

Thrive Wellness MD LLC

New Patient Forms

Please return your completed new patient form by 5pm the day prior to your first appointment. If we have not received your forms by 5pm the day before your appointment, your appointment will be cancelled, and you will need to reschedule.

Thank you in advance!

Welcome!

I am honored to be a part of your journey to optimal health.

To ensure you are fully informed about my services and policies, please read, make sure you understand and sign the documents included in this new patient packet prior to beginning our work together.

New Patient Forms

- Important Patient Information and Practice Policies
- Financial and Cancellation Policies
- Private Contract for Medicare Beneficiaries – *Required for patients 65 years and older*
- Credit Card Authorization
- Informed Consent for Integrative and Functional Medicine
- Informed Consent for Telemedicine
- Notice of Privacy Practices & Acknowledgment of Receipt of Notice of Privacy Practices
- Confidential Channel Communication Request Form

Additionally, if you would like your other health care provider(s) to send me your past labs or other medical records, please complete and sign the *Authorization to Release Confidential Health Information and Medical Records* form and provide it to them.

Thank you for taking the time to read and complete these forms. This ensures I can provide quality care. If you have questions about these forms, please email DrMohammadi@thrivewellnessmd.care or call (602) 345-0323.

I look forward to working with you as part of your healthcare team!

Warmly,

Dr. Yousef Mohammadi, MD

Thrive Wellness MD LLC

IMPORTANT PATIENT INFORMATION AND PRACTICE POLICIES

Notice that Services Are Not Primary Care and Are Currently 100% Telemedicine: Please note that Dr. Mohammadi's practice through Thrive Wellness MD LLC is completely virtual (via telemedicine), and he does not act as your primary care provider and does not provide after-hours or urgent care services. The services provided by Dr. Mohammadi through Thrive Wellness MD are in addition to, and not a replacement for, the care of your primary care physician and other medical specialists. Because Dr. Mohammadi's practice is a solely telemedicine practice (i.e., no in-person services) and focused on a functional medicine approach to optimize health and wellness including the use of diet, lifestyle changes, and herbal and nutrient supplementation, responsibility for your overall medical care should remain with your primary care physician. Dr. Mohammadi's service is an adjunctive consultative service and not meant to replace standard primary care.

Patient Communications: In order to ensure the safety and confidentiality of your health information, Dr. Mohammadi uses the HIPAA-compliant Electronic Medical Records System and secure Patient Portal ChARM.

- **Please send all health-related messages to Dr. Mohammadi through the Patient Portal.** This ensures all messages are secure and retained in your medical record. In addition, through your account on the Patient Portal you can view your lab results and schedule follow-up appointments.
- **Please do not e-mail or text health-related information and questions outside of the secure Patient Portal as e-mail and text can never be guaranteed to be confidential or secure.**
- **Patient Portal Messages:** Patient portal messages are for quick clarifications regarding your most recent treatment plan, but they are not a substitute for an appointment with Dr. Mohammadi. **For anything other than quick clarifications of your most recent treatment plan, such as new concerns or symptoms, medical or treatment plan changes, review of lab results, etc., please book a follow-up appointment.**
- Dr. Mohammadi will do his best to respond to Patient Portal messages within 2-3 business days, but response time is not guaranteed. Patient Portal messages are not for urgent needs.
- Dr. Mohammadi does not provide urgent or emergency care. ***If you need urgent assistance, please go to urgent care. If you need emergency assistance, please call 911.***

Supplement Ordering: To ensure patients have access to high-quality supplements, Dr. Mohammadi primarily recommends supplements through the online platform Fullscript. When you purchase products from the Thrive Wellness MD Fullscript platform, Thrive Wellness MD LLC also receives a small commission. You do not pay more and will also receive a discount off the retail prices. You are under no obligation to purchase supplements from the Thrive Wellness MD online Fullscript platform, and your decision as to where to purchase supplements and products will not affect your quality of care. Dr. Mohammadi only recommends supplements as necessary and appropriate to the individual patient and chooses to recommend through Fullscript because Fullscript controls for quality and counterfeiting.

