend all appointments if my account is not current.

If Medicare is your primary insurance please notify our office at least one (1) week prior to your scheduled appointment. A private pay contract must be signed by any Medicare Beneficiary in order to be seen in by Zaklin PC, as these services are not covered by Medicare. I agree not to submit a claim to Medicare or to ask Zaklin PC to submit a claim to Medicare. I acknowledge that Medicare payments will not be made for any items or furnished by Zaklin PC that would have otherwise been covered by Medicare.

Payment Processing Policy:

Appointment payments will be processed up to 48 HOURS before the time of your appointment. If you would like payment to be processed at another time please contact 978-998-0010 to discuss payment options.

Failure to Make Payment: Failure to make payment after receiving our services will result in deactivation of your MMJ Certification. Please provide payment information before the time of your appointment to ensure payment.

Cancellation Policy:

A failure to cancel 48 HOURS prior to your appointment will result in a non-refundable cancellation fee of \$75 for an initial visit or \$25 for a follow-up visit. You may cancel your appointment by calling 978-998-0010. You may also find information on our rates and cancellation policy on our website [here](#). Please note that, depending on scheduling, you may see Dr. Zaklin or Meghan Clements, NP. As a team we provide the same high-quality service to all of our patients.

Medicinary Disclaimer:

Zaklin PC may recommend certain supplements as part of your treatment plan. These supplements have not been evaluated by the United States Food and Drug Administration and are not approved to diagnose, treat, cure or prevent disease.

There is no obligation to buy any or all supplements through Zaklin PC. Supplements can be purchased from other sources, if available, but Zaklin PC cannot guarantee the efficacy of supplements procured from outside sources, which may impact treatment.

Therapeutic Agreements:

Zaklin PC will use its knowledge, skill and experience in the best interest of its patients and will endeavor to do the following:

1. Assess each person's situation based on the information they provide.
2. Assist patients in sorting through their health-related challenges
3. Provide information and options regarding the treatment modalities that are available ^{[[L]]}_{[[SEP]]}
4. Support them to make conscious decisions regarding their health ^{[[L]]}_{[[SEP]]}
5. Develop, implement and support a plan of care that will promote physical, mental and spiritual health ^{[[L]]}_{[[SEP]]}
6. Evaluate the effectiveness of a plan of care ^{[[L]]}_{[[SEP]]}
7. Make referrals to community resources as appropriate ^{[[L]]}_{[[SEP]]}

I agree that it is my responsibility to act in the best interest of my own physical, mental and spiritual health and will endeavor to do the following:

1. Provide Zaklin PC with complete and accurate information regarding my health and health history ^{[[L]]}_{[[SEP]]}
2. Be willing to actively participate in addressing my health-related challenges.
3. Ask questions related to treatment options and information that is provided. If supplements are mutually agreed as part of my treatment plan, I will take them only according to directions given to me by Zaklin PC, inform Zaklin PC of any side effects and consult with Zaklin PC before discontinuing them.
4. Work with Zaklin to develop a plan of care that incorporates goals that are meaningful to me and will promote my physical, mental and spiritual

health. [L]
[SEP]

5. Make conscious decisions to nurture intrinsic healing and promote balance in my life. [L]
[SEP]
6. Evaluate the effectiveness of my plan of care on an ongoing basis and communicate any concerns regarding my treatment promptly to Zaklin PC. [L]
[SEP]
7. Attend and actively participate in all scheduled appointments.
8. Abide by the office policies of Zaklin as in effect from time to time.

Confidentiality: [L]
[SEP]

Personal health information will be treated confidentially by Zaklin PC in accordance with applicable law and recognized professional standards. This information can only be shared if you sign a release. The foregoing notwithstanding, if my safety or the safety of someone else is at risk, Zaklin PC is legally obligated to share this information with the appropriate authorities.

We believe that the concept of integrative medicine works best when we can discuss our work with other consultants and peers. This allows each client to benefit from the combined insight, knowledge, skill and experience of Dr. Zaklin and his colleagues. Discussions of this nature would not include identifying information will have the same privilege of confidentiality as sessions with each individual practitioner. [L]
[SEP]

Emergency Medical Care: [L]
[SEP]

Zaklin PC does not provide physical or mental health crisis management. If you are experiencing a physical or mental health crisis you must obtain services that are appropriate to the type of crisis you are experiencing. If you are experiencing severe, acute symptoms or feel a life-threatening illness you will seek immediate assistance by dialing 911 or going to your local hospital emergency room, police or fire station or contacting the Statewide Emergency Services Program (ESP) at 877-382-1609 (toll free).

Phone Communication:

Zaklin PC staff are seeing scheduled patients during the day, and there is not always ample time to take your call directly regarding routine questions. If you would like us to respond to you by phone, please leave a detailed message on the medical voicemail line. We will do our best to get back to you within 3 business days. Zaklin PC office hours for

incoming calls are 9:00am-5:00pm Monday through Friday

Electronic Communications:

By signing below, you authorize Zaklin PC to communicate with you by electronic mail (email) and via live streaming video. An email sent to me by Zaklin PC, or a live streaming video chat with Zaklin PC, may include medical information about me. I further understand that an email message can sometimes be misrouted to or intercepted by an unauthorized third party, that a streaming video may be intercepted by a third party, and understand that these methods of communication are not always private or secure, and knowingly accept these risks.

Terms of Email Use:

Zaklin PC offers our patients the opportunity to communicate via email messages through the patient portal at www.onpatient.com. The utilization of email communication will allow your questions to be answered in the most efficient and accurate manner possible. All medical questions transmitted through email will be discussed with Dr. Zaklin so that your distinct and specific needs are addressed when responding to your inquiries.

Due to the volume of emails received, please allow 72 hours for a return email from our staff. Our staff will make every effort to read and respond promptly to emails received.

Do NOT use email for medical emergencies or other time sensitive matters that require immediate attention.

Please be as succinct as possible in your email questions. Please do not email more than 2 questions per email (100 word limit) and 2 emails per week and refrain from emailing complex questions or inquiries that would require a material change in treatment plan. *If your health concerns require a change in clinical therapy or an extensive follow up, we ask that you schedule a telemedicine or a face-to-face appointment for situations that require additional attention, ensuring that you receive the highest quality of care at our Center.*

Patient Information:

The care a patient receives depends partially on the patient. Patients have a responsibility to provide accurate and complete information concerning his/her present complaints, past medical history, and other matters relating to his/her health. The patient is responsible for

making sure that he/she clearly comprehends the course of his/her medical treatment and what is expected of him/her. Zaklin PC advises patients to attend their consultation with an advocate in order to ensure understanding of their treatment plan.

I HAVE READ AND UNDERSTAND THE INFORMATION SET FORTH IN THIS AGREEMENT AND AGREE WITH THE TERMS SET FORTH HEREIN.