



## Welcome

Welcome to IntegroRecovery Clinic. We are glad you are here. Below you will find information regarding our clinic policies, and necessary consent forms, compiled into one form for ease and efficiency on your behalf. Please review these policies in their entirety before your appointment. We look forward to working with you.

## Consent for Treatment

All treatment provided and services rendered by IntegroRecovery Clinic are strictly voluntary. You may choose to stop treatment at any time. If you experience any problem(s) with medication and/or psychotherapy, it is your responsibility to inform your provider of the problem(s).

By consenting to treatment, you are also indicating your agreement with the policies and procedures of this clinic, including your consent of the use of telehealth for your appointments and the right to refuse the use of telehealth.

## Informed Consent for Telemedicine Services

Telemedicine involves the use of electronic communications to enable health care providers at different locations to share individual patient medical information for the purpose of improving patient care. Providers may include primary care practitioners, specialists, and/or subspecialists. The information may be used for diagnosis, therapy, follow-up and/or education, and may include any of the following:

- Patient medical records
- Medical images
- Live two-way audio and video
- Output data from medical devices and sound and video files

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

### Expected Benefits:

- Improved access to medical care by enabling a patient to remain in his/her office (or at a remote site) while the provider obtains test results and consults from healthcare practitioners at distant/other sites.
- More efficient medical evaluation and management.
- Obtaining expertise of a distant specialist.

**Possible Risks:**

As with any medical procedure, there are potential risks associated with the use of telemedicine. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the provider.
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information.
- In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reaction or other judgment error.

**By signing this form, I attest to and understand the following:**

- I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent.
- I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment.
- I understand that I have the right to inspect all information obtained and recorded in the course of telemedicine interaction, and may receive copies of this information for a reasonable fee.
- I understand that a variety of alternative methods of medical care may be available to me, and that I may choose one or more of these at any time. My provider has explained the alternatives to my satisfaction.
- I understand that telemedicine may involve electronic communication of my personal medical information to other medical practitioners who may be located in other areas, including out of state.
- I understand that it is my duty to inform my provider of electronic interactions regarding my care that I may have with other healthcare providers.
- I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.
- I agree to disclose my location at the beginning of each telehealth visit. I understand that depending on the licensure of my provider, I may not be able to receive care while traveling out of state due to legal requirements.

I have read and understand the information provided above regarding telemedicine, have discussed it with my provider or such assistants as may be designated, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my medical care. I hereby authorize my treating



provider to use telemedicine in the course of my diagnosis and treatment.

## Communication

The preferred method of communication is through your patient portal. You will get the fastest and most complete response if you state your concern by sending a message through the portal. Please note that all communications will be added to your medical records. Messages received through the portal are checked daily, Monday through Friday, from 9am-4pm. Messages received after hours, on weekends, or holidays are reviewed the next business day. Please allow at least up to 3 business days for a response for portal messages. Please allow up to 3 business days for refill requests to be processed. Note that it is your responsibility to ensure you have an adequate supply of your medications and are encouraged to contact your provider promptly when refills are needed to ensure no gaps in your treatment.

**Portal communication is not for emergency or urgent issues.** Please **do not** send us a message through the portal that is of an urgent or emergent nature. Please note if you need immediate assistance, are having suicidal or homicidal thoughts, a serious medication reaction, or any emergency, please call 911 or go to the emergency room. Please note: A **fee** may be charged for clinical phone calls/portal messages between appointments. This fee is not typically covered by insurance. This fee does not apply to phone calls or messages strictly related to scheduling, billing, or other non-clinical questions.

### Phone Calls:

Phone hours are Monday to Friday 9am – 4:00pm. Brief phone calls related to billing, scheduling or other non-clinical questions are not charged. Longer, more involved calls and clinical concerns may be charged as outlined in Professional Fees. Please note that all communications will be added to your medical records.

Most routine calls are returned within **72 hours** during the above stated **business hours**. If you have an after hours concern that cannot wait for the next business day please call and leave a voicemail. Your call will be returned as soon as possible. For any emergencies, please do not wait for a call back. Instead, please go immediately to the emergency room or call 911. Portal messages are not checked after hours, on holidays, or on the weekends. Please check our website for the **holiday schedule**.

Please note that we **do not** schedule/cancel appointments or refill medications after hours, on holidays, or over the weekend.

**Communication Expectations:** It is the patient's responsibility to ensure that



IntegroRecovery Clinic has the most accurate and up-to-date contact information on file at all times. This includes, but is not limited to, phone numbers, email addresses, and mailing addresses. Additionally, while patients may choose not to use the patient portal for sending communications, they remain responsible for reviewing and receiving all information sent to them through the portal. Failure to access, check, or utilize the patient portal does not exempt patients from responsibility for any messages, updates, or important notifications provided by the clinic.

## Payment Policy

IntegroRecovery Clinic is in network with some insurance companies. Please see our website for more information regarding which companies we are in network with as this information may change.

If you choose not to use insurance, we offer services on a flat fee basis:

Initial or intake appointments will be charged \$400. These are typically 60 minutes in duration.

Follow up appointments will be charged \$200 and are typically 30 minutes in duration.

In some instances, you and your provider may decide you need more time to review your concerns, care needs and establish a plan. In these instances, follow up appointments may be charged at a higher rate, and may take more time. This will be discussed with you at each visit.