AI Charting Software: To provide patients with the best care and attention, rather than focusing on typing, Dr. Mohammadi may utilize an AI transcription service designed for medical providers that transcribes the patient appointment for the medical chart. This is an AI transcription service designed specifically for medical practices with privacy and security protections in place and helps save your doctor time and allows your doctor to focus on you during your visit rather than on typing. But if you don't want it to be used for your appointments at any time, just let Dr. Mohammadi know, and he will turn it off and type chart notes manually.

Please sign below to acknowledge that you have read, understand, and agree to this Important Patient Information and Practice Policies.

Signature of Patient/Legal Representative

Date

Patient Name (print)

Representative Name/Relationship to Patient

Thrive Wellness MD LLC

FINANCIAL AND CANCELLATION POLICIES

A booking deposit equal to \$100 towards the cost of your appointment as well as valid credit card information on file is required upon booking your initial new patient appointment and all follow-up appointments. Please complete the Credit Card Authorization provided. Your credit card information will be held on file and is safely and securely stored into our encrypted merchant processing system, and we can only see the last 4 digits. ***Your credit card on file will be charged immediately after your appointments are over for the remainder of your appointment fee unless another valid form of payment is provided at that time.***

Services and Fees: The current fee schedule is outlined below *but is subject to change*. Fees for appointments do not include the cost of any laboratory testing or supplements. Lab interpretation and review requires a scheduled visit with Dr. Mohammadi at the normal appointment rates as noted below.

- New Patient Telemedicine 60-90 min: \$350
- Established Patient Telemedicine Follow-up Visit 30 min: \$150

Payment:

- We require a \$100 deposit payment be made upon booking each appointment. This goes towards the cost of the appointment. The remaining amount owed for your appointment is due in full at the conclusion of your appointment, and your credit card on file will be charged for the remainder of your appointment fee after your appointment is over unless another valid form of payment is provided at that time.
- **We accept all major credit cards, debit cards, and FSA/HSA cards. We do not accept any other form of payment at this time. A valid credit card must be maintained on file.**
- If payment is not made or if there is a chargeback or billing dispute, you understand that Thrive Wellness MD LLC is authorized to provide the necessary information to the credit card company about the scope of services provided to you as well as a copy of this signed form to obtain payment. Additionally, patients are responsible for the costs of collections and attorneys' fees if Thrive Wellness MD LLC must hire the services of a collection's agency and/or attorney to obtain payment.

No Insurance or Medicare:

- Thrive Wellness MD LLC is a fee-for-service business and is not contracted with any insurance carriers, and Dr. Mohammadi has opted out of Medicare. **Therefore, Thrive Wellness MD cannot and does not accept or bill insurance or Medicare or submit claims for any services provided.** All payment is due at the time of service and will be charged to your credit card on file at the conclusion of your appointment unless you provide another valid form of payment at such time.
- **Notice to Medicare Patients.** Dr. Mohammadi, MD has opted out of Medicare and cannot bill Medicare for any services provided. Please complete the Private Contract attached to acknowledge that you understand that Dr. Mohammadi has opted out of Medicare and you are responsible for payment in full for all services provided. Additionally, Medicare limits do not apply to the prices Thrive Wellness MD LLC may charge for services, and you may not submit a claim to Medicare or to ask us to submit a claim to Medicare for any services.
- **Superbills for PPO Plans:** Upon request, we can provide you with a statement showing your payment and a coded superbill that you may submit to your insurance company (**not Medicare**) for possible reimbursement at an out-of-network rate depending on your individual plan, **but we cannot guarantee whether or how much your insurance company will reimburse you for your appointments, and our**

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office does not communicate with insurance carriers on behalf of patients. Payment reimbursement is subject to your insurance plan. For those with HMO coverage, a claim cannot be submitted.

