

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 five 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.

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 my order or account.

Email address: _____

By providing my email above, I authorize Tactile to email me regarding my order, account 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

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MEDICARE BENEFITS

Do you have Medicare?

Yes No

PRIMARY ADDRESS

My address is a:

Private home/apartment Assisted Living Skilled Nursing Group Home

PATIENT SIGNATURE

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

PATIENT NAME (PLEASE PRINT)	PATIENT SIGNATURE	DATE

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

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

WHAT INFORMATION WE USE

- Contact information such as name, address, phone number, email, etc.
- Health and medical information
- Health insurance information
- Billing and payment information
- Any other information you may provide such as a survey or follow-up information

HOW WE USE AND DISCLOSE YOUR INFORMATION

- **To Contact You:** We may use your information to contact you by mail, phone, text, or email.
- **For Treatment:** We may use or disclose your health information to our employees or to your health care professionals to evaluate your health and assess suitability of treatment with our products.
- **For Payment:** We may use your information to obtain payment from your health insurance plan, or another source, for products and services provided to you by Tactile Medical.
- **For Healthcare Operations:** We may use your information to support the day-to-day activities and management of Tactile Medical, such as budgeting and financial reporting, or activities to evaluate and promote quality.
- **For Research:** We may use your information for research related to the products and services provided by Tactile Medical. For example: we may evaluate the number of patients using our products with a specific clinical diagnosis. If we use or disclose your information for research, your information will be de-identified to ensure you will not be identifiable.
- **For Marketing:** We may send you information on the treatment and management of your medical condition. We may send you information describing other health related products and services that may interest you.
- **To Comply with Legal Obligations:** We may disclose your health information to public health agencies as required by law. We may disclose your information to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting. We may disclose your information in the course of administrative or judicial proceedings if needed, in response to a court order, and in certain cases, a subpoena, discovery request, or other lawful processes.

YOUR RIGHTS

- **You May Request Restrictions:** You can ask us not to use or share certain information for treatment, payment, or our operations; however, we are not required to agree to your request. If you pay fully out of pocket for products or services, you can ask us to not share that information for payment or operations with your health insurer.
- **You May Request Confidential Communications:** You can ask us to contact you in a way that maintains your confidentiality. This could include mailing communications to a different address or a request to call a specific phone number at a certain time.
- **You May Review or Copy Information:** You can ask us to see or to provide you with a copy of your medical record and other health information we maintain. We require requests to inspect or copy health information be submitted in writing by contacting our privacy officer, as allowed by federal regulation. Your request will be reviewed and will generally be approved unless there is a legal, medical, or some other reason, to deny the request.

- **You May Ask Us to Make a Correction:** If you think information we maintain about you is incorrect or incomplete, you can ask us to correct that information.
- **You May Get a List of Those with Whom We Have Shared Information:** You can ask us for a list of what health information we've shared about you, who we shared it with, and why. This does not include disclosure for the purposes of treatment, payment, and health care operations, and certain other disclosures.
- **You May Receive a Printed Copy of This Notice:** You can ask for a printed copy of this notice at any time, and we will provide you with one.
- **You May File a Complaint:** If you feel your rights have been violated, you may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights or with Tactile Medical. See "Complaints" section of this notice for more information.

OUR RESPONSIBILITIES

Tactile Medical is required by law to provide you with this Notice of Privacy Practices. We are also required to maintain the privacy of your protected health information using a variety of administrative, technical, and physical safeguards to protect you and your information. We 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.

WE MAY REVISE OUR PRIVACY PRACTICES

As permitted by law, we may modify our privacy policies and practices. Upon request, we will provide you with the most recently revised Notice of Privacy Practices. The revised privacy policies and practices will be applied to all protected health information we maintain from that point forward.

HOW TO FILE A COMPLAINT

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights using the following contact information:

- U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue SW, Washington D.C. 20201
- 1.877.696.6775
- hhs.gov/ocr/privacy/hipaa/complaints

You may file a complaint with Tactile Medical using the following contact information:

- Tactile Medical, Attn: Privacy Officer
3701 Wayzata Blvd, Suite 300, Minneapolis, MN 55416
- 833.382.2845 (833.3TACTILE)
- compliance@tactilemedical.com

You will not be penalized or retaliated against for filing a complaint.

QUESTIONS

For questions or further information regarding our privacy practices, contact the privacy officer at Tactile Medical at 833.382.2845 (833.3TACTILE). For more information about privacy, use and disclosure of information, and your privacy rights, visit: hhs.gov/hipaa/for-individuals/notice-privacy-practices.

California residents, please see <https://tactilemedical.com/california-privacy-notice/> for further information regarding your data privacy.

Tactile Medical

3701 Wayzata Blvd, Suite 300
Minneapolis, MN 55416 USA

Toll Free Tel: 833.382.2845 (833.3TACTILE)
Toll Free Fax: 866.435.3949

Hours: 7 a.m. to 7 p.m. CT, Monday–Friday
tactilemedical.com

Tactile
MEDICAL®