

University of California-Davis Health System, Division of Infectious Disease (“UC-Davis”). All research projects conducted by UC-Davis are reviewed and approved through a special review process to protect patient safety, welfare and confidentiality. Your medical information may be important to research efforts and the development of new knowledge. We may use and disclose medical information for this purpose. On occasion, UC-Davis researchers or one of your health care providers may contact you about participating in a particular study. Your enrollment in any study is completely voluntary and enrollment can only occur if you have had the opportunity to ask questions, understand the study, and indicate your willingness to participate by signing a consent form. Other studies may be performed using information about your treatment without requiring informed consent. For example, a research study may involve comparing the health of patients who receive one medication to those patients on another treatment regimen.

Special Situations

9. **Public Health Risks.** We may disclose information about you for public health purposes. These purposes generally include the following:

- preventing or controlling diseases (such as cancer and tuberculosis), injury or disability;
- reporting vital events such as births and deaths;
- reporting child abuse or neglect;
- reporting adverse events or reactions related to foods, drugs, or products;
- notifying persons of recalls, repairs or replacements of products they may be using;
- notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
- notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and make this disclosure as required or authorized by law.

10. **Health Oversight Activities.** We may disclose medical information to governmental, licensing, auditing and accrediting agencies for activities authorized by federal and California law.

11. **Lawsuits and Other Legal Actions.** In connection with lawsuits or other legal proceedings we may disclose information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons or other lawful proceeding.

12. **Law Enforcement.** We may, when required by law, disclose your health information to a law enforcement official when complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

13. **Coroners, Medical Examiners and Funeral Directors.** We may, and are often required by law, to disclose your health information to coroners, medical examiners and/or funeral directors in order to assist these professionals with their investigation of death or to enable them to carry out their professional duties.

CODE OF CONDUCT

26 Community Health's goal is to provide safe environment for patients, visitors, and staff. One Community Health's standards of conduct require all patients, visitors and staff to treat each other with respect and comply with One Community Health policies regarding their behavior.

The following behavior at One Community Health is unacceptable and may result in the immediate and permanent disenrollment from all services:

1. Physical Assault: Direct physical contact with One Community Health staff and or patients with malicious intent to harm the individual.
2. Possession of weapons: Include but is not limited guns, rifles, knives, and explosive devices.
3. Forgery: Of medical documents including but not limited to prescriptions
4. Selling or gifting of prescribed medications or street drugs on One Community Health premises, or other drug seeking behavior; bringing illegal drugs, un-prescribed drugs, or alcohol into One Community Health.
Threats: Direct or indirect, specific verbal threats to cause physical harm to 26 Community Health patients, staff, visitors, or patient family members in the presence of One Community Health staff.
Theft of property: In possession of stolen property belonging to One Community Health patients, staff, visitors, or patient family members in the presence of 26 Community Health Staff.
7. Damage to property: To 26 Community Health patients, staff, visitors, or patient family members if intentionally inflicted and of a substantial nature.
8. Verbal assault: Abusive language to One Community Health patients, staff, visitors, or patient family members in the presence of One Community Health staff.
9. Intimidating behavior. On the part of patients regarding staff, other patients, or visitors on the One Community Health premises, threatening stance or posture, threatening tone of voice, threatening approach, and or other aggressive gestures constitutes intimidating behavior.
10. Sexual harassment:
Verbal: Epithets, derogatory or sexually oriented comments, questions or noises, sexually explicit jokes, etc.
Physical: Assault on an individual, unwanted touching, pinching, grabbing and poking.
Visual: Displaying on One Community Health property derogatory posters, cartoons or drawings.
Sexual Advances: Unwanted sexual advances.

Repeated incidents or actions of abusive and threatening behavior by individuals may result in the termination of One Community Health services to a patient.



FINANCIAL AGREEMENT

Dear One Community Health Patient:

This document sets forth One Community Health financial payment policy for medical services. Please read this document carefully. If you have any questions, please contact: Practice Manager at 916-914-6213. If you experience payment problems while you are a patient of One Community Health, we encourage you to contact us promptly for assistance in the management of your account.

Payment for Services

As a recipient of medical services at One Community Health, you are responsible for all charges incurred. Typically, full payment for services, including co-payment, old balances and deductible amounts are due at the time services are rendered. By signing this agreement, you agree to pay for the services you receive and understand that the determination of which services you receive is a decision to be made by you and your physician. If you have concerns about paying for your services, please contact One Community Health Practice Manager. For our non-insured patients, One Community Health has an established fee schedule for which you may qualify.

For insured patients, One Community Health will submit claims to your insurance either by electronic submission or mailing a paper claim. The claim will list services provided to you at the time of your visit. If your insurance company informs us that you are responsible for a copayment, deductible, share of cost, or in some cases an uncovered service, One Community Health will bill you directly.

If you receive a statement from One Community Health at any time, you will be expected to send payment to One Community Health within 30 days. If no payment is received in 30 days a second notice will be sent. If you would like to make payment arrangements on an outstanding balance call the One Community Health Billing Unit at 916-914-6210 or 916-914-6339.

Insurance

If you have medical insurance, we are eager to help you receive your maximum allowable benefit. In order to achieve this goal, we need your assistance and your understanding of our payment policy. We will gladly submit claims for your covered medical services to your insurance company. It is your responsibility to understand your coverage and benefits, including pre-existing conditions, referral, pre-determination and pre-authorization requirements. We will, however, assist you to ensure that all plan requirements are met.

By signing this agreement you acknowledge that, notwithstanding any contract that you may have with a third party payer (for example, an insurance company), you as a patient, have the primary responsibility and obligation to pay for the services received. While we will gladly discuss your proposed treatment and answer any questions relating to your insurance, under



the law your insurance is a contract between you and the insurance company. We are required by law to collect co-payments and deductibles from you and to forward certain information to your insurance plan.

Assignment of Insurance Benefits:

By signing this agreement, you specifically authorize your insurance company to pay One Community Health directly for insurance benefits and hereby assign such benefits. It is agreed that payment to One Community Health, pursuant to this authorization, by an insurance company shall discharge said insurance company of any and all obligations under a policy to the extent of such payment. You understand that as a patient of One Community Health, you are financially responsible for charges not covered by this assignment and that full payment is due at the time of service except if otherwise arranged or mandated by law.

Release of Information to Obtain Payment

By signing this agreement, you specifically authorize One Community Health to release any and all information or documentation to all parties related to obtaining your insurance benefits for claims submitted by One Community Health on your behalf. You further expressly agree and acknowledge that your signature on this document authorizes your provider and all necessary parties to submit claims to obtain benefits for services rendered without obtaining your signature on each and every claims and that you will be bound on that claim as if each claim was personally undersigned.



IMPORTANT PHONE NUMBERS AT ONE COMMUNITY HEALTH

For all Appointments (schedule/reschedule/cancel)	916-443-3299
Nursing Advice Line	916-914-6215
Pharmacy Refill Line	916-914-6291
Pharmacy	916-914-6256
Patient Financial Services	916-914-6360
Compliance Line	877-316-0213