Lab Tests:

- Lab tests will be ordered through Fullscript without any mark-up. Patients will pay Fullscript directly for all lab testing. Fullscript will send you a payment link and you can pay through your Fullscript account.
- Fullscript lab testing is a **cash-pay service** and does not involve insurance reimbursement directly, nor does it provide superbills for retroactive claims. While Fullscript doesn't determine HSA/FSA eligibility, patients can check with their plan administrators to confirm if these accounts cover applicable lab tests. You will be responsible for the full cost of any testing ordered through the Fullscript platform.

Late Cancellation and Missed Appointment Policy:

- Currently Dr. Mohammadi is only seeing patients on Fridays. Therefore, **appointments must be cancelled by 5pm the day before (5pm on Thursday). For any late cancellations after 5pm on Thursday or missed appointments, Patients will forfeit the \$100 deposit. If you reschedule/cancel your appointment before 5pm on Thursday, your deposit can be refunded or used for a rescheduled appointment.**
- **Late Arrival Policy:** Dr. Mohammadi is committed to being on time with patients' appointments. **If you arrive late to your appointment, your appointment will end at the scheduled time, and you will be charged for the full length of the originally scheduled appointment. If you are more than 10 minutes late, your appointment will be cancelled, and you will forfeit the booking deposit.**

By signing below, you agree that you have read, understand, and agree to the terms of the Thrive Wellness MD LLC Financial and Cancellation Policies, accept full financial responsibility for services rendered at time of service, and you give Thrive Wellness MD LLC permission to charge your credit card as stated herein.

Signature of Patient/Legal Representative

Date

Patient Name (print)

Representative Name/Relationship to Patient

Thrive Wellness MD LLC

PRIVATE CONTRACT FOR MEDICARE BENEFICIARIES

(In compliance with 42 U.S.C. §1395a; 42 C.F.R. § 405, subpart D)

This Private Contract is entered into between Thrive Wellness MD LLC (“Thrive Wellness MD”) as well as Dr. Yousef Mohammadi, MD, and the patient named below (“Patient”) who is a Medicare Part B beneficiary seeking services that may be covered under Medicare Part B. **This is to inform the Patient that Dr. Mohammadi has opted out of the Medicare program. This means that neither the Patient nor Dr. Mohammadi or Thrive Wellness MD may submit bills to Medicare for any services provided by Dr. Mohammadi, and the Patient agrees to pay Thrive Wellness MD for the services provided by Dr. Mohammadi.**

The Patient therefore agrees, understands and expressly acknowledges the following:

- Patient accepts full responsibility for payment in full for all services provided by Dr. Mohammadi at Thrive Wellness MD’s standard rates and acknowledges that Thrive Wellness MD will not submit a Medicare claim for the services and that no Medicare reimbursement will be provided.
- Patient understands that no payment will be provided by Medicare for services furnished by Dr. Mohammadi that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim were submitted.
- Patient agrees not to submit a claim (or to request that Thrive Wellness MD submit a claim) to the Medicare program with respect to the services provided, even if covered by Medicare Part B, as this is prohibited by the Medicare program for a physician who has opted out.
- Patient acknowledges that neither Medicare’s fee limitations nor any other Medicare reimbursement regulations apply to charges for Dr. Mohammadi’s services.
- Patient acknowledges that Medi-Gap plans will not provide payment or reimbursement for the services because payment is not made under the Medicare program, and other supplemental insurance plans may likewise deny reimbursement.
- Patient acknowledges that he or she has a right, as a Medicare beneficiary, to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare, and that the patient is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted-out of Medicare.
- Patient is not currently in an emergency or urgent health care situation and understands that Thrive Wellness MD does not provide emergency or urgent care services.
- Patient acknowledges that this written private contract contains sufficiently large print to ensure that the beneficiary is able to read this contract.
- Patient acknowledges that this private contract has been provided to the Patient before services have been provided to the Patient and a copy of this contract has been made available to Patient.

