Archangel Michael Health

Patient Registration

PAPER FORM

Christopher L. Bray, MD, PhD, CPE, FACP — board-certified in Internal and Integrative Medicine

Version v2026.07.02 · Effective June 11, 2026

> **Prefer to register online?** Our online registration form at https://archangelmichaelhealth.com collects everything in this paper packet in one sitting. This paper version is offered for patients who do not use a computer or simply prefer paper. Either way, registration is complete only when every signature in the packet is returned. **Need help?** Call 352-441-9110 — we will gladly complete this form with you by phone and mail it for signature.

This packet contains: (1) this Registration form; (2) Medical History form; (3) Communications & Records-Access Consent; (4) Telehealth Informed Consent — Multi-State; (5) Financial Agreement & Payment Policies; (6) Notice of Privacy Practices; (7) Practice Policies & Acknowledgments. Sign where each document indicates. Patients under 18 also need the separate *Consent to Treat a Minor & Minor Assent* form; Medicare beneficiaries also need the *Medicare Private Contract* (we will provide it before any service).

1. Who Is Completing This Form?

The patient's own answers and signature are required unless a parent, legal guardian, or other legal representative has authority to act for the patient.

- ☐ I am the **patient**, completing this form for myself
- ☐ I am **helping the patient** — the patient is with me, is directing the answers, and will sign personally
- ☐ I am the patient's **parent, legal guardian, or legal representative**, with legal authority to consent for the patient

IF HELPING, OR SIGNING AS LEGAL REPRESENTATIVE — YOUR NAME _____

RELATIONSHIP TO PATIENT _____

Basis of legal authority (representatives only):

- ☐ Parent of minor (under 18)
- ☐ Court-appointed guardian
- ☐ Healthcare power of attorney
- ☐ Healthcare surrogate
- ☐ Other: _____

Representatives attest that they hold current legal authority to make healthcare decisions for the patient, will provide documentation of that authority on request, and will notify the practice promptly if that authority ends or changes. A person who only assists does not sign for the patient — the patient signs personally.

2. Patient Demographics

We need this information to register you as a patient in our electronic health record system, Athena Health.

LAST NAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH

STREET ADDRESS

APARTMENT / SUITE / UNIT

CITY

STATE

ZIP

Any US address is accepted, but the patient must be physically located in FL, GA, TX, AZ, NC, TN, or NH at the time of each physician visit.

CELL PHONE

HOME PHONE

Preferred phone: ☐ Cell ☐ Home ☐ No phone available/preferred

E-MAIL ADDRESS

EMERGENCY CONTACT (NAME, RELATIONSHIP, PHONE)

Biologic/birth sex: ☐ Female ☐ Male ☐ Prefer not to say

GENDER IDENTITY / PRONOUNS (OPTIONAL)

Race, ethnicity, and marital status are standard demographic fields in your medical record. If you prefer not to answer, check “Prefer not to answer” — we record it as “Patient Declined.”

Race (all that apply):

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other
- ☐ Prefer not to answer

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer

Marital status:

- ☐ Single
- ☐ Married
- ☐ Partner (domestic partnership / significant other)
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Prefer not to answer

RESPONSIBLE PARTY (REQUIRED IF PATIENT IS UNDER 18 OR HAS A LEGAL GUARDIAN/HEALTHCARE POA)

Languages for healthcare communication (all that apply): ☐ English ☐ Spanish ☐ Other: _____

OTHER PHYSICIANS, PCPS, SPECIALISTS, AND PROVIDERS INVOLVED IN YOUR CARE

PREFERRED PHARMACY — LOCAL AND/OR MAIL ORDER (NAME AND STREET/CITY; MARK ANY MAIL-ORDER PHARMACY "MAIL ORDER")

ADVANCE DIRECTIVES, LIVING WILL, OR HEALTHCARE POWER OF ATTORNEY? (YES/NO — IF YES, DESCRIBE)

3. Medicare

Are you a Medicare beneficiary? ☐ Yes ☐ No

Dr. Bray has opted out of Medicare. Medicare beneficiaries are welcome as members, but federal law requires a signed **Medicare Private Contract BEFORE any service**, including the initial record review. If you checked Yes, we will provide the contract for signature before your enrollment is completed. Medicare will not pay or be billed for our services; prescriptions remain eligible for Part D.

ACCURACY ATTESTATION & SIGNATURE

I attest that the information on this Registration form is current, true, and complete to the best of my knowledge; that I am the patient or the patient's legal representative identified in Section 1; and that I have received the remaining documents in this packet for review and signature.

PATIENT SIGNATURE	PRINTED NAME	DATE
PARENT / GUARDIAN / LEGAL REPRESENTATIVE SIGNATURE (IF APPLICABLE)	PRINTED NAME & RELATIONSHIP / AUTHORITY	DATE

RECEIVED BY (PRACTICE STAFF)	DATE

Archangel Michael Health, PA · Patient Registration (Paper) · v2026.07.02 · Paper equivalent of Sections 1–4 of the online registration form. The online form is the controlling template; this paper form is updated in step with it.

Archangel Michael Health

Medical History — Paper Form

Christopher L. Bray, MD, PhD, CPE, FACP — board-certified in Internal and Integrative Medicine

Version v2026.07.02 · Effective July 2, 2026

You choose how much history to provide today. Everyone completes **Part 1 — Essentials** (about 5 minutes). Parts 2 and 3 are optional now: whatever you skip will simply be collected before or during your first visit. The more you share now, the better prepared Dr. Bray will be. Your answers go only into your encrypted medical chart.

Part 1 — Essentials (everyone)

Allergies

☐ No known drug or other allergies ☐ I have allergies (list below)

ALLERGY (MEDICATION, FOOD, LATEX, ENVIRONMENTAL)	REACTION	SEVERITY (MILD/ MODERATE/SEVERE)	YEAR STARTED

Current medications — including over-the-counter medicines, vitamins, and supplements (write NONE if none)

MEDICATION	STRENGTH	HOW YOU TAKE IT (E.G., 1 TABLET TWICE DAILY)

Current or ongoing medical conditions (write NONE if none)

CONDITION	YEAR IT BEGAN

ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR HEALTH RIGHT NOW?

Required safety screening — check all that apply, or "None of the above" if none apply

- ☐ Does anyone, including family and friends, physically hurt you?
- ☐ Does anyone, including family and friends, insult or talk down to you?
- ☐ Does anyone, including family and friends, threaten you with harm?
- ☐ Does anyone, including family and friends, scream or curse at you?
- ☐ Over the last 2 weeks, have you been bothered by — little interest or pleasure in doing things?
- ☐ Over the last 2 weeks, have you been bothered by — feeling down, depressed or hopeless?
- ☐ Have you ever been hit, slapped, kicked, or otherwise physically hurt by your male partner?
- ☐ Have you ever been forced to have sexual activities?
- ☐ None of the above

Done for now? You may stop here — sign the last page and we will collect the rest before or at your first visit. Otherwise, continue to Part 2.

