

# Bion Healthcare

## Medical Confidentiality & Virtual Pill Count Acknowledgment

Dear Patient,

As part of our commitment to safe and responsible prescribing of controlled medications, Bion Healthcare may occasionally request a **medication reconciliation**, commonly referred to as a **pill count**. This includes not only pills, but also patches, films, capsules, or any other prescribed medication form.

Pill counts are a standard practice recommended by the **Drug Enforcement Administration (DEA)** to ensure medications are being taken as prescribed and not being diverted or misused. When a pill count is requested, patients are typically given **24 to 48 hours** to present their medications in person at our clinic.

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### About Virtual Pill Counts

We recognize that in-person pill counts can be difficult for patients due to work schedules, distance, or other obligations. To help with this, Bion Healthcare offers a **Virtual Pill Count** option, allowing you to send photos of your medications by **text or email**.

Please note:

Texts and emails are **not encrypted** communication channels. This means we **cannot guarantee full privacy or security** of medical information sent through these methods. Risks may include:

- Unauthorized access via shared devices or networks
- Accidental viewing by family or friends
- Cybersecurity threats

For this reason, we recommend you **delete any medication photos** from your device immediately after sending them to us.

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### Your Rights and Responsibilities

By signing below:

- **I understand** that using the Virtual Pill Count system is completely **voluntary**.
- **I acknowledge** that Bion Healthcare **cannot guarantee confidentiality** of any information sent via text or email.

- **I accept** that if I choose to send a Virtual Pill Count, it is at my **own risk**, and I assume full responsibility for any potential loss of privacy.
- **I understand** that I am **not required** to use the Virtual Pill Count system. However, if I choose not to use it, I must be prepared to come to the office **in person within 24–48 hours** of a pill count request.
- **I understand** that failure to comply with either option (virtual or in-person) may result in **discontinuation of controlled substance prescriptions** and/or **discharge from Bion Healthcare**.

*Signing this form in advance allows for the option of using Virtual Pill Counts, but does not obligate you to do so. You can always choose to complete a pill count in person instead.*

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## Patient Acknowledgment

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_