

## Membership Agreement – LEO Health Services Partner

This Membership Agreement (“Agreement”) is entered into by LEO Health Services (LEO-HS) and Applicant/Member who joins the organization as a Partner, Liaison or Sponsor (“Member”). The agreement takes effect on the join date of the Applicant and LEO-HS acceptance of the Applicant as a New Member.

- 1) **Oath of Membership** - Each Member, upon completion of application or agreement to join LEO Health Services, *does hereby swear an oath to guide and direct care for those who serve and protect our communities nationwide.*
  - a) This oath requires Members to share their expertise, guidance and provide care only when appropriate to do so.
  - b) This oath does NOT require or request Members to offer free or discounted care, as the majority of those who will seek medical options will utilize health insurance upon patient presentation.
  - c) Navigators of LEO Health Services will work with our Partners and others to establish medical options based on patient preference, clinical need, geographic location, and acceptance of insurance. Ensuring that patients understand the medical options available locally, regionally, and nationally is central to the Navigator’s role. Allowing the patient to make an educated decision on the care path helps the patients to feel more invested and comfortable with the medical option selected, which leads to greater compliance and better, timelier medical outcomes.
- 2) **Member Benefits** - As of part of membership with LEO Health Services, the Member will receive the following benefits:
  - a) Multiple forms of **Membership Identification/Evidence of Affiliation** are available to help members easily demonstrate partnership with LEO Health Services.
    - **Digital Membership Card** that displays Member registration information within LEO Health Services Mobile App.
    - **Membership Card** that displays Member registration information and date of membership with expiration date.
    - **Metal ID Card** with LEO-HS Shield on front, personalized ID Card with QR code on back. *\*Available at a higher level of Membership.*
    - **Gold Badge** (eagle carrying pole and caduceus) with assigned Badge ID number and Member ID Card inside a leather wallet.
    - **K-9 Gold Badge** (eagle carrying pole and caduceus) with assigned Badge ID number for collar or other pet apparatus. This is *an additional add-on option* for those who wish to support K-9 Rescue Organizations, as a portion of proceeds for this item will be donated.
  - b) Members will have options regarding communications with LEO-HS for the acceptance of new patients:
    - Members who **accept new patients** will be listed for Navigators to contact for patient routing. Members will select the desired communication manner for the

Navigator to follow. An Office Scheduler can be assigned and may be changed in the Membership Portal at any time.

- Members may choose to accept occasional calls from Navigators to **offer Medical Guidance** on medical options in their respective region or geography.
- Members may be in a situation where accepting calls or patients is outside of their medical practice, in which case they may still support the mission by being a member and **choose NOT to accept calls or patients**. All Members contribute to the success of the program, whether they can accept new patients or not.

c) Members will have log-in access to the Member Portal at [www.leohs.org](http://www.leohs.org), where they can edit their member information, manage their account, and register for upcoming events.

d) Upon the Membership Renewal Date, the Member will have the opportunity to continue the paid membership for another term, receiving a Renewal Package with updated credentials.

**3) Member Acceptance, Receipt of Member Items** - Upon completion of the Application, Applicants will be temporarily placed in **“Pending Membership”** status. Within 24 hours (excluding weekends), applications will be screened. Once an applicant is deemed to have met membership requirements, they will be moved to **“Member”** status as a Partner, Liaison or Sponsor.

Members will receive a **New Member Packet** with items listed above, as well as other specialized, branded membership items and information. New Member packets are shipped as quickly as possible. Please note that, dues to supply chain issues beyond our control, some Members may receive their items in more than 1 package. Please allow 2 to 8 weeks for New Member Packet delivery. Any Applicant who pays for membership, but does not meet eligibility requirements, will be refunded the amount paid, less a \$60 surcharge.

\* Covid-related shortages and shipping delays impact New Member Packet arrival times. We expect delays to decrease as the impact of Covid decreases worldwide. \*

**4) Member Dues, Term of Membership and Cancellation Policy** - New Member and Renewal Dues amounts are subject to change. Specials may be offered. Payment of Renewal Dues is required on or before the **Anniversary Date** of each Member, based on the type of plan purchased. LEO Health Services email Members approximately 45 days prior to his or her Anniversary Date to request Renewal Payment for continued Membership.

Acceptable payment methods include online credit card payment, check, and ACH payment. A 60-day grace period following the anniversary date of a member will be allowed for late payments to be accepted, which will maintain the Member’s **Active Status**. After this time, the QR code associated with all Member items, including the Badge and ID, will be deactivated, and Membership will fall into **Inactive Status**.

After 90 days of non-payment, the Membership will be cancelled. PLEASE NOTE: The **Gold Badge remains the property of LEO Health Services** and MUST be returned upon cancellation of membership. Upon **Cancellation** for any reason: please mail Gold Badge to: **LEO Health Services, PO BOX 54, Saratoga Springs, NY 12866**.