Part 2 — Standard History (optional now)

Past medical conditions — check YES for any you have ever had; leave blank for No

- ☐ AIDS/HIV
- ☐ Anemia
- ☐ Anxiety
- ☐ Arthritis
- ☐ Asthma
- ☐ Bleeding Disorder
- ☐ Cancer
- ☐ Cerebrovascular Disease
- ☐ Chronic Ear Infections
- ☐ Chronic Pain
- ☐ Congestive Heart Failure (CHF)
- ☐ COPD
- ☐ Coronary Artery Disease
- ☐ COVID
- ☐ Depression
- ☐ Diabetes
- ☐ Difficulty Swallowing
- ☐ Diverticulitis
- ☐ Fatigue
- ☐ Fibromyalgia
- ☐ Gout
- ☐ Heart Disease
- ☐ High Cholesterol
- ☐ Hypertension
- ☐ Hyperthyroidism
- ☐ Hypothyroidism
- ☐ Interstitial Cystitis
- ☐ Irritable Bowel Syndrome
- ☐ Kidney Disease
- ☐ Kidney Stones
- ☐ Liver Disease
- ☐ Meniere's Disease
- ☐ Mental Disorder
- ☐ MRSA Exposure
- ☐ Obesity
- ☐ Osteoporosis
- ☐ Pain (other than chronic pain)
- ☐ Peptic Ulcer
- ☐ Pulmonary Embolism
- ☐ Reflux/GERD
- ☐ Somatic Symptom Disorder
- ☐ Stroke
- ☐ Tuberculosis
- ☐ Vestibular Dysfunction

OTHER PAST CONDITIONS, AND DETAILS FOR ANYTHING CHECKED (YEAR DIAGNOSED, TREATMENT, RESOLVED OR ONGOING):

Surgeries and procedures (write NONE if none)

PROCEDURE	YEAR	HOSPITAL / FACILITY

Family history (blood relatives: parents, siblings, children, grandparents)

☐ First-degree relatives have no significant known conditions ☐ I do not know my family history (e.g., adopted) ☐ Listed below

CONDITION	RELATIVE	AGE IT STARTED	LIVING / DECEASED

Especially important: heart disease, cancer (type), diabetes, stroke, high blood pressure, mental illness, and any condition in more than one relative.

Substance use — asked of every patient, without judgment

Tobacco smoking	☐ Never ☐ Former ☐ Current — some days ☐ Current — every day
If former or current — smoking details	Age started _____ Age quit (if former) _____ Avg. packs/day _____
Vapes/e-cigarettes or chewing tobacco	☐ Never ☐ Formerly ☐ Currently
If former or current — type, how much per day/week, and for how many years	_____
Alcohol	☐ None ☐ Occasional (≤1 drink/week) ☐ Moderate (≤1/day women, ≤2/day men) ☐ More than moderate
Marijuana	☐ Never ☐ Formerly ☐ Currently — medical (MMUR/state program) ☐ Currently — non-medical
If former or current — form (smoked, vaped, edible), how much, how often, and for how many years	_____

Other recreational/illicit drugs, or prescription medications used nonmedically	☐ Never ☐ Formerly ☐ Currently
If current or former — which substances, how much, how long; times used in the past year	_____
Caffeine	☐ None ☐ 1–2 drinks/day ☐ 3–4/day ☐ 5+/day

Done for now? You may stop here and sign the last page — or continue to Part 3 (lifestyle, daily living, relationships, advance-care planning, implanted devices, preventive health maintenance, and women's health).

Part 3 — Full History (optional now)

Home, education & work

Housing	☐ Own ☐ Rent ☐ With family/friends ☐ Assisted living/facility ☐ Unhoused/temporary ☐ Other
Household members, pets & support system — who lives with you; how long at your current home	_____
How hard is it to pay for basics (food, housing, medical care, heating)?	☐ Not hard ☐ Somewhat hard ☐ Very hard
Caregiver for someone else?	☐ Yes ☐ No
Do you feel safe at home?	☐ Yes ☐ No ☐ Prefer to discuss privately
Smokers in household / secondhand smoke?	☐ Yes ☐ No
Guns in the home? (safety counseling only)	☐ Yes ☐ No ☐ Prefer not to say
Working smoke & CO detectors?	☐ Yes ☐ No ☐ Not sure
Chemical/toxin/heavy-metal exposure?	☐ Yes ☐ No ☐ Not sure
If exposed — what, where, how long	_____
Highest education	☐ Less than high school ☐ High school/GED ☐ Some college ☐ Associate ☐ Bachelor's ☐ Graduate/professional
In school?	☐ Yes ☐ No
Employed?	☐ Yes ☐ No ☐ Retired
Occupation (current or former)	_____

PAST AND CURRENT EMPLOYMENT — JOBS AND INDUSTRIES, AND ANY WORKPLACE EXPOSURES (CHEMICALS, DUST, ASBESTOS, LOUD NOISE, RADIATION)

PAST / CURRENT HOBBIES

Daily living — do you have difficulty with any of the following? (check all that apply)

- ☐ Caring for yourself independently
- ☐ Walking without assistance or an assistive device
- ☐ Seeing (even with glasses)
- ☐ Hearing (even with hearing aids)
- ☐ Concentrating, remembering, or making decisions
- ☐ Walking or climbing stairs
- ☐ Dressing, bathing, grooming, or toileting
- ☐ Doing errands alone
- ☐ Managing your medications
- ☐ Using a phone
- ☐ Housekeeping and/or laundry
- ☐ Handling finances
- ☐ Transportation (getting where you need to go)
- ☐ None of these

Dominant hand: ☐ Right ☐ Left ☐ Ambidextrous

Diet, exercise & lifestyle

Able to eat regular meals?	☐ Yes ☐ No
Diet you follow, and any dietary restrictions (write "No special diet" if none)	_____
Light exercise (walking, housework)?	☐ Yes ☐ No
Moderate/heavy exercise (brisk walk, jogging, strength)?	☐ Yes ☐ No
Types of exercise/sports and how often	_____
Sleep habits — regular or irregular, how many hours, sleep time/wake time, any recurrent problems	_____
Other health routines — for example sauna, meditation, cold plunge, infrared, salt room, cleanses, fasting	_____
Do you feel stressed (tense, restless, anxious, can't sleep)?	☐ Not at all ☐ Somewhat ☐ Quite a bit ☐ Very much
Seat belt routinely?	☐ Yes ☐ No
Helmet when biking?	☐ Yes ☐ No ☐ I don't bike
Sunscreen routinely?	☐ Yes ☐ No

Which non-pharmaceutical approaches appeal to you? (check all that apply)

- ☐ Nutrition/Dietary
- ☐ Exercise/Gym/Sports/Physical Activities
- ☐ Chiropractic care
- ☐ Acupuncture
- ☐ Yoga
- ☐ Sauna
- ☐ Social Connection/Group Visits/Group Events
- ☐ Meditation
- ☐ Spiritual Practices
- ☐ Supplements
- ☐ None of the above

Relationships & sexual health (standard EMR social history; answer what you are comfortable with — marital status is collected on the Registration form)

Number of children	_____
Sexually active?	☐ Yes ☐ No ☐ Prefer not to answer
Do you feel safe in your relationship?	☐ Yes ☐ No ☐ N/A ☐ Prefer to discuss privately
Current contraceptive (birth control) method, if any	_____
Pregnancy status	☐ Not pregnant ☐ Pregnant ☐ Unsure ☐ N/A
Future pregnancy plans	☐ Within a year ☐ Someday ☐ No ☐ Unsure ☐ N/A
Discuss contraception/pregnancy prevention at your visit?	☐ Yes ☐ No ☐ N/A

Advance care planning & implanted devices

ITEM	YES	NO	NOT SURE
I have an advance directive document			
I have a living will / directive to physicians			
I have an out-of-hospital Do-Not-Resuscitate (DNR) order			
I have a medical power of attorney for healthcare			
I have a designated patient advocate			
Blood transfusion is acceptable to me in an emergency			

If you have any of these documents, please send copies so they can be filed in your chart.