We reserve the right to collect fees on the same day of the appointment, including copays, prior to the start of the service. Prior to the start of an appointment, *credit card information or another eligible form of payment might be needed on file*. Any payment not collected prior to the visit may be paid through the patient portal. If you are unable to pay your balance, we will explore strategies to accommodate your circumstance. Unpaid balances may be turned over to collections.

Please note:

**A 75\$ No show fee may be collected**

**A 50\$ Late cancellation fee may be collected if the cancellation occurs less than 1 business day before your appointment**

The expectations in this policy also reflect any future insurance companies with which IntegroRecovery Clinic may become in-network. If someone else (parent, spouse, domestic partner, etc.) is financially responsible for your expenses or carries your



insurance, please share this policy with them, as it explains our practices regarding insurance billing, copayments, and patient billing.

Patients may request an invoice or superbill to submit to their insurance company for possible reimbursement upon request. You may request a superbill be provided to you reflecting your charges with our clinic. Insurance reimbursement depends on an individual patient's policy terms. We are not responsible for filing or ensuring insurance reimbursements. Your insurance plan is a contract between you and the insurance company and does not directly involve the provider. Even if your insurance company reimburses you for your treatment, they may limit the amount of treatments for which you may receive reimbursement. Some services may not be reimbursable by insurance at all, such as fees for filling out forms, writing letters, writing reports, etc. Please be aware insurance companies generally require some basic information about your care if you choose to seek reimbursement. Once this information is provided, it will be subject to the privacy policies of the insurance provider. Please check with your insurance company before making an appointment to determine what out-of-network benefits are available to you.

## **No Shows/Late Cancellations/Late Arrivals**

We do not overbook appointments. Your appointment time is a reservation just for you. If you are not able to come to your appointment, please reschedule through your patient portal or contact the clinic as soon as possible. If you contact your provider within **24 business hours (excluding weekends and holidays)** of your appointment you may reschedule with no additional cost, and the appointment will be offered to someone else.

If an appointment is not canceled or rescheduled more than 24 business hours ahead, a late cancellation or no show fee may be applied to your account as appropriate. Stating that you did not receive a reminder **does not** exempt you from a no-show/late cancellation fee. Should you arrive more than **10 minutes** late for any appointment, you will be asked to reschedule so that an appropriate amount of time and attention may be devoted to your care. You will still be **responsible for payment** of the missed appointment. This fee will not be covered by insurance and cannot be submitted for insurance reimbursement. Note that the cancellation fee may be waived in special circumstances, determined on an individual basis.

Failure to attend for your follow up appointments (or violation of this cancellation policy) on **two or more** occasions may be grounds for discharge from the clinic or limitations to your ability to schedule appointments in advance.



For our part, we will make every effort to provide you with adequate notice if the provider will be unavailable for a scheduled appointment and will work to reschedule your appointment in a timely fashion.

## **Transition or Termination of Care**

Completion of an initial appointment or intake does not guarantee ongoing service within IntegroRecovery Clinic. Your provider will determine with you whether or not to retain you as a patient based on your clinical needs and situation. If at any point in the course of your treatment with IntegroRecovery Clinic, it is determined that we are unable to meet your needs, as determined by your provider, we will make every effort to assist in directing you to services that may be more appropriate.

IntegroRecovery Clinic has a zero-tolerance policy regarding abusive behavior toward others, including staff or other patients, and visitors. This can also include disrupting practice facilities that interferes with the ability to deliver services to other patients. In the event of such behavior, we will provide proper warning and termination as related to abusive and/or noncompliant patients. You may also be referred elsewhere for ongoing care at your request. Care may also be terminated due to recurrent treatment noncompliance or noncompliance with policies and procedures of the clinic.

Please note that *abusive behavior* is defined as any physical or verbal action that intentionally harms or injures another person or any physical or verbal action with the intent to do such harm. This also includes harassment, manipulative behavior, and other behaviors that can be construed as abusive.

*Noncompliance* is defined as failure or refusal to conform to or follow rules, regulations, or the advice of another. A patient may be considered noncompliant, for example, if he/she does not adhere to the "Practice Policies" **and/or** does not follow his/her prescribed plan of care.

Should a patient be considered noncompliant, the staff and/or provider will follow the approved procedures for issuing letters of warning and/or termination. Letters to the patient regarding non-compliance must be delivered directly to the patient or via certified mail to the address provided by the patient, and with return receipt requested. Communications are not to be delivered through family members or other parties. Should a patient engage in behavior that is considered to be abusive in nature (verbal or physical), the staff and/or provider may institute approved procedures for immediate termination or defer to approved procedures for issuing letters of warning and termination.

**Reasons for which care may be terminated:**

- A patient's repeated failure to comply with the practice rules including personal conduct.
- A patient's repeated failure to make or keep scheduled appointments.
- A patient's failure to provide accurate, complete, and current information on health status to their provider or clinical staff.
- A patient's repeated failure to comply with their plan of care. Violations may include failure to take medications as prescribed, prescription drug abuse, failure to follow personal health practices (such as diet), and other aspects of the treatment which have been explained to the patient and which are reasonable within the patient's ability to comply

**Other Clinic Policies**

By signing this form, you agree with all policies on our webpage.