LEO Health Services has the right to terminate membership if any of the terms and the conditions of this Agreement are violated. The Member can terminate their membership at any point and for any reason and will not be charged for their next billing cycle.

**5) Membership Expectations** - We expect all Members to interface with the community and with police officers in a kind and professional manner. When showing the logo or badge to any person, it is important not to mis-identify yourself as working in law enforcement. In fact, the first thing one should say is that **“I am NOT a law enforcement officer; however, I have sworn an oath to guide and direct care for those who serve, nationwide. I am a Partner with LEO Health Services, a nationwide healthcare navigation service, built to ensure that all officers and their families have access to the best healthcare possible.”**

- a) Use of the **LEO Health Services logo or badge is for promotional or identification purposes only**. Such use does not confer upon or grant any individual in possession of it any privileges or consideration beyond that of any other person. It does designate that you are a hero who willingly helps heroes.
- b) **Abuse will not be tolerated**. Abuse of the Badge, or any other item connected to LEO Health Services, will result, at minimum, in one warning. At maximum, abuse will result in severance from the organization without refund. Examples of abuse that the Member agrees that they will not do include the following:
  - False representation or impersonation of a police officer.
  - Illegal parking with expectation of no ticket.
  - Placing your LEO-HS Badge or ID on the windshield dashboard of a vehicle, as it becomes an invitation for theft and may be construed as impersonation of a police officer, without proper explanation.
  - Misidentification or Identification with credentials for any personal gain.
- c) Further, the Member agrees that they will not:
  - Share their login information with non-members, except for personal staff assigned to manage the Member’s membership.
  - Reproduce or share items received as part of membership - unless they are promotional, designed for recruitment of colleagues.
  - Post inappropriate, inaccurate, or offensive content to membership forums and discussions.

## **6) Membership Requirements**

- a) Applicants must have a **CURRENT Medical or Legal License to practice** in the state in which they are employed and provide the state license number upon application. Membership is open to medical prescribers, surgeons, dentists, or those in specialized medical practices, such as chiropractors or therapists. Membership is also available to Lawyers who participate in Worker’s Compensation cases or any specialty that impacts access to healthcare. Lawyers who specialize in the needs of law enforcement officers in any form may also apply for and join LEO Health Services.
- b) Applicants must have **no adjudications that limit the scope of their practice**.

c) Applicants must have a **desire to help** officers and assist their communities whenever possible.

**7) Liability** - The Member will not hold LEO Health Services, its Executive Board Members, Advisory Board Members or Staff liable for any tangible or intangible damage that might happen to them while participating in the membership.

The Member agrees that LEO Health Services cannot, and does not, guarantee any number of patient referrals or special treatment from law enforcement because of their membership. Any negative or positive results that might occur during the membership are the result of the Member's own personal choices.

**8) Privacy, Security & HIPAA Compliance** - LEO-HS does not collect or receive Patient Health Information (PHI) from hospitals or physicians relating to our clients and their care. The information we collect upon a client entering our system is the minimum necessary to arrange for the appropriate care needed to treat an individual and may contain a minimum amount of PHI.

LEO-HS will not share client contact or personal information with other members, clients or third parties other than described below. Patient Information collected upon completion of an Officer's Intake Form will be protected to the highest degree possible and shared only with providers after expressed permission from the patient. Permission is granted in writing upon signature of the Officer Intake Form or verbally during an emergency.

LEO-HS is neither a healthcare provider nor a contractor/vendor that accepts, handles, or maintains PHI. We do not accept payment from clients (patients) for healthcare navigation services. We collect initial identifying information and any minimally necessary health information, via the Officer's Intake Form, from the patient or caregiver that allows us to understand medical needs and work with appropriate medical providers to develop options for the treatment of the patient at that time. With permission, LEO-HS agents share intake information with healthcare providers to develop options allowing for decisions to be made by the patient regarding their specific care.

While LEO-HS is neither a covered entity nor a business associate of a covered entity, we do train all staff, agents and board members on privacy and security of PHI with respect to HIPAA. We work to safeguard our data to the highest degree possible and will report any breach of data to those affected by the breach as soon as it has been discovered, should an event occur. Please visit <https://www.hhs.gov/hipaa/for-individuals/index.html> if you have any questions regarding the protection of your PHI or covered entities under HIPAA. LEO-HS will ensure the destruction of any information collected upon the request of the client or at such time that the client no longer is receiving services from LEO-HS. Any questions regarding LEO-HS policies relating to HIPAA should be sent to our internal compliance officer at [info@leohs.org](mailto:info@leohs.org) or call 844-LEO-HS44.

9) The Applicant/Member, by initialing below, confirms that they have read, understood, and agree to the terms and conditions outlined in this Agreement.