IMPLANTED DEVICES (PACEMAKER, JOINT REPLACEMENT, STENT, IUD, PUMP, MESH… — DEVICE, SITE, SIDE, YEAR, STILL IN PLACE? WRITE NONE IF NONE):

Preventive health maintenance

Last colon cancer screening — colonoscopy or Cologuard? When; any concerns in the findings? (average risk: ages 45–75)	
Last breast cancer screening — mammogram, breast ultrasound, clinical breast exam, and/or thermography? (female patients, average risk: ages 40–75)	
Last cervical cancer screening — Pap smear, HPV swab, or pelvic exam? (female patients, average risk: ages 21–65)	
Last prostate cancer screening — PSA, 4K Test, digital rectal exam, or prostate MRI? (male patients, shared decision-making: ages 55–70)	
Any other or alternative cancer screening tests — such as Galleri (GRAIL), CancerSEEK (Exact Sciences), Shield (Guardant)?	
Seen a dentist for regular cleaning, maintenance, and care in the past 2 years?	☐ Yes ☐ No
Seen an eye doctor for regular screening of glaucoma, cataracts, macular degeneration, and vision acuity in the past 2 years?	☐ Yes ☐ No

Have you had any of the following? (check all that apply)

- ☐ DEXA (bone density) screening for osteoporosis
- ☐ AAA ultrasound screening for aortic aneurysm
- ☐ CT Low-Dose Chest for lung cancer screening
- ☐ CT Calcium Scan (Coronary Calcium Score) for ischemic heart disease screening
- ☐ Cardiac Echo for heart failure screening
- ☐ ECG/EKG for atrial fibrillation screening
- ☐ HIV or Hepatitis C virus screening
- ☐ Sexually transmitted infection (STI/STD) asymptomatic screening
- ☐ Other

FOR ANYTHING CHECKED ABOVE — WHEN WERE THESE COMPLETED? ANY CONCERNS IN THE FINDINGS?

Do you use or require any assistive devices? (check all that apply)

- ☐ Wears glasses for reading
- ☐ Wears glasses for distance
- ☐ Low vision / legally blind
- ☐ Requires hearing aid / audio amplification
- ☐ Deaf — sign language required
- ☐ Requires cane or walker for ambulation
- ☐ Requires a wheelchair or scooter
- ☐ G-tube or GJ-tube for feeding

MOST RECENT BLOOD WORK (LAB TESTS) — WHEN, AND ANY KNOWN RESULTS (LIPID PANEL, GLUCOSE, HBA1C, KIDNEY FUNCTION, LIVER FUNCTION, CBC, URINALYSIS, URINE MICROALBUMIN)

Women's health (gynecologic & obstetric) — complete if applicable; otherwise skip

Date of last menstrual period (or N/A)	_____
Period monthly?	☐ Yes ☐ No ☐ N/A
Flow	☐ Light ☐ Moderate ☐ Heavy ☐ N/A
Cycle (days between periods / days of flow)	_____
Age at first period	_____
If postmenopausal, age at menopause	_____
Total pregnancies (write 0 if never)	_____
Full-term births	_____
Premature births	_____
Living children	_____
Pregnancy losses (miscarriages, induced abortions, ectopics — how many, when)	_____

FOR EACH PREGNANCY — YEAR, OUTCOME, DELIVERY TYPE, BABY'S WEIGHT, COMPLICATIONS:

SIGNATURE

The history provided on this form is true and complete to the best of my knowledge. I understand the practice will collect any sections I skipped before or during my first visit.

Parts completed: ☐ Part 1 — Essentials ☐ Part 2 — Standard ☐ Part 3 — Full

PATIENT (OR LEGAL REPRESENTATIVE) SIGNATURE

PRINTED NAME

DATE

RECEIVED BY (PRACTICE STAFF)

DATE

Archangel Michael Health, PA · Medical History (Paper) · v2026.07.02 · Paper equivalent of the online registration form's tiered medical history (Sections 17–25). The online form is the controlling template; this paper form is updated in step with it.

Archangel Michael Health

Communications & Records-Access Consent

Christopher L. Bray, MD, PhD, CPE, FACP — board-certified in Internal and Integrative Medicine

Version v2026.07.02 · Effective June 10, 2026

Purpose

This form records two sets of choices that are normally captured during online registration: (1) how we may communicate with you, and (2) whether we may retrieve and share your medical records electronically. Every consent on this form is **voluntary**, is **never a condition of treatment**, and may be changed or revoked at any time by any reasonable means (portal message, phone, email, or in writing); we honor opt-out requests within 10 business days. Your choices are recorded in the Privacy and communication-preference settings of your Athena Health registration.

1. Communication Consent

The **Athena Health Patient Portal** is always our primary, secure channel for clinical messages, results, and records — it requires no opt-in. I consent to receive communications from Archangel Michael Health, PA regarding my care, scheduling, and account via each method I have checked below:

- ☐ **Text message (SMS):** appointment reminders & care communications. Message frequency varies; message/data rates may apply; reply STOP at any time to cancel, HELP for help. Clinical texting is secured by a one-time passcode plus a PIN that expires every 15 minutes. Standard SMS is **not fully secure**; we discourage it for sensitive clinical content.
- ☐ **Email:** a channel we use routinely for your medical care — clinical questions and answers, care plans, visit summaries, test-result discussions, and records you request — plus appointment reminders/confirmations (via the Athena Health system, with my permission), billing information, and optional practice updates/newsletters (separate opt-out available). Emails containing health information are sent **encrypted** via the Microsoft secure-message portal (a one-time code may be required to open them); messages without health details may arrive as standard email.
- ☐ **Phone calls & voicemail:** direct communication with the practice regarding clinical matters, scheduling, or urgent issues, including brief voicemails with the practice name and a callback number. Calls to the office may be answered by an AI conversational assistant that identifies itself as an AI and does not retain call recordings.

- ☐ **Microsoft Teams secure chat:** fully secure, HIPAA-supported messaging under our Microsoft business associate agreement — our recommended alternative to SMS for sensitive content. The practice will help you set it up.
- ☐ **Physical US Postal Service (USPS) mail:** formal documents, letters, or if other methods fail.

1a. Automated Reminders — Explicit Opt-In

I consent to receive **automated** appointment reminders and related notifications (for example, notice of a new portal message) through the Athena Health platform via each method checked below. I understand I am never opted in automatically; consent to automated messages is never a condition of treatment or of purchasing any service; automated calls may use a prerecorded or AI-generated voice that identifies itself; and I may manage or revoke these preferences at any time via the Patient Portal, by phone, or at check-in.