Signature of Patient/Legal Representative

Date

Patient Name (print)

Representative Name/Relationship to Patient

Thrive Wellness MD LLC

CREDIT CARD AUTHORIZATION

Thrive Wellness MD LLC requires a credit card on file to hold your scheduled appointments. This credit card will be charged immediately after your appointment is over for the remainder of the full cost of your appointment fee unless another valid credit card is provided at the time.

Name of Cardholder: _____

Billing Address: _____

Phone Number: _____ Email: _____

Card Type: Visa ____ MasterCard ____ AMEX ____ Discover ____ Other ____

Last 4 Digits of Card Number: _____ Expiration Date: ____/____

Please sign below to acknowledge and agree to the following:

- I have read, understand, and agree to the terms of the Thrive Wellness MD LLC Financial and Cancellation Policies, and I accept full financial responsibility for services rendered at time of service. I understand this card will be charged for all appointment fees at the conclusion of my appointments unless I provide another valid and accepted form of payment at the time.
- I authorize Thrive Wellness MD LLC to charge my credit card as set forth in the Financial and Cancellation Policies, and I understand that my information will be saved for future transactions on my account.

Signature of Cardholder

Date

Cardholder Relationship to Patient (self or other relationship)

Thrive Wellness MD LLC

INFORMED CONSENT FOR INTEGRATIVE AND FUNCTIONAL MEDICINE

This Informed Consent for Integrative and Functional Medicine provides important information regarding the services and treatments being provided and should be carefully reviewed before beginning your work with Dr. Yousef Mohammadi, MD through Thrive Wellness MD. The purpose of this form is for Dr. Mohammadi to provide you with written information regarding the integrative and functional medicine treatments and the potential risks, benefits, and alternatives so that you may make an informed decision about whether to proceed. Please ask any questions you have regarding this document and Dr. Mohammadi's services before signing this form.

By signing below, I acknowledge and agree to the following:

As a patient I understand that I have the right to be informed about my health condition(s) and recommended treatment. This disclosure is to help me become better informed so that I may make the decision to give, or withhold, my consent as to whether to undergo care with Dr. Yousef Mohammadi, MD ("**Dr. Mohammadi**"), having had the opportunity to discuss the potential benefits, risks and alternatives involved.

No Primary Care; No Urgent or Emergency Care:

- **I understand that Dr. Mohammadi's practice is solely an integrative and functional medicine practice, and that Dr. Mohammadi is not acting as my primary care physician.**
- **I also understand that the services provided by Dr. Mohammadi are not intended to substitute for conventional medical care.** It is expected that I am under the care of a primary care physician or other licensed primary provider. I understand that I have been advised to continue care with my primary care physician and/or other primary care provider, and Dr. Mohammadi is not liable or responsible for the results or damage if I fail to do so.

I hereby request and consent to participate in integrative and functional medicine consultations with Dr. Mohammadi which may include the following services and recommended treatments ("**Integrative and Functional Medicine Treatments**"). I understand that methods of diagnosis and treatment may include, but are not limited to the following:

- **Exams and Consultation via Telemedicine and Lab Testing:** Including performing telemedicine (video) consultation and ordering and interpreting laboratory testing of blood, urine, stool, breath, and saliva.
- **Dietary Advice and Therapeutic Nutrition:** Including use of nutritional counseling, dietary plans, and nutritional supplements (with vitamins, minerals, and amino acids).
- **Botanical/Herbal Medicines:** Botanical substances and plant derivatives may be prescribed as teas, alcohol or glycerin tinctures, capsules, tablets, creams, or suppositories.
- **Pharmaceutical Medications:** Prescription medications may be prescribed as necessary.
- **Lifestyle Counseling:** Recommendations to promote improved lifestyle strategies relating to sleep, exercise and movement, stress management, and environment.

I understand the U.S. Food and Drug Administration has not approved dietary and herbal supplement products to treat specific diseases.

