



Consent to Services Agreement

MEMBER/PATIENT NAME: _____ **Date:** ____/____/____

WHAT ARE THE SERVICES AVAILABLE TO ME? Wayspring, through Highmark Health Options, offers to help guide you in your health journey. Services available to you may include:

- connection to foundational health services (e.g., Highmark Health Options case management, primary care provider)
- transition services
- peer recovery support
- access to a recovery referral community
- other community-based resources

CONSENT TO SERVICES:

- I voluntarily agree to receive services provided by Wayspring and its team members.
- I understand Wayspring is providing the services at no cost to me through Highmark Health Options.
- I received a copy of Wayspring's Notice of Privacy Practices for Wayspring's Solutions.
- I understand that Wayspring may need to receive medical information about my diagnostic procedures, examinations, and treatment from my healthcare providers.
- I consent to the use and release of my medical information when needed for treatment, payment, and healthcare operations, as permitted by HIPAA and state law.
- I understand photographs, digital, and/or other images may be recorded for service purposes, and in that event, will be protected consistent with applicable federal and state law.
- I understand that no promises, warranties or guarantees have been made to me about the services offered.

I understand that this Consent to Services is active while services are provided to me by Wayspring unless I tell Wayspring in writing that I no longer want to be a part of the program.

For further information or questions on this consent form, please contact us at (615) 345-3555.

My signature below shows that I understand and agree with the above information and give consent for Wayspring's Services.

Date

Signature of Member or Member's Legal Representative

Signer's Printed Name

If signed by Member's Legal Representative, description of Legal Representative's relationship to Member:

We want to be able to reach you when you are receiving Wayspring's services.

May we contact you by:

Phone?

May we leave a voicemail for you that identified Wayspring as the caller?

If yes, may we leave a detailed message that could directly refer to sensitive condition information such as mental health and/or substance use disorder?

YES
 NO

YES
 NO

YES
 NO

Secure Email?

YES
 NO

Text message?

YES
 NO

If yes to Text, may we send a message with sensitive condition protected health information (PHI)? You acknowledge your protected health information, including information regarding sensitive behavioral/mental health conditions and/or substance use disorder, will be sent unencrypted and there is a risk of interception or disclosure of the contents. Messages will be sent periodically and are subject to the Wayspring SMS Texting Terms and Conditions which may be read at <https://wayspring.com/member-privacy-and-consent-documents>

YES
 NO

Member Contact Information:

Name: _____ Email: _____

Mobile Phone: _____ Other Phone: _____

Mailing Address: _____

Please provide emergency contact(s) below:

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

Electronic Communications

- By giving my mobile number and/or email address below, I agree to let Wayspring send me text messages and/or emails about the Services. Messages will be sent periodically and are subject to the Wayspring SMS Texting Terms and Conditions which may be read at <https://wayspring.com/member-privacy-and-consent-documents>
- Specifically, I agree to get the types of text messages and/or emails checked in this Consent Form.
 - Periodic check-ins as peer support
 - Scheduling and logistics support in care coordination
 - Providing information and access to relevant community resources
- I understand that I can opt out of getting text messages from Wayspring at any time. To do so, I can reply "STOP" to each type of messages I have enrolled in.
- I understand that I can opt out of getting emails from Wayspring. To ask to do so, I can reply to any email received from Wayspring asking to "STOP" or "Unsubscribe". I can also call Wayspring Member Services department.
- I agree to get text messages and/or emails by or for Wayspring on an ongoing basis. I understand that how often I get these communications may vary.
- I understand that Wayspring will not charge me fees to get or send text messages or emails about the Services. But I also understand that message and data rates may apply.
- I know that delivery of text messages and emails depends on my cellular and internet service providers and Wayspring is not responsible for any delays that may happen.
- Unencrypted text messages and emails carry certain risks. I understand that text messages and emails about the Services may be sent unencrypted. These text or emails may contain my protected health information. This could include sensitive information about my mental health and/or substance use disorder. If so, there's a risk that the messages may be intercepted or viewed by an unauthorized third party.
- Providing my mobile number and/or email address below means I accept these risks.
- If I need help or want to learn more about text messages and emails related to the Services, I know I can contact Wayspring's Compliance Team. I can email them at compliance@wayspring.com. I can also call them at 888-483-2403.

