



Compass Health: Patient Consents, Authorizations & Acknowledgments

Legally Binding Electronic Agreements

Effective Date: January 2025

Last Updated: December 16, 2025

IMPORTANT NOTICE – PLEASE READ CAREFULLY

Compass Health requires certain authorizations and consents to provide care coordination and healthcare navigation services.

Each authorization below is **presented separately** and requires your **affirmative consent**.

Your electronic acknowledgment and signature are **legally binding** and equivalent to a handwritten signature under the **ESIGN Act** and **Uniform Electronic Transactions Act (UETA)**.

Certain services may be unavailable if required authorizations are not granted.

1. HIPAA AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

Authorization

I hereby authorize **Health Compass, LLC (“Compass Health”)**, its employees, care coordinators, contractors, and affiliated network specialist physicians to **access, use, and disclose my Protected Health Information (PHI)** as permitted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Compass Health may act as a **care coordination service and, where applicable, as a Business Associate** to certain covered healthcare entities under HIPAA.

Authorized Uses and Disclosures

I authorize Compass Health to access, use, and disclose my PHI for the following purposes:

- Treatment, payment, and healthcare operations
- Coordinating care among multiple specialist providers
- Facilitating referrals and cross-specialty consultations
- Sharing relevant medical information to ensure seamless care coordination
- Maintaining electronic health records accessible only to authorized providers
- Communicating care recommendations and treatment plans between providers



Compass Health will make reasonable efforts to limit the use and disclosure of PHI to the **minimum necessary** to accomplish the intended purpose, in accordance with HIPAA requirements.

Information Authorized for Disclosure

This authorization includes, but is not limited to:

- Medical history and diagnoses
- Current and past medical conditions
- Medications, allergies, and immunizations
- Laboratory results, imaging, and diagnostic testing
- Treatment plans and provider recommendations
- Other health information reasonably necessary for coordinated care

Purpose of Disclosure

The purpose of this authorization is to:

- Provide coordinated specialist care
- Facilitate referrals and continuity of care
- Enable Compass Health's **expedited access guarantee**
- Support integrated care planning across providers

Nothing in this authorization guarantees specific medical outcomes, diagnoses, or treatment results.

Expiration & Revocation

This authorization remains in effect **until revoked by me in writing**.

I understand I may revoke this authorization at any time by submitting written notice to Compass Health. Revocation will not apply to information already used or disclosed in reliance on this authorization.

2. CONSENT TO ACT AS MY HEALTHCARE ADVOCATE

(Healthcare Representation Authorization)

Authorization

I authorize **Compass Health** to act as my **healthcare advocate and authorized representative** for administrative and care coordination purposes.

Authority Granted



This consent authorizes Compass Health to:

- Schedule appointments with network specialists
- Coordinate care between multiple providers
- Access and review my medical records from other healthcare providers
- Facilitate communication between specialists

Limitations of Authority

I understand and agree that:

- Compass Health does **not** provide medical advice, diagnosis, or treatment
- Compass Health does **not** replace my relationship with licensed healthcare providers
- This authorization does **not** create a medical agency, power of attorney, or fiduciary provider relationship
- Medical decisions remain solely between me and my licensed providers

Expiration

This authorization remains valid until revoked in writing.

3. CARE COORDINATION & NETWORK ACCESS AUTHORIZATION

Authorization

I authorize Compass Health to coordinate my care across its network of specialist providers, including:

- Cross-specialty consultations and second opinions
- Integrated treatment planning across multiple specialties
- Medication management coordination and interaction monitoring
- Emergency and urgent care coordination with priority access

I understand that Compass Health facilitates coordination but does **not** provide direct clinical care.

4. ELECTRONIC COMMUNICATION & PORTAL CONSENT

Electronic Communications Authorization

I consent to receive healthcare-related communications from Compass Health via:

- Secure patient portal messaging and notifications
- Email communications for appointment reminders and care updates
- Text/SMS messages for urgent communications and reminders
- Marketing information and communication



I understand that secure systems are used whenever available. I also acknowledge that certain communication methods (such as email or SMS) may carry minimal privacy risks.

I may update my communication preferences or opt out of non-essential communications at any time.

5. EMERGENCY & URGENT CARE COORDINATION AUTHORIZATION

Authorization

I authorize Compass Health to provide **priority care coordination** during emergency or urgent medical situations, including:

- Immediate coordination with network specialists
- Communication with emergency departments and hospital-based providers
- Sharing relevant medical information with emergency care teams

I understand and agree that Compass Health does **not** provide emergency medical services and is **not a substitute for calling 911 or seeking immediate emergency care.**

6. TERMS OF SERVICE & PRIVACY NOTICE ACKNOWLEDGMENT

Acknowledgment

I acknowledge that I have:

- Read and understand the **Compass Health Membership Agreement**
- Reviewed and received the **Notice of Privacy Practices**
- Had access to all documents prior to signing
- Had the opportunity to ask questions

I understand that Compass Health's services are administrative and coordination-based and do not constitute medical care.