No Guarantees and Patient Responsibility: I understand that results from the Integrative and Functional Medicine Treatments are not guaranteed, and Dr. Mohammadi does not make any representations, promises, claims, warranties, assurances or guarantees that my medical problems or conditions will be helped or cured by any of the Integrative and Functional Medicine Treatments. I understand that as with all existing methods of diagnosis and treatment, the Integrative and Functional Medicine Treatments have both benefits and risks.

Potential Benefits: Restoration of health, mental and physical resilience, and the body's maximal functional capacity; relief of pain and symptoms of disease; assistance in injury and disease recovery; and prevention of disease or its progression.

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Potential Risks: Herbs and nutritional supplements are available over the counter and considered safe based upon their long history of use and when used as instructed. However, they may lack therapeutic effect or could cause allergic reactions or unpleasant side effects which could possibly range from mild to severe. Additionally, the interactions between herbs, and between herbs and medications are also not always thoroughly understood. While unlikely, and while Dr. Mohammadi is trained in many such interactions, it is possible to have an adverse reaction or experience a reduction or increase in the effect of other medications when taking herbs. These can have serious consequences for some medications, such as for the control of high blood pressure or blood sugar. I am aware that unforeseeable complications could occur, and that while Dr. Mohammadi will make every reasonable effort to screen for contraindications to care, I do not expect Dr. Mohammadi to be able to anticipate and explain all possible risks and complications.

Following Doctor Instructions: I understand it is extremely important that I follow Dr. Mohammadi's instructions with respect to dosing and administration of herbs, nutritional supplements, and prescription medications. **I understand that taking more than prescribed or recommended or self-treating with additional supplements or changing dosages of medications can be dangerous.**

Complete Medical History: I understand that some treatments may be inappropriate and unsafe if I have certain health conditions or take certain medications or supplements, whether prescribed or over-the-counter. For this and other reasons, I understand that it is vital that I truthfully and accurately disclose all health information requested by Dr. Mohammadi as well as keep Dr. Mohammadi updated as to any changes, including any new treatments or procedures I am undergoing. I understand that failure to do so may negatively affect my treatment outcome and the safety of any treatments I receive, and I understand that there shall be no liability on the part of Dr. Mohammadi should I fail to do so.

Notice Regarding Pregnancy and Breastfeeding: I understand that some treatments could present a risk during pregnancy and breastfeeding, and I agree that I will notify Dr. Mohammadi immediately if I am pregnant, become pregnant, am planning to become pregnant in the next 3 months, or if I am breastfeeding. Should I become pregnant, I will discontinue all herbs and supplements until I have consulted with Dr. Mohammadi.

By signing below, I certify that: I have read the foregoing Informed Consent for Functional Medicine, or someone has read it to me. I understand the potential risks, benefits and alternatives, and I have had the opportunity to ask questions, and my questions have been answered. I hereby voluntarily consent and agree to receive the Integrative and Functional Medicine Treatments as determined in my best interest by Dr. Yousef Mohammadi, MD, and I intend this Informed Consent to cover the entire course of my care with Dr. Mohammadi. I understand that I am free to withdraw my consent and to discontinue participation in the Integrative and Functional Medicine Treatments at any time, but that discontinuing consent does not remove past consent for therapy or treatments already consented to.

Signature of Patient/Legal Representative

Date

Patient Name (print)

Representative Name/Relationship to Patient

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INFORMED CONSENT FOR TELEMEDICINE

Because Dr. Yousef Mohammadi, MD currently conducts all consultations through Thrive Wellness MD via telemedicine, this form is to obtain your informed consent for telemedicine consultations with Dr. Mohammadi. This Informed Consent for Telemedicine is intended as an addition to the informed consent for integrative and functional medicine and does not change the terms of that informed consent.

Dr. Yousef Mohammadi, MD is a licensed physician in the States of Indiana and Arizona, which gives him the ability to practice medicine and diagnose and treat patients who are located in Indiana and Arizona.

