The One-Signature Patient Agreement

This replaces four separate signed forms with one page and one signature.

Everything a patient must agree to before a home sleep test is below, in one document, in plain language, ending in a single signature block. It is legally valid as one signature under the federal E-SIGN Act and state UETA statutes, provided the whole text is displayed on screen (not hidden behind links) and the patient consents to doing business electronically — which is Section 1 below.

Time to complete: about 60 seconds of reading, one typed name, one click.

Two documents deliberately stay *out* of this signature flow because they don't need a signature at all:

- **Good Faith Estimate** — legally must be *delivered*, not signed. Show it on the confirmation page and email the PDF. Zero friction, requirement satisfied.
- **Notice of Privacy Practices** — must be *provided*, with a good-faith effort to obtain acknowledgment. That's the single checkbox in Section 2 below, not a separate signature.

PATIENT AGREEMENT

Hypnos Health, Inc.

Please read this page before you continue. It's short on purpose. If anything here is unclear, call us at 804-214-6604 before signing.

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1. Doing this electronically

You're agreeing to handle this paperwork electronically instead of on paper. Your typed name at the bottom is your legal signature. You can ask us for paper copies of anything at any time, free, by emailing support@gethypnos.com. To do this electronically you need a device with internet access and an email address that works — if either stops working, tell us. You can withdraw this consent at any time, though we'd then need to complete your paperwork on paper before we can ship anything.

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2. Your privacy

We've given you our **Notice of Privacy Practices**, which explains how we use and protect your health information and what rights you have over it. It's on our website and we'll mail you a paper copy on request.

The short version: we use your information to take care of you, to charge you, and to run the practice. We don't sell it. We don't advertise with it. We don't run tracking pixels on any page where you enter health information.

☐ **I've been given the Notice of Privacy Practices and had a chance to read it.**

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3. How we'll send your results — please read this one carefully

We email your results to you. A board-certified sleep physician reads your study and sends you the report with a plain-language explanation of what it shows.

Ordinary email is not secure. A message can be intercepted in transit, sent to the wrong address if there's a typo, or read by anyone with access to your inbox — including a spouse, a family member, or an employer if you use a work address. Once it leaves our system we can't recall it or control where it goes.

You have the right to receive your results by regular email anyway, and we'll honor that. You can also ask us to send them by fax to a doctor you name, or by postal mail to you.

Choose one:

☐ **Email my results to the address below.** I understand email isn't secure and I accept that risk. ☐ **Fax my results to my doctor instead.** Doctor's name and fax number: _____ ☐ **Mail my results to my home address.** (Slower — usually 5 to 7 days.)

Email address for results: _____

Double-check that address. It's the most common way results reach the wrong person.

You can change this at any time by emailing support@gethypnos.com.

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4. Care by video and by mail

What we do. We evaluate and treat sleep-disordered breathing remotely — a health questionnaire reviewed by a physician, a home sleep test you do yourself, and video visits if you want them. We won't physically examine you.

Where you have to be. Your physician has to be licensed in the state you're physically in when you're seen. Tell us if you move, and tell us if you'll be in a different state during a visit. We can't treat you outside the United States.

What a home test can and can't tell you. It records fewer signals than an overnight lab study. It can miss sleep apnea or underestimate how severe it is — especially if you sleep badly that night, take the device off, or have other medical conditions. **A normal result doesn't rule out sleep apnea.** If you still feel exhausted, snore, or gasp at night after a normal test, tell us or tell your own doctor. Your physician may also decide partway through that you need a lab study or an in-person evaluation instead.

Technology fails sometimes. Video drops, data doesn't upload, files corrupt. We use encrypted, HIPAA-compliant systems, but no electronic system is perfectly secure.

We are not emergency care. Hypnos is a small practice run alongside our other clinical work. We don't keep set office hours, we don't have after-hours coverage, and we don't monitor messages overnight or on weekends. **We answer messages within one business day.** If you need to be seen sooner than that, we're the wrong place. **If you're having a medical emergency, call 911.**

We're not your primary care doctor. We handle sleep. Keep your regular doctor for everything else, and we'd encourage you to share your results with them.

We don't prescribe controlled substances — no sleeping pills, no stimulants.

You can stop. You can withdraw from telehealth or stop a visit at any time and go see someone in person instead. That won't affect your ability to come back to us later.

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5. Your sleep test

A physician orders it. A home sleep apnea test is a prescription device. One of our sleep physicians reviews your answers and decides whether it's right for you before anything ships. If they decide it isn't, **you get a full refund** and we tell you what we'd do instead.

The device. A WatchPAT ONE by ZOLL Itamar, cleared by the FDA for this purpose. A band on your wrist, a sensor on one finger, a sticker on your chest. Single use — there's nothing to mail back. Recycle or dispose of it as the kit instructs.

Your part. Wear it for one full night and upload the data from your phone in the morning. If you don't wear it properly, take it off during the night, sleep only a short time, or skip the upload, the study may not be usable.

If the study fails. Device malfunction, we replace it free. Instructions not followed, a replacement is $200. Your physician decides which it was and will tell you why.

What it doesn't test for. It screens for obstructive sleep apnea. It isn't designed to find central sleep apnea, narcolepsy, restless legs, REM sleep behavior disorder, seizures, or heart rhythm problems during sleep.

When it might not be right for you. A home test can be unreliable or unsafe as a first step if you have significant heart failure or lung disease, use oxygen, take opioids, might have central sleep apnea, have a neuromuscular disease, might have a seizure disorder or narcolepsy, or are pregnant. Please answer our questions about these honestly — that's what they're for.