- ☐ Automated text-message reminders (reply STOP to cancel at any time)
- ☐ Automated email reminders
- ☐ Automated phone-call reminders (may use a prerecorded or AI-generated voice)
- ☐ **I DECLINE all automated reminders**

1b. Preferred Method for Routine, Non-Urgent Contact (choose one)

☐ Athena Patient Portal (secure) ☐ Text message ☐ Email ☐ Phone call ☐ Microsoft Teams ☐ USPS mail

2. Medical Records & Data Sharing

To care for you safely, we gather your existing medical records electronically whenever possible. You control each permission below. If you decline, we can still treat you, but automated record retrieval will be limited and we may ask you to sign a paper records-release form instead. Check **YES or NO for each item**:

2a. CommonWell & Carequality Data Sharing for Treatment Purposes

Allows the practice, through the athenahealth EMR, to automatically request, retrieve, and share my medical records with my other treating providers across the nationwide CommonWell Health Alliance and Carequality networks — including automated retrieval of my records from **UF Health (Epic)** and other hospitals, health systems, and clinics where I have received care. Treatment purposes only.

☐ YES, I consent ☐ NO, I do not consent

2b. CommonWell Data Sharing for Personal Health Record (PHR) Apps

Allows my records to be made available, through CommonWell, to personal health record apps that **I** choose to connect (for example, a phone health app). I understand that once an app I authorize receives my data, that data may no longer be protected by HIPAA — it is governed by the app's own privacy policy.

☐ YES, I consent ☐ NO, I do not consent

2c. Medication History Authority

Authorizes the practice to retrieve my complete prescription fill history from pharmacies, pharmacy benefit managers, and payers through the Surescripts network, used to keep my medication list accurate, catch drug interactions, and reconcile medications safely.

☐ YES, I consent ☐ NO, I do not consent

2d. Immunization Registries

Allows the practice to look up my vaccine history in, and report vaccines administered or documented to, **Florida SHOTS** (the Florida State Health Online Tracking System) and the corresponding state immunization registry for my state, as permitted by state law.

☐ YES, I consent ☐ NO, I do not consent

SIGNATURE

I have read this form (or had it read to me), my questions have been answered, and the choices marked above are mine (or those of the patient I am legally authorized to represent). If signing as a legal representative, I attest that I have legal authority to make healthcare decisions for the patient and will provide documentation of that authority upon request.

PATIENT SIGNATURE	PRINTED NAME	DATE
PARENT / GUARDIAN / LEGAL REPRESENTATIVE SIGNATURE (IF APPLICABLE)	PRINTED NAME & RELATIONSHIP / AUTHORITY	DATE

RECEIVED BY (PRACTICE STAFF)	DATE

Archangel Michael Health, PA · Communications & Records-Access Consent · v2026.07.02 · This paper form is the equivalent of Sections 5–6 of the online registration form and is offered for patients who register on paper or by request.

Archangel Michael Health

Telehealth Informed Consent — Multi-State

Christopher L. Bray, MD, PhD, CPE, FACP — board-certified in Internal and Integrative Medicine

Version v2026.07.02 · Effective June 10, 2026

1. Introduction & Scope of Services

Welcome to Archangel Michael Health, PA ("the Practice"). Dr. Bray offers comprehensive care through a telehealth-first Direct Primary Care (DPC) monthly subscription model. Enrollment in this subscription provides members with broad access to care, including:

- Unlimited telehealth consultations (video/audio)
- Unlimited secure messaging for non-urgent matters
- Primary care services
- Consultative services
- Integrative and lifestyle medicine consultations

Using our Athena Health Electronic Health Record (EHR) system, Dr. Bray provides comprehensive medical care including, but not limited to: diagnosis, medical record review, patient advising and education, prescribing medications, ordering laboratory tests, ordering imaging studies, managing referrals to specialists, and providing treatment plans for the full range of conditions commonly managed within internal medicine, primary care, and integrative medicine.

The Practice is telehealth-first. For patients in Alachua County, Florida, a house call (an in-person visit at the patient's location) may be arranged when Dr. Bray determines it is medically appropriate and the patient agrees.

2. Telehealth Definition & Patient Responsibilities

Telehealth involves the use of electronic communications (such as secure video, audio, and messaging) to enable healthcare providers and patients at different locations to share individual patient medical information for the purpose of diagnosis, treatment, and consultative services. It may include real-time video or audio communication.

As a telehealth patient, you are responsible for:

- Ensuring you are in a **private location** during visits, so your health information is not overheard by others;
- Having an **adequate internet connection** and a functional device (computer, tablet, or smartphone with camera and microphone);

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- Providing **accurate and complete information** about your identity, location, medical history, and current condition.

3. Multi-State Licensure & Patient Location

Dr. Bray is licensed to practice medicine in **Florida** (primary license) and — through the **Interstate Medical Licensure Compact** — in **Georgia, Texas, Arizona, North Carolina, Tennessee, and New Hampshire**.

Telehealth services can be provided only to patients who are **physically located in one of these seven states at the time of each telehealth visit**. You will be asked to attest to (confirm in writing or verbally) your physical location before each visit. Under the law, medical care is deemed delivered at the place where the patient is physically located at the time of the visit, and the laws of that state apply to the visit.

If you will be outside these seven states at the time of a scheduled visit, you must tell us in advance so the visit can be rescheduled.

4. Limitations & No Emergency Services

Archangel Michael Health provides primary, consultative, and integrative care services via telehealth and limited house-call encounters as described above. **We do not offer emergency or urgent medical services.**

> **In an emergency, call 911 or go to the nearest emergency department immediately.** If you experience symptoms such as severe shortness of breath, chest pain, sudden neurological changes (like weakness or slurred speech), severe bleeding, or any other condition you perceive as a medical emergency, do not rely on our telehealth or messaging services. Telehealth and secure messaging must never be used in an emergency.

Please note: Archangel Michael Health does not bill auto insurance and cannot conduct visits related to workplace injuries (workers' compensation) or any health issues currently involved in a pending lawsuit or criminal investigation.

5. Technology-Failure Contingency

If the video connection fails during a visit, we will attempt to complete the visit by telephone. If a technology failure prevents Dr. Bray from completing an adequate assessment, the visit will be rescheduled at **no additional charge**. A backup telehealth platform (doxy.me, operating under a HIPAA Business Associate Agreement) is available if our primary platform is unavailable.

6. Identity Verification & Provider Disclosure

To protect you, we verify every patient's identity with a government-issued photo ID at registration, and we confirm your identity before telehealth visits.

In turn, the Practice discloses the identity, credentials, license type, and contact information of your physician:

> **Physician:** Christopher L. Bray, MD, PhD, CPE, FACP — board-certified in Internal and Integrative Medicine.
> **License type:** Doctor of Medicine (MD) — Florida Medical License ME107284 (primary license), and licensed in Georgia, Texas, Arizona, North Carolina, Tennessee, and New Hampshire through the Interstate Medical Licensure Compact. NPI: 1740487271.
> **Practice contact:** Archangel Michael Health, PA · Phone 352-441-9110 · Fax 352-441-9114 · manager@archangelmichaelhealth.com · https://archangelmichaelhealth.com

7. Recording of Visits

The Practice does **not** record telehealth visits (no audio or video recordings are made or stored by the Practice). By signing this consent, you agree not to record any portion of a telehealth visit without the prior consent of Dr. Bray.

8. Controlled-Substance Prescribing Limits

Under Florida law (Fla. Stat. § 456.47), a physician may **not** prescribe Schedule II controlled substances (the most tightly regulated prescription drugs, such as most opioids and stimulants) through telehealth, except for the treatment of psychiatric disorders, for hospital inpatients, for hospice patients, or for residents of nursing-home facilities. All controlled-substance prescribing by the Practice also complies with applicable federal law. Some prescriptions may therefore require an in-person evaluation or referral.