Therefore, you must be present and physically located in Indiana or Arizona during your telemedicine consultations with Dr. Mohammadi.

Telemedicine involves the use of electronic communications to enable the doctor at a different location from the patient to share medical information with that patient. The information may be used for diagnosis, treatment, follow-up and/or education. During a telemedicine consultation, Dr. Mohammadi will be providing care to you via live two-way audiovisual electronic communications or telephone instead of in-person.

The interactive video connection and electronic communication system used by Dr. Mohammadi for the telemedicine consultations is HIPAA-compliant and designed to protect the confidentiality of patient data.

Expected benefits of a telemedicine consultation include:

- Dr. Mohammadi can provide care to patients who are located throughout Indiana and in certain regions of Arizona without patients having to travel to an office.
- More efficient medical evaluation and management.

Potential risks associated with the use of telemedicine include, but not limited to:

- There is the potential that conditions that could be diagnosed with an in-person visit may go undetected in a remote encounter especially because a full physical exam cannot be performed.
- The video connection may not work, or it may stop working during the consultation, or there may be other technical difficulties or failures during the consultation.
- The video picture or information transmitted may not be clear enough to be useful for the consultation or to allow for appropriate care. This may cause a delay in medical evaluation and treatment.
- Security protocols may fail, causing a breach of privacy of personal medical information and/or unauthorized access to the video connection during the consultation.
- Certain treatments that may be provided in person cannot be provided via telemedicine.

If the video connection is interrupted, please call the office.

By signing this Informed Consent to Telemedicine, you acknowledge and confirm that you understand and agree to the following with respect to telemedicine services:

1. I understand that telemedicine consultations do not replace the relationship between me and my primary care doctor. ***I understand that Dr. Mohammadi will not be my primary care provider and that I must maintain a primary care provider for in-person annual physical examinations and other diagnostic and screening procedures.***
2. I understand it is up to Dr. Mohammadi to determine whether my specific clinical needs are appropriate for a telemedicine consultation. I understand that I may be required to see a licensed provider for an in-person physical examination if Dr. Mohammadi determines in his professional judgment that I need to receive a more thorough physical examination or that the videoconferencing connections are not adequate for the situation or to provide appropriate care for any reason.
3. I understand that the federal and state laws that protect the privacy and confidentiality of health

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information also apply to telemedicine and all medical reports resulting from the telemedicine consultation are part of my medical record. I understand that there will be no recording of any of the online session and that all information disclosed within telemedicine sessions and in the written records pertaining to those sessions are subject to the same HIPAA privacy protections as in-person visits.

4. **For Arizona Patients:** I understand I am entitled to all existing confidentiality protections pursuant to A.R.S. § 12-2292 and federal law. I also understand all medical reports resulting from the telemedicine consultation are part of my medical record as defined in A.R.S. § 12-2291. I also understand dissemination of any images or information identifiable to me for research or educational purposes shall not occur without my consent, unless authorized by state or federal law. (Ariz. Rev. Stat. Ann. § 36-3602).
5. I understand that I am responsible for information security on my device, including but not limited to, computer, tablet, or phone. I also understand that I am responsible for using this technology in a private location with secure Internet connection so that others cannot hear my conversation.
6. I understand there is a risk of technical failures during the telemedicine encounter including difficulties with internet connectivity, hardware, software, equipment, and/or services supplied by a third party and that these technical failures are beyond the control of Thrive Wellness MD LLC. I understand Dr. Mohammadi cannot make any guarantee that such services will work as expected, and I agree to hold Dr. Mohammadi and Thrive Wellness MD LLC harmless for delays in evaluation or for information lost due to such technical failures.
7. I understand that alternatives to telemedicine consultation, such as in-person services are available to me, and in choosing to participate in a telemedicine consultation that some medical services may not be available.