Your results are yours. We email you the report within 48 business hours of your data uploading. What you do with it is up to you — take it to your own doctor, come back to us for a visit, or hold onto it. We'll send a copy to any doctor you name.

We won't call you about your results — so please read the report. This includes results showing severe sleep apnea. We send the report and it's up to you to act on it. Untreated sleep apnea is linked to high blood pressure, heart rhythm problems, stroke, and falling asleep at the wheel. **If your report says to follow up promptly, please do — with us, with your own doctor, or with any sleep physician.**

Timing. A physician reviews your order within 24 business hours. Your kit ships about 48 hours after that. Your report is emailed within 48 business hours of your data uploading. Targets, not promises — shipping and device failures happen.

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6. Paying for it

We don't bill insurance. Not Medicare, not Medicaid, not commercial plans. We're out of network with everyone. You pay us directly.

Home sleep test — device plus a sleep physician reading it	**$200**
Any video visit — first visit, results review, or annual CPAP check	**$150**

No facility fees, no interpretation fees, no add-ons. That's the whole list.

What's not included. CPAP machines, masks, tubing, filters, supplies, and oral appliances don't come from us. A separate equipment company or dentist supplies and bills those, and they may bill your insurance. We don't

control those charges and we don't get a cut. Same for lab studies, imaging, or bloodwork we might recommend.

If you want to submit to insurance yourself, ask us for an itemized receipt and we'll send one with the codes on it. Whether your insurer pays is between you and them — most don't, for out-of-network telehealth.

If you want insurance to buy your CPAP later, insurers usually want a physician evaluation and a qualifying study on record first. If nobody has referred you for a sleep study, book a $150 visit with us before testing so that record exists. We can't guarantee any insurer accepts it.

Medicare, Medicare Advantage, and Medicaid. We are not able to see patients with this coverage. Our physicians are enrolled Medicare providers elsewhere, and federal rules don't allow them to accept cash instead of billing Medicare for a covered service — no form changes that. If you have this coverage and reached this page, tell us and we'll refund you in full within one business day. **Tricare and VA:** we can see you, but neither will reimburse our services, so it's full cash price.

Refunds. Physician says no to your test — full refund. Device already shipped — the $200 is non-refundable. Device fails technically — free replacement.

Cancelling a visit. 24 hours' notice or more, refunded or rescheduled free. Less than that, or a no-show, charged in full. We'll waive that once, for any reason, if you ask.

No collections. You pay up front, so we never send anyone to collections and we don't report to credit bureaus.

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7. Being straight with us

The care we give depends on what you tell us. Please answer our questions truthfully and let us know if something changes. If we find out you've given us materially false information we may decline to continue, without refunding services already provided.

Sign here

By typing my name below I confirm that I have read this entire agreement, that I've had the chance to ask questions, and that I agree to all of it: doing this electronically, the privacy notice, how my results are sent, care by telehealth, the sleep test, and the payment terms.

Full legal name (typed): _____

Date of birth: _____

Today's date: _____

☐ I'm signing for myself ☐ I'm signing as this patient's legal representative — my name: _____ my relationship: _____ my legal authority: _____

[Sign and continue]

A copy of this agreement is emailed to you immediately and stored in your record. Request a paper copy any time at support@gethypnos.com.

How to build it

The flow

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Stripe checkout ($200)
        ↓
Confirmation page — "You're paid. One page left."
        ↓
[ Good Faith Estimate shown here — read only, no signature ]
        ↓
Patient Agreement (above) — one signature
        ↓
Safety questions — one page, 8 questions
        ↓
"Done. A physician reviews this today and your kit ships within 48 hours."
        ↓
Email: receipt + signed agreement PDF + Good Faith Estimate PDF
```

Three screens after payment. Two of them are one click each.

Making the signature legally solid

Under E-SIGN and UETA an electronic signature holds up when four things are true. Configure your form vendor for all four:

1. **Intent to sign.** The button says “Sign and continue,” not “Next.” The typed name field is labeled as a signature.
2. **Consent to electronic records.** Section 1 handles this. Don’t delete it — it’s the clause that makes the rest enforceable.
3. **Association with the record.** The vendor must bind the signature to this specific document version. Turn on document versioning and store a version ID with each signature.
4. **Retention and reproduction.** The signed PDF must be retrievable and readable later. Auto-email a copy on submit and archive it outside the vendor too.

Also capture and store, automatically: timestamp, IP address, and the document version signed. Every HIPAA-capable e-signature vendor does this by default. Don’t turn it off.

Reducing friction without cutting anything out

Things that genuinely lower abandonment, none of which remove a required element:

- **Pre-fill name and email from Stripe.** The patient shouldn’t retype what they just typed.
- **One page, one scroll.** Don’t paginate it into six steps with a progress bar — that makes it feel longer than it is.
- **Don’t call it legal forms.** Header should read “One page and you’re done,” not “Required Documentation.”
- **Show the time cost honestly.** “About 60 seconds” at the top. People abandon uncertainty more than they abandon effort.
- **Mobile first.** Most of your traffic is on a phone at 11pm. Test it there before anywhere else.
- **Bold the good news.** “Full refund if our physician says a home test isn’t right for you” should be visually loud. It’s the sentence that makes the questions feel protective rather than obstructive.
- **No account creation.** Don’t make anyone set a password to sign this.

What you can’t remove

- **The safety questions.** A physician can’t order a prescription device for someone they know nothing about.
- **Sections 4, 5, and 6.** Informed consent for telehealth, informed consent for the test, and agreement to the payment terms. Cut these and you have no consent on record and no enforceable financial agreement.
- **Section 3, if you email results.** See below.
- **The Good Faith Estimate delivery.** No signature needed, but it must actually reach the patient before you

charge them.