9. Risks & Benefits of Telehealth

Potential Benefits

Telehealth offers convenience and accessibility, allowing you to connect with Dr. Bray from a private location, saving travel time and costs. It facilitates ongoing communication, continuity of care, and access to integrative and consultative advice.

Potential Risks

While we use HIPAA-compliant technology, electronic transmission carries inherent, though small, risks of security breaches or unauthorized data access. Technical problems (e.g., poor internet connection, equipment failure) may disrupt visits or limit the ability to perform a complete

assessment. Telehealth cannot fully replace in-person physical examinations or certain diagnostic procedures, which could potentially delay diagnosis in some cases. As stated previously, telehealth is inappropriate for emergencies.

Alternatives

Alternatives to telehealth include in-person care from a local physician or, for Alachua County, Florida patients, a house call when medically appropriate. You may decline telehealth services at any time without losing your right to future care from the Practice.

10. Direct Primary Care (DPC) Service Agreement Acknowledgment

The telehealth and direct primary care services provided by Archangel Michael Health are offered under our Direct Primary Care Service Agreement. Whether you are enrolling as a DPC member or receiving a specific consultative service, by agreeing to this consent you acknowledge that you have received, read, and agree to the terms outlined in the separate DPC Service Agreement.

This includes understanding the scope of services, payment/subscription terms, termination and refund policies, the explicit disclaimer that DPC membership is **not health insurance**, and the notice regarding our malpractice insurance status. A copy of the DPC Service Agreement should be reviewed prior to agreeing to this consent.

11. State-Specific Notices

The following notices apply based on the state where you are physically located at the time of your telehealth visit.

Florida

Telehealth services are provided in accordance with Fla. Stat. § 456.47. Care delivered by telehealth is held to the **same standard of care** as care delivered in person.

Georgia

Emergencies: call 911 or go to the nearest emergency department (see Section 4). **Follow-up care:** for questions or follow-up after any telehealth visit, contact the Practice at 352-441-9110 or manager@archangelmichaelhealth.com, or use secure messaging through the Athena patient portal.

Texas — Complaint Notice (22 TAC § 177.2)

NOTICE CONCERNING COMPLAINTS

Complaints about physicians, as well as other licensees and registrants of the Texas Medical Board, including physician assistants, acupuncturists, surgical assistants, medical radiologic technologists, non-certified radiologic technicians, respiratory care practitioners, medical physicists, and perfusionists may be reported for investigation at the following address:

Texas Medical Board
Attention: Investigations
1801 Congress Avenue, Suite 9.200
P.O. Box 2018
Austin, Texas 78768-2018

Assistance in filing a complaint is available by calling the following telephone number: 1-800-201-9353

For more information please visit our website at www.tmb.state.tx.us

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AVISO SOBRE LAS QUEJAS

Quejas sobre médicos, así como sobre otros profesionales médicos de la Junta Médica de Texas, incluyendo asistentes medicos profesionales, acupunturistas, asistentes quirúrgicos, tecnólogos médicos en radiología, técnicos radiólogos no certificados, profesionales de cuidados respiratorios, físicos médicos, y perfusionistas se pueden presentar en la siguiente dirección para ser investigadas:

Texas Medical Board
Attention: Investigations
1801 Congress Avenue, Suite 9.200
P.O. Box 2018
Austin, Texas 78768-2018

Si necesita ayuda para presentar una queja, llame al: 1-800-201-9353

Para obtener más información, visite nuestro sitio web en www.tmb.state.tx.us

Arizona

Written informed consent for telehealth, as required by A.R.S. § 36-3602, is obtained through your signature on this document.

North Carolina

The risks, limitations, and alternatives of telemedicine are described in Sections 4 and 9 of this consent, and our technology-failure contingency is described in Section 5, consistent with North Carolina Medical Board Position Statement 5.1.4.

Tennessee

The physician-patient relationship is formed by the mutual consent of you and Dr. Bray, documented by this consent. Care delivered by telehealth is held to the same standard of care as care delivered in person.

New Hampshire

As required by RSA 329:1-d, your identity is verified and your physician's name, credentials, license type, and contact information are disclosed in Section 6 of this consent. For patients under 18, written parental or guardian consent is required.

12. Acknowledgment, Location Attestation & Agreement

Please initial each statement and select one option below.

_____ **Location attestation.** I agree that I will be physically located in Florida, Georgia, Texas, Arizona, North Carolina, Tennessee, or New Hampshire at the time of each telehealth visit, and that I will attest to my location before each visit. I understand that my care is deemed delivered where I am physically located.

_____ **Emergencies.** I understand that telehealth and secure messaging must not be used in an emergency, and that in an emergency I will call 911 or go to the nearest emergency department.

_____ **DPC Service Agreement.** I acknowledge that I have received, read, and agree to the separate Direct Primary Care Service Agreement (see Section 10).

- ☐ I have read, understood, and agree to the terms outlined in this Archangel Michael Health Telehealth Informed Consent — Multi-State, including the state-specific notices.
- ☐ I have read but do **not** agree to this Telehealth Informed Consent. (Telehealth services cannot be provided without consent.)

SIGNATURES

PATIENT NAME (PRINT)

DATE OF BIRTH

SIGNATURE OF PATIENT OR AUTHORIZED REPRESENTATIVE

DATE

IF SIGNED BY A REPRESENTATIVE: REPRESENTATIVE NAME (PRINT)

RELATIONSHIP TO PATIENT

For patients under 18: a parent or legal guardian must provide written consent below.

PARENT/GUARDIAN NAME (PRINT)

PARENT/GUARDIAN SIGNATURE

RELATIONSHIP

DATE

For office use only

RECEIVED BY (STAFF MEMBER)

DATE RECEIVED

Archangel Michael Health, PA · 352-441-9110 · fax 352-441-9114 · archangelmichaelhealth.com

Archangel Michael Health

Financial Agreement & Payment Policies

Christopher L. Bray, MD, PhD, CPE, FACP — board-certified in Internal and Integrative Medicine

Version v2026.07.02 · Effective June 10, 2026

This document states the financial terms for all care provided by Archangel Michael Health, PA (the "Practice"). It is incorporated by reference into, and should be read together with, the *Direct Primary Care Service Agreement* (version v2026.07.02).

1. Out-of-Network / Self-Pay Status & Patient Responsibility

Archangel Michael Health, PA does not participate with any commercial insurance plan, Medicare, or Medicaid. All services are provided on a **self-pay** basis, and the Practice **files no claims with any insurer** — commercial, Medicare, Medicaid, or otherwise. Patients are responsible for all charges incurred for services provided by the Practice.

2. Medicare and Medicaid

Medicare opt-out. Dr. Bray formally **opted out of Medicare in early 2025**. Under federal law (MACRA), the opt-out automatically renews every two years unless cancelled.

Medicare beneficiaries are welcome. If you are a Medicare beneficiary, you may become a member or a one-time patient of the Practice. However, federal law (42 C.F.R. § 405.415) requires that you sign the Practice's separate *Medicare Private Contract* **before** any service is provided. Under that contract:

- No claim will be submitted to Medicare for any service the Practice furnishes you, and **Medicare will not pay or reimburse any amount** for those services;
- **Medigap (Medicare supplement) plans will not pay** for those services either;
- You agree to pay the Practice's charges out of your own funds, at the same prices as every other patient.

