BOSTON SPORTS & BIOLOGICS

Patient Care Agreement and Release

I. Release of Information for Billing purposes

I agree that Boston Sports & Biologics PC ("BSB") may release to and receive from my insurer(s), third-party payers, billing vendors, clearinghouses, and other entities involved in billing and healthcare operations any information necessary for billing, collection, payment of claims, or verification of benefits. This includes my identity, diagnosis, prognosis, treatment information, progress notes, and other relevant medical records. Information may be transmitted electronically in accordance with HIPAA and BSB policies.

I understand that I may request copies of any records disclosed. I understand that any revocation of this authorization must be submitted in writing and does not apply to disclosures already made.

II. Assignment of Benefits

I authorize payment of medical benefits directly to BSB for all services rendered. If I am a Medicare beneficiary, I request that authorized Medicare benefits be paid to BSB on my behalf.
I understand that:

- I remain financially responsible for all charges not covered by insurance.
- If my insurer issues payment to me directly, I must forward it to BSB within 30 days.
- Any payer recoupment or denial after initial payment remains my responsibility.
- Overpayments from insurers may be applied to outstanding balances.
- Revocation of this assignment must be in writing and does not apply to services already rendered.

III. Financial Agreement

By signing this document, I agree to and understand the following:

- BSB will collect co-payments, co-insurance, deductibles, and outstanding balances at check-in.
- Payment for co-insurance or deductible amounts related to surgical procedures is due in advance.
- Estimates of financial responsibility are not guarantees of coverage.
- I am responsible for all non-covered services, including services deemed experimental, investigational, or not medically necessary.
- Non-covered services must be paid at the time of service.
- Any collection fees, attorney fees, or returned check fees are my responsibility.
- If required by BSB policy, I agree to maintain a valid credit card on file.

IV. Referrals

I understand that it is my responsibility to obtain a referral from my primary care provider (PCP) when required by my insurance plan.
I acknowledge that:

- Retroactive referrals are not guaranteed.
- Failure to obtain a required referral does not relieve me of financial responsibility.
- If I choose to receive services without required authorization, I am responsible for payment at the time of service.

V. Telephone Consumer Protection Act

I agree that BSB, its providers, and its agents may contact me using automated calls, text messages, emails, and secure patient portal messages regarding appointments, results, billing, outstanding balances, and other practice-related communications. These communications may be supported by AI-enabled tools.

I understand that I may opt out of non-essential communications by notifying BSB.

VI. Consent to Obtain Medication History

I authorize BSB to request and use my medication history, including current and past prescriptions, from other healthcare providers, pharmacies, and pharmacy benefit managers for treatment purposes. AI-enabled medication reconciliation tools may be used to support this process.

VII. Consent for Treatment

I consent to care and treatment by the physicians and staff of BSB. This includes, but is not limited to, diagnostic procedures, laboratory testing, imaging, examinations, rehabilitation, medical treatment, injections, and minor surgical procedures. I understand that:

- Care may be provided by supervised clinical staff, trainees, or scribes.
- Telehealth services may be used when appropriate.
- AI-enabled clinical tools may assist in documentation, clinical decision support, and workflow efficiency, but do not replace clinical judgment.

VIII. Consent for Use of Artificial Intelligence (AI) Tools

I understand and agree that Boston Sports & Biologics ("BSB") may use AI-enabled technologies to support clinical and administrative functions. These tools may include, but are not limited to:

- Clinical documentation assistance (e.g., generating or summarizing visit notes)
- Medical dictation or transcription tools
- Clinical decision-support systems
- Scheduling, messaging, or patient-communication tools
- Insurance authorization or benefits-verification tools

I understand that:

- AI tools do not replace the clinical judgment of BSB providers.
- All medical decisions are made solely by licensed clinicians.
- AI-generated content is reviewed and validated by BSB staff before becoming part of my medical record.
- AI tools used by BSB comply with applicable privacy and security requirements, including HIPAA.
- My Protected Health Information (PHI) may be processed by these tools only for purposes of treatment, payment, and healthcare operations.

I may ask questions about the use of AI tools at any time.

IX. Consent for Audio and/or Video Recording for Clinical and Operational Purposes

I understand and agree that BSB may use audio and/or video recording during my care for the following purposes:

- Accurate clinical documentation
- Quality assurance and staff training
- Enhancing the accuracy of AI-supported transcription or documentation tools
- Verification of clinical information

I understand that:

- Recordings are not used for marketing or public distribution.
- Recordings become part of my confidential medical record when clinically relevant.
- Recordings are stored securely in accordance with HIPAA and BSB policy.
- I may decline recording for non-clinical purposes, except where required for safety, compliance, or documentation integrity.

If I do not consent to recording, BSB will provide alternative documentation methods.

X. Notice of Privacy Practices Acknowledgement

I acknowledge that BSB has provided me with its Notice of Privacy Practices (NPP), which explains how my PHI may be used and disclosed, my privacy rights, and BSB's obligations. I understand that updated versions may be provided electronically and are available online.

XI. Document Acknowledgement

I certify that I have read and understand this Patient Care Agreement and Release. I agree to notify BSB of any changes to my insurance coverage, home address, or contact information within 48 hours. I understand that:

- I am not entitled to alter or modify this non-negotiable document.
- Electronic signatures are valid and binding.
- BSB may update its policies, and continued care constitutes acceptance of updated terms.

_____	_____	_____
Patient/Legal Representative Name (Print)	*Relationship*	*Date (MM/DD/YYYY)*

_____

Patient/Legal Representative Signature