By signing this Informed Consent for Telemedicine, I confirm and agree that: I have read this informed consent form, or someone has read it to me. I understand the contents of this form including the risks and benefits of the telemedicine consultation and my questions have been answered. I hereby give my informed consent to participate in telemedicine consultations with Dr. Yousef Mohammadi, MD, and I intend this informed consent to cover the entire course of my care with Thrive Wellness MD LLC.

Signature of Patient/Legal Representative

Date

Patient Name (print)

Representative Name/Relationship to Patient

Thrive Wellness MD LLC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE IS REQUIRED BY LAW AND DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Thrive Wellness MD LLC (“**Thrive Wellness MD LLC**,” “**we**,” “**our**” or “**us**”) provides service with respect for your personal information. Protecting your privacy and healthcare information is fundamental in the course of our relationship.

This Notice tells you about the ways we may collect, store, use and disclose your protected health information and your rights concerning your protected health information. “Protected health information” is information about you that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

Federal and state laws require us to provide you with this Notice about your rights and our legal duties and privacy practices with respect to your protected health information. We must follow the terms of this Notice while it is still in effect. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that are more stringent than the federal standards.

Uses and Disclosures of Your Protected Health Information

We may use and disclose your protected health information for different purposes. The examples below are illustrations of the different types of uses and disclosures that we may make without obtaining your authorization.

- **Treatment.** We may use and disclose your protected health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose protected health information to other doctors, healthcare providers, medical assistants, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.
- **Payment.** We may use and disclose protected health information so that we may bill and receive payment from you for the treatment and services you received. Additionally, if you submit a superbill to your insurance carrier, insurance companies may require that copies of your applicable medical records be sent with respect to your request for reimbursement of services already provided to you and paid for.
- **Health Care Operations.** We may use and disclose your protected health information in order to perform various operational activities of our business.
- **Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** We may use and disclose protected health information to contact you and to remind you that you have an appointment with us. We also may use and disclose protected health information to tell you about treatment alternatives or health-related services that may be of interest to you. We will not, however, send you communications about health-related or non-health-related products or services that are subsidized by a third party without your authorization.

Other Permitted or Required Disclosures

- **As Required by Law.** We must disclose protected health information about you when required to do so by law.
- **Public Health Activities.** We may disclose your protected health information to public health agencies for reasons such as preventing or controlling disease, injury or disability.
- **Victims of Abuse, Neglect or Domestic Violence.** We may disclose your protected health information to government agencies about abuse, neglect or domestic violence.
- **Health Oversight Activities.** We may disclose protected health information to government oversight agencies (e.g., state insurance departments) for activities authorized by law.

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- **Business Associates.** We may disclose protected health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- **Judicial and Administrative Proceedings.** We may disclose protected health information in response to a court or administrative order. We may also disclose protected health information about you in certain cases in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement.** We may disclose protected health information under limited circumstances to a law enforcement official in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.
- **To Avert a Serious Threat to Health or Safety.** We may disclose protected health information about you, with some limitations, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Other Uses or Disclosures with an Authorization: Other uses or disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke an authorization at any time in writing, except to the extent that we have already taken action on the information disclosed or if we are permitted by law to use the information.

Your Rights Regarding your Protected Health Information

You may have certain rights regarding protected health information that we maintain about you.