What is not affected by the opt-out:

- **Prescriptions** written by Dr. Bray remain eligible for Medicare **Part D** coverage at your pharmacy;
- **Outside laboratories, imaging centers, and specialists** you see independently may still bill Medicare normally — the opt-out applies only to services furnished by this Practice.

Medicaid. The Practice does not participate in Medicaid.

3. Payment Methods and Payment Timing

Payment for all services is processed securely via **Stripe**, accepting major credit and debit cards. Payment can be initiated through links provided on the Archangel Michael Health website or via secure payment links sent directly to you by email, SMS, or portal message.

Privacy of payment data: Stripe receives billing and payment details only — never medical information — and your clinical records are kept entirely separate from the payment system.

For One-Time Consultations (Non-Members)

Full payment for the selected service (e.g., 30-minute visit, 60-minute visit, record review) is required **in advance**. Payment must be successfully processed before Dr. Bray undertakes any preliminary record review and prior to the scheduled consultation time. One-time visit services will not be rendered until payment confirmation is received.

For Direct Primary Care (DPC) Monthly Subscriptions

- **New members:** There is **no enrollment or initiation fee**. To initiate membership, you must first complete all required intake paperwork. Your first monthly subscription fee must then be paid and current before Dr. Bray performs the initial comprehensive record review and completes your official registration into the practice, and before your initial membership visit can be scheduled or any direct physician communication (text, email, portal message) associated with ongoing care can occur.
- **Ongoing membership:** Your subscription fee is processed automatically via Stripe on a recurring monthly basis. Maintaining a current, paid subscription is required to schedule and attend appointments (telehealth or house-call visits) and to engage in direct physician communication (secure text, email, patient portal messaging) included in the DPC model.
- **Lapsed payments:** If your recurring monthly subscription payment fails or is not kept current, scheduled appointments may be canceled or rescheduled, and access to direct physician communication channels will be suspended until the subscription is brought back into good standing with payment confirmation via Stripe.

Access to Medical Records

Your right to access your personal medical records is protected. Access to view or obtain copies of your existing medical records — through the patient portal or via formal request — remains available **regardless of your subscription or payment status**. Records access is never withheld for non-payment.

4. Membership Fee Schedule

Membership is not a requirement to receive care (see Section 5, Non-Member Fees).

Enrollment Fee

None — there is no enrollment or initiation fee to join.

Membership Included Services

- Unlimited telehealth visits
- Email, text, and phone support and physician communication
- Record review, diagnosing, advising, ordering & interpretation of tests (including labs, imaging, referrals), prescribing, and treatment
- House-call visits in Alachua County, Florida, when medically appropriate
- Internal medicine and integrative medicine approaches based on patient preference
- Coordination of care with specialists (referrals, as needed)
- Written summary of visit and specific recommendations

Membership Monthly Tiers

MEMBERSHIP CATEGORY	MONTHLY FEE
Children (<18 y/o)	$35/month
College Students (Full-Time)	$55/month
Adults (18–49 y/o)	$75/month
Older Adults (50–64 y/o)	$90/month
Geriatric Adults (65+ y/o)	$125/month
Couples (both <65 y/o)	$150/month total
Couples (one or both 65+ y/o)	$170/month total
Family Plan (2 adults <65 y/o and 1 child)	$175/month total
Family Plan (2 adults <65 y/o and 2 children)	$200/month total (each additional child: $15/month)
Business/Employee Rates	$70/month
Functional Medicine Membership **(not currently offered)**	$175/month

Membership Prepayment Discounts

- **Annual prepayment:** 10% off the total if paid in full at the start of the annual cycle.
- **Two-year prepayment:** 15% off the total if paid in full at the start of the two-year cycle.

Membership Cancellation and Reinstatement Fees

ITEM	FEE
Membership cancellation fee	$0
Membership reinstatement fee (individual or family) — charged to re-activate a membership after it lapses for non-payment or is terminated	$150

> **HSA note:** Under the federal change effective 2026, DPC membership fees are HSA-eligible up to $150/month for an individual and $300/month for a family. Consult your tax advisor about your specific situation.

5. Non-Member / One-Time Visit Fees

SERVICE	FEE	INCLUDES
One-Time Short 30-Minute Visit	$80 per visit	Up to 15 minutes of pre-visit record review + 30-minute telehealth consultation. Ideal for straightforward concerns or a single issue. Includes a written summary of visit and specific recommendations.
One-Time Comprehensive 60-Minute Visit	$150 per visit	Up to 30 minutes of record review + 60-minute telehealth consultation. Best for complex cases or a thorough integrative medicine discussion. Includes a written summary of visit and specific recommendations.
Additional Record Review / Consult	$60 flat fee per additional 30 minutes	Extra record review beyond what is included with a visit.

6. Refund / Cancellation Policy (One-Time Visits)

We understand that unexpected events can occur. At this time, we do not charge any cancellation or no-show fees for one-time visits. However, we kindly request that you notify us as soon as possible if you need to cancel or reschedule, so we can offer your time slot to another patient in need.

7. Termination and Refund Terms

Consistent with the *Direct Primary Care Service Agreement*: either party may terminate the membership agreement with a minimum of **30 days' written notice** (secure portal message, email, or certified mail). Membership fees or prepaid non-member service fees will be refunded on a **pro-rata** basis for any services not rendered beyond the effective termination date — including if the Practice ceases to offer services for any reason.

No term contract; no cancellation fee. Membership is month-to-month — there is no 3-month, 6-month, or 1-year contract or commitment — and there is never a fee to cancel. The optional annual and two-year *prepayments* are discounts, not contracts: unused months are refunded pro-rata if you

cancel. **How to cancel your subscription:** (1) manage or cancel the recurring payment yourself in the secure **Stripe billing portal** — use the subscription-management link on our website or in your Stripe receipt emails, or ask us to send it to you; or (2) send written notice by secure portal message, email, or mail. Cancelling your recurring payment in Stripe is accepted as your notice of termination, and we will confirm every cancellation in writing.

ACKNOWLEDGMENT

☐ I have read and I acknowledge these financial policies (Sections 1–7, v2026.07.02).

☐ I have read but do not agree to these financial policies.

PATIENT NAME (PRINT) _____ DATE OF BIRTH _____

PATIENT SIGNATURE _____ DATE _____

LEGAL REPRESENTATIVE / PARENT / GUARDIAN SIGNATURE (IF APPLICABLE) _____ RELATIONSHIP TO PATIENT _____

For office use only · Received by (staff): _____ Date received: _____

Archangel Michael Health, PA · 352-441-9110 · fax 352-441-9114 · archangelmichaelhealth.com

Archangel Michael Health

Notice of Privacy Practices

Christopher L. Bray, MD, PhD, CPE, FACP — board-certified in Internal and Integrative Medicine

Version v2026.07.02 · Effective June 10, 2026

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

1. Our Legal Duty

We are required by law to maintain the privacy and security of your protected health information ("PHI") and to provide you with this Notice explaining our privacy practices. We must abide by the terms of this Notice currently in effect, and we are required by law to notify you following a breach of your unsecured PHI (see Section 8). When we use the term "protected health information," it includes any information that relates to your health, treatment, or payment for healthcare services, and that could reasonably be used to identify you.

