

Consulting Agreement

January 1, 2017

Description of Service:

Ryical Medical Consulting, LLC (“Ryical”) is a provider of fee-based services intended to assist clients in effectively communicating with their healthcare practitioners and to enhance understanding of diagnoses and treatment options.

Services Offered: As a client, Ryical offers you the following services and benefits:

Emotional and intellectual support to maximize communication with your treating health care specialists.

Assistance in identifying personal information such as key symptoms or signs that should be addressed with your physician, important aspects of medical and personal history, physical, psychological and social limitations and needs, the identification of prescription and nonprescription medications taken, known allergies, and principal concerns. Once identified, your consultant will help you to make sure this essential information is communicated to your treating physicians.

Assistance in completing a detailed personal history essential to your treating physician’s understanding of your individuality as a patient. Once Ryical obtains a comprehensive history, your consultant can complete forms on your behalf.

Help in capturing important information and data at the physician visit and provide detailed summaries including but not limited to findings, recommendations, algorithms, medications, possible outcomes and future treatment plans as explained by the treating physician. Your consultant will gain an appreciation of possible side effects, including those of a serious nature requiring immediate attention. With detailed notes, your consultant can help you to review your physician’s guidance later and to help assure you do not forget important information.

Accompany clients to doctor appointments, procedures, and surgeries, assist with scheduling appointments, coordinate care between doctors, and facilitate the transfer/sharing of information between doctors.

Assistance in understanding diagnoses, treatment options, risks, benefits, prognosis, outcomes, and the like, as discussed by your treating physician.

Simplifying and clarifying medical terminology and procedures.

Ryical does not provide clients with medical care or treatment, nor does Ryical Medical Consulting offer medical opinions or advise clients on appropriate medical care or treatment. The client is not entering a doctor patient relationship. Ryical Medical Consulting is not intended to replace appropriate care and treatment or discussion with one or more physicians regarding possible treatments or risks.

Please initial following each statement below to indicate that you understand and agree to the terms of Ryical's services:

I give permission for Ryical to act as a medical consultant on my behalf and to utilize my personal and protected information as authorized below. _____ (initials)

I understand that although my Ryical consultant may be a licensed physician, he or she is acting as a consultant to me, not as my doctor. Ryical, including my individual Ryical Consultant, is not responsible for information gathering and will not be recommending or performing any diagnostic or therapeutic procedures. My consultant is not considered a second opinion and will not evaluate or opine on the recommendations of my treating physician(s). I understand that Ryical will only function as a liaison between my personal healthcare provider(s) and me. _____ (initials)

I understand that I can terminate this consulting agreement with Ryical Medical Consulting services at any time during the course of my care without affecting my right to future services. _____ (initials)

I understand that alternative consulting services are available to me and that I may choose another service at any time. _____ (initials)

Personal Information: To provide you with the benefit of these services, Ryical must obtain sensitive, personal information from you. Such information is only obtained from you or with your express permission.

Information utilized in consultation may include but is not limited to any of the following: information you provide, your medical records and medical images, data acquired from interactions with medical professionals, and/or publicly available data.

Ryical understands that your privacy is important and protects your personal data consistent with the standards and requirements established under HIPAA, including ensuring that all electronic systems used incorporate security protocols to protect your confidential data.

Your responsibilities:

In order for Ryical to be able to help, you must provide complete and accurate information, communicate with Ryical, and keep your scheduled appointments. Please initial following each statement below to indicate that you understand and agree to your responsibilities:

I understand that Ryical Medical Consulting, LLC and its constituents are not responsible for gathering medical information and that it is my duty as the client to provide medical records and personal information to enable Ryical to assist and that I am responsible for any consequences that might occur due to omitted medical record and personal information. _____ (initials)

Please check below to indicate your communication preferences:

I give permission for Ryical and its constituents to discuss my personal information with me over the phone if need be. YES NO

I give permission for Ryical and its constituents to discuss my personal information with me via email if need be. YES NO

I give permission for Ryical and its constituents to discuss my personal information with my physicians or other treating healthcare specialist provided in the demographics and or below either in person, over the phone, by email or any other form of correspondence as requested by the treating specialist. YES NO

If you would like us to be able to discuss your personal information with a friend or family member, please complete the information below:

I give permission for Ryical and its constituents to discuss my personal information with the individuals listed below, either in person, over the phone or via other written agreed upon means of communication. YES NO

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

If you would like us to be able to discuss your personal information with ALL of your healthcare provider(s), please complete the information below:

I give permission for Ryical and its constituents to discuss my personal information with each and every healthcare provider(s) involved in my care, either in person, over the phone or via other written agreed upon means of communication. YES NO

If you would like us to be able to discuss your personal information with specific healthcare provider(s), please complete the information below:

I give permission for Ryical and its constituents to discuss my personal information with the healthcare provider(s) listed below, either in person, over the phone or via other written agreed upon means of communication. YES NO

Name: _____ Specialty: _____

Name: _____ Specialty: _____

Name: _____ Specialty: _____

Missed or cancelled appointments:

I understand that appointments cancelled less than 24 hours in advance will incur the equivalent of a one hour consultation fee. _____ (initials)

Please sign and date below to indicate your acceptance of this Consulting Agreement:

By signing below I confirm that I understand the information provided to me above. I have been given the opportunity to ask questions and make comments all of which were answered and addressed to my satisfaction and understanding.

Client Name (please print): _____

Signature: _____ Date: _____

If the client is a minor, please complete the following:

I give consent for Ryical Medical Consulting, LLC to consult with me and the client named above, for whom I am personally and legally responsible. I understand that I must be present at all times during consultation.

Client's Name (please print): _____

Name of Parent/Legal Guardian: (please print): _____

Relationship to Client: _____

Signature: _____ Date: _____