- **Right To Access Your Protected Health Information.** You have the right to review or obtain copies of your protected health information records, with some limited exceptions. Your request to review and/or obtain a copy of your protected health information must be made in writing. We may charge a fee for the costs of producing, copying and mailing your requested information, but we will tell you the cost in advance.
- **Right to Amend Your Protected Health Information.** If you feel that your protected health information maintained by Thrive Wellness MD LLC is incorrect or incomplete, you may request that we amend the information. Your request must be made in writing and must include the reason you are seeking a change. We may deny your request, if for example, you ask us to amend information that was not created by Thrive Wellness MD LLC, or you ask us to amend a record that is already accurate and complete. If we deny your request to amend, we will notify you in writing. You then have the right to submit to us a written statement of disagreement with our decision and we have the right to rebut that statement.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures we have made of your protected health information. The list will not include our disclosures related to your treatment, our payment or health care operations, or disclosures made to you or with your authorization. The list may also exclude certain other disclosures, such as for national security purposes. Your request for an accounting of disclosures must be made in writing and must state a time period for which you want an accounting.
- **Right to Request Restrictions on the Use and Disclosure of Your Protected Health Information.** You have the right to request that we restrict or limit how we use or disclose your protected health information for treatment, payment, or health care operations. *We may not agree to your request.* If we do agree, we will comply with your request unless the information is needed for an emergency. Your request for a restriction must be made in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit how we use or disclose your information, or both; and (3) to whom you want the restrictions to apply.
- **Right to Receive Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communication, you must make your request, in

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writing, to us. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

- **Right to a Paper Copy of This Notice.** You have a right at any time to request a paper copy of this Notice, even if you had previously agreed to receive an electronic copy.

As required by law, patient records will be kept for a period of at least seven (7) years after the date of the patient's last visit.

Health Information Security: Thrive Wellness MD LLC maintains physical, administrative, and technical security measures to safeguard your protected health information and requires any staff to follow such security policies and procedures as well as limits access to health information about patients to those individuals who need it to perform their job responsibilities.

Concerns: If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may file a complaint with us by contacting the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request. We support your right to protect the privacy of your protected health information. We will not retaliate against you or penalize you for filing a complaint.

Changes to This Notice: We reserve the right to change the terms of this Notice at any time, effective for protected health information that we already have about you as well as any other information that we receive in the future. We will provide you with a copy of the new Notice whenever we make a material change to the privacy practices described in this Notice. Any time we make a material change to this Notice, the new Notice will contain the new effective date.

You may always obtain a copy of our current Notice by any of the following means:

1. Contacting Thrive Wellness MD LLC by email.
2. Asking for a copy at the time of your next consultation.

If you have any questions or complaints, please contact:

Privacy Officer: Dr. Yousef Mohammadi, MD

Drmohammadi@thrivewellnessmd.com

(602) 345-0323

Effective October 1, 2025

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have been presented with a copy of the *Notice of Privacy Practices* for Thrive Wellness MD LLC, the integrative and functional medicine practice of Dr. Yousef Mohammadi, MD, detailing how my information may be used and disclosed as permitted under federal and state law and that I have read and understand such Notice.

Signature of Patient/Legal Representative

Date

Patient Name (print)

Representative Name/Relationship to Patient

Thrive Wellness MD LLC

CONFIDENTIAL CHANNEL COMMUNICATION REQUEST

As required by the Health Information Portability and Accountability Act of 1996 (HIPAA), you have a right to request that communications concerning your personal health information be made through confidential channels.

Outside of appointments, we will generally communicate with you through the ChARM patient portal if needed. However, the purpose of this document is to give Dr. Mohammadi and any of his staff permission to leave certain health information on your phone messaging service or other form of communication if needed, and for you to let us know your preferred method of contact.

Patient Name: _____

Date of Birth: _____

I hereby request the use of the following confidential channels for the communication of information related to my personal health and treatment, such as test results, appointment reminders and detailed treatment instructions, or payment for treatment.

- I want you to contact me by telephone at _____
- You can leave messages on my answering machine or voicemail.
- Do NOT leave messages on my answering machine or voicemail.
- Do NOT leave messages with any other person, except:
With _____ Relationship: _____

E-mail Newsletter: Would you like to be added to Thrive Wellness MD e-mail list in order to receive practice updates as well as health tips and resources to help you better understand your own hormone health? We will never SPAM or share or distribute the mailing list, and you will have the option to opt-out and unsubscribe at any time within every e-mail you receive.

Yes, please add me to the e-mail newsletter.

Signature of Patient/Legal Representative

Date

Patient Name (print)

Representative Name/Relationship to Patient