This Notice is **effective June 10, 2026** and supersedes (replaces) the version dated April 9, 2025.

2. Uses & Disclosures of Your Health Information

Treatment

We may use or disclose your PHI to coordinate and manage your healthcare. For example, information obtained by Dr. Bray or other members of your healthcare team will be recorded in your record and used to determine your plan of care. If we refer you to another provider, we may share your PHI as necessary for that provider's treatment decisions.

Payment

We are a self-pay practice: we do not participate with insurance plans, Medicare, or Medicaid, and we file no insurance claims. Disclosures for payment purposes are limited to direct billing to you through our payment processor, **Stripe**. Stripe receives **billing data only** (such as your name, payment method, and amount charged) — **never your medical information**. Your clinical records are kept separate from billing systems.

Healthcare Operations

We may use and disclose your PHI for internal operations such as quality improvement, staff performance evaluation, training, scheduling, patient communications, and ensuring compliance with regulations.

Appointment Reminders & Communications

With your **opt-in** consent, we may contact you with appointment reminders and practice communications (for example, automated reminders through Athena Health, the patient portal, email, phone, or text). You may change or withdraw your communication preferences at any time.

3. Uses Requiring Your Written Authorization

The following uses and disclosures of PHI will be made **only with your written authorization** (your signed permission), which you may revoke (cancel) in writing at any time:

- **Marketing.** We will not use or disclose your PHI for marketing purposes without your written authorization.
- **Sale of PHI.** We will never sell your PHI. Any disclosure that would constitute a sale of PHI requires your written authorization — and it is our policy not to make such disclosures at all.
- **Psychotherapy notes.** The Practice does not maintain separate psychotherapy notes. If such notes were ever created, most uses and disclosures would require your written authorization.
- **Any other use or disclosure not described in this Notice.**

4. Other Permitted or Required Disclosures

In certain situations, we are permitted or required by law to disclose your PHI without your authorization. Examples include:

- **Public health activities:** reporting communicable diseases, reactions to medications or problems with products, or notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.
- **Health oversight activities:** providing information to governmental agencies responsible for monitoring the healthcare system or ensuring compliance with government program standards.
- **Legal proceedings:** disclosing PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process, when certain criteria are met.
- **Law enforcement purposes:** disclosures requested by a law enforcement official in order to locate a suspect, fugitive, material witness, or missing person; or pertaining to victims of a crime.
- **Serious threat to health or safety:** using or disclosing PHI when necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and when such disclosure is made to someone able to prevent or reduce the threat.

- **Workers' compensation:** as authorized by, and to the extent necessary to comply with, workers' compensation laws (note: the Practice does not conduct workers'-compensation visits).
- **Coroners, medical examiners, and funeral directors:** as necessary to carry out their duties.
- **Organ and tissue donation:** to organizations that handle organ, eye, or tissue procurement or transplantation.
- **Military and national security:** as required for military command authorities, authorized national security and intelligence activities, or protective services.
- **Persons involved in your care:** we may share information relevant to a family member's or friend's involvement in your care or payment for your care, unless you object. You may designate a contact person or restrict these disclosures (see Section 8).

5. How We Store & Protect Your Health Information

Your primary electronic health records are securely created, stored, and managed within our Athena Health Electronic Health Record (EHR) system. We use encrypted, HIPAA-compliant systems for storing and transmitting PHI, with access controls and other technical safeguards in place. We believe you have a right to know which vendors touch your information and how:

Vendors operating under a Business Associate Agreement (BAA)

A BAA is a contract that legally requires a vendor handling PHI on our behalf to meet strict HIPAA privacy and security standards. We maintain BAAs with:

- **Athena Health** — our electronic health record (EHR) system, where your medical record lives.
- **Microsoft 365** — HIPAA-compliant email and Microsoft Teams secure messaging.
- **Google Workspace (HIPAA tier)** — including voicemail storage and HIPAA-protected Gemini for any AI assistance involving PHI. All AI-assisted content is reviewed and verified by Dr. Bray before it is used or sent.
- **doxy.me** — backup telehealth video platform.
- **Doximity** — secure fax and telehealth dialer.

Vendors that do not handle PHI (no BAA needed)

- **Stripe** — payment processing only. Stripe receives billing data, never medical information, so no BAA is required.
- **Twilio** (phone system) and **ElevenLabs** (conversational AI receptionist) — our phone layer is configured for **non-retention** (it does not store call content), the AI receptionist instructs callers not to share personal health details, and the AI identifies itself as an AI at the start of each call. Voicemails are stored under the Google Workspace BAA described above.

Text messaging

Texting is **opt-in only**. To prevent impersonation, we use a one-time passcode (OTP) plus a PIN that expires every 15 minutes to verify identity. For clinical content we offer Microsoft Teams as a secure messaging channel; please be aware that **standard SMS text messaging is not fully secure**.

6. Record Retention

We retain patient medical records, primarily stored within the Athena Health EHR, for a minimum of **7 years after the last date of service**. For minors, records are retained **until the patient reaches age 25 or for 7 years after the last date of service, whichever is longer**. After the applicable period, records may be securely destroyed or archived unless otherwise required by law or for ongoing patient care.

7. Minors

For patients under the age of 18, we comply with all state and federal laws regarding parental or guardian consent and access to records. Consistent with Florida law, **written** parental or guardian consent is required for treatment of minors and for the handling of their PHI. Florida law provides limited statutory exceptions under which a minor may consent to their own care (for example, emergency care and certain specific services defined by statute); where such an exception applies, we follow the corresponding confidentiality rules.

8. Your Rights Regarding Your Health Information

Under HIPAA, you have the following rights regarding your PHI:

- **Right to request restrictions.** You may ask us not to use or disclose certain parts of your PHI for treatment, payment, or healthcare operations, or to persons involved in your care. We are not required to agree to every request, but if we do agree, we will comply except in an emergency.
- **Right to restrict disclosures to a health plan for self-paid services.** You have the right to require that we not disclose PHI to a health plan for services you have paid for in full out of pocket. Because we file no insurance claims for any patient, **this protection applies automatically to every service we provide**.
- **Right to confidential communications.** You may request that we communicate with you about medical matters in a certain way or at a certain location (e.g., only by mail, phone, or email). We will make reasonable efforts to accommodate such requests.
- **Right to choose a contact person.** You may designate a family member, friend, or other person we may communicate with about your care — or tell us not to communicate with particular persons.

- **Right to inspect and copy.** You have the right to inspect and obtain a copy of your PHI in our designated record set. We may charge a reasonable fee for copying, mailing, or other expenses associated with your request, as allowed by law.
- **Right to request an amendment.** If you feel the PHI we have about you is incorrect or incomplete, you may request that we amend it. We are not required to change your information if we determine that it is accurate and complete, or if other legal grounds apply. If we deny your request, we will inform you in writing.
- **Right to an accounting of disclosures.** You have the right to receive a list of certain disclosures we have made of your PHI in the past six years (excluding disclosures you authorized and those made for treatment, payment, or healthcare operations).
- **Right to be notified of a breach.** You have the right to be notified if a breach of your unsecured PHI occurs. We will notify you without unreasonable delay and in no case later than 60 days after we discover the breach.
- **Right to a paper copy of this Notice.** You can ask for a paper copy of this Notice at any time, even if you agreed to receive it electronically. You also have the right to a copy of any revised Notice.

To exercise any of these rights, contact our Privacy Officer using the contact information in Section 9.

9. Complaints

If you believe your privacy rights have been violated, or if you have questions or concerns about how we handle your protected health information, please contact our designated Privacy Officer / Practice Manager:

> **Archangel Michael Health, PA**
> Attn: Privacy Officer / Practice Manager
> Phone: 352-441-9110 (request to speak with the manager or privacy officer)
> Email: manager@archangelmichaelhealth.com

You may also file a complaint directly with the Office for Civil Rights (OCR) at the U.S. Department of Health & Human Services. **We will not retaliate against you in any way for filing a complaint.**

> Online Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
> Mail: U.S. Department of Health & Human Services
> 200 Independence Avenue, S.W.
> Room 509F, HHH Building
> Washington, D.C. 20201

10. Changes to This Notice

Archangel Michael Health, PA reserves the right to change the terms of this Notice and to make the new provisions effective for all protected health information we maintain. If we make material changes, we will post the revised Notice on our website and provide a copy upon request. Acknowledgment of receipt of this Notice is collected as part of the new-patient intake form.

Questions & Contact

> **Archangel Michael Health, PA** — Attn: Privacy Officer / Practice Manager
> Phone: 352-441-9110 · Fax: 352-441-9114
> Email: manager@archangelmichaelhealth.com
> Website: https://archangelmichaelhealth.com

Archangel Michael Health

Practice Policies & Acknowledgments

Christopher L. Bray, MD, PhD, CPE, FACP — board-certified in Internal and Integrative Medicine

Version v2026.07.02 · Effective June 10, 2026

Archangel Michael Health, PA is a telehealth-first Direct Primary Care practice serving patients physically located in **Florida, Georgia, Texas, Arizona, North Carolina, Tennessee, or New Hampshire** at the time of each visit, with house calls available in **Alachua County, Florida** when medically appropriate. These policies explain how we communicate, schedule, bill, and work together. Please read them and sign the acknowledgment at the end.

1. Communication Policy

We use several channels to serve you while protecting your privacy. Our official communication methods are:

- **Athena Health Patient Portal:** the primary method for secure clinical messaging with Dr. Bray about your health, reviewing lab results, requesting prescription refills (where applicable), and accessing parts of your medical record.
- **HIPAA-compliant email:** secured through our Microsoft 365 and Google Workspace platforms and used routinely for medical-care communication — clinical questions and answers, care plans, visit summaries, test-result discussions, and records you request — as well as administrative matters. Emails containing health information are sent encrypted through the Microsoft secure-message portal (a one-time code may be required to open them); messages without health details may be sent as standard email.
- **Telephone:** for direct conversations, scheduling assistance, or urgent administrative needs during business hours.
- **Telehealth platforms (Doximity, doxy.me, Microsoft Teams):** used for conducting scheduled video or audio telehealth appointments.
- **Automated reminders (via Athena Health):** with your explicit opt-in consent, appointment reminders and related notifications (for example, notice of a new portal message) may be sent by SMS text message or email through the Athena Health system.

We strive to respond to secure portal messages and emails within **48 business hours** (excluding weekends and holidays). Please use the Athena Health Patient Portal for all sensitive clinical questions. **For urgent medical matters, call 911 or seek care at an emergency facility.** For urgent practice-related needs during business hours, please call our office.

1a. Text Messaging

We send text messages only with your consent. To protect against spoofing (someone pretending to be you or us), our texting workflow is secured by a one-time passcode plus a PIN that expires every 15 minutes. For fully secure messaging, we offer Microsoft Teams; standard SMS text messaging is **not fully secure**, and we discourage its use for sensitive clinical content. Message frequency varies, and message and data rates may apply. You may reply **STOP** at any time to stop receiving texts, or **HELP** for help. Consent to text messaging is voluntary and is **never a condition of treatment**; you may revoke consent by any reasonable means, and we will honor opt-out requests within 10 business days. Marketing texts, if ever offered, would require your separate prior written consent.

1b. AI Phone Assistant

Calls to our office may be answered by an artificial-intelligence (AI) conversational assistant that identifies itself as an AI at the start of the call. The assistant does not retain call recordings and asks callers not to share personal health details; please keep clinical questions for the patient portal or your visit. Voicemail is stored on HIPAA-compliant systems. You may always ask for a callback from a human member of the practice instead of speaking with the assistant.

2. Scheduling & Cancellations

Appointments for telehealth visits (and house calls, where available) are scheduled through the Athena Health online scheduling tool — accessible through our website or patient portal — or by contacting the practice directly by phone. Appointments are allocated on a first-come, first-served basis.

If you need to cancel or reschedule, please give as much notice as possible using the scheduling tool or by calling our office. We do not automatically reschedule missed or canceled appointments; you are responsible for booking a new appointment slot if needed. **There are currently no penalties or fees for cancellations or no-shows.** However, we reserve the right to address patterns of excessive missed or canceled appointments, which may include updating this policy in the future.

3. Financial Policy & Patient Charges

Our practice operates on a self-pay basis, either through one-time visit fees or the Direct Primary Care (DPC) monthly subscription. All applicable charges — including membership fees, reinstatement fees, and one-time visit rates — are set out in the separate **Financial Agreement & Payment Policies** document. Please review that document carefully for complete details on costs, payment timing, and responsibilities.

4. Professional Boundaries & Respect

We are committed to maintaining a mutually respectful and professional environment. This includes:

- **Courteous communication:** we expect polite and respectful language in all interactions (portal messages, emails, phone calls, telehealth visits).
- **Appropriate telehealth conduct:** please ensure you are in a private, quiet location and appropriately dressed for video consultations.
- **Zero tolerance:** verbal abuse, harassment, threats, discriminatory remarks, or any form of disrespectful behavior toward Dr. Bray or any practice representative will not be tolerated and may result in immediate termination of the provider-patient relationship and your DPC membership (if applicable).

Respect runs both ways: patients who believe the practice's conduct has fallen short of these standards may raise their concerns with the Practice Manager (352-441-9110 or manager@archangelmichaelhealth.com) and will receive a response. We appreciate your cooperation in upholding these standards.

5. Accessibility & Accommodations

We strive to make our care accessible to everyone. If you need auxiliary aids or services, an interpreter, large-print materials, extra visit time, or help completing any form, please contact the practice at **352-441-9110** or **manager@archangelmichaelhealth.com** and we will work with you to arrange reasonable accommodations. Our website accessibility statement is available at archangelmichaelhealth.com. **No patient will be turned away because of accessibility needs.**

ACKNOWLEDGMENT & SIGNATURE

☐ I confirm that I have read, understood, and agree to the Archangel Michael Health, PA Practice Policies & Acknowledgments outlined above.

☐ I have read but do not agree to the Practice Policies & Acknowledgments.

PATIENT NAME (PRINT) _____

PATIENT SIGNATURE _____

DATE (MM/DD/YYYY) _____

PARENT/GUARDIAN/REPRESENTATIVE SIGNATURE (IF APPLICABLE) _____

RELATIONSHIP TO PATIENT _____

DATE (MM/DD/YYYY) _____

For office use only

RECEIVED BY (STAFF MEMBER) _____

DATE RECEIVED _____