

## Consent for Evaluation and Treatment

### **Nature of Treatment:**

All patients coming to East Nashville Wellness Center start with an intake appointment. The goal of this appointment is to determine whether you are appropriate to begin treatment, what kind of problems are present, and what kinds of treatment may be recommended. If you are not appropriate for treatment at East Nashville Wellness Center, we may recommend a different type of treatment or place for treatment. If we recommend treatment at East Nashville Wellness Center, it may include appointments for psychotherapy and/or medication management. Both are similarly effective for many problems, though for certain concerns one is clearly more effective than the other. The decision to start with therapy alone, medication alone, or a combination of the two is complicated and depends on not only the nature and severity of the problem, but also what you feel ready to try.

Psychotherapy or “talk therapy” includes different approaches to solve problems, often targeting the way you think and react as well as what you do in your daily life. Psychotherapy tends to have long-lasting effects and does not have side effects like medication, but does require effort on your part and can involve temporary distress. Individual therapy is done one-on-one with your healthcare professional, while group therapy includes other patients present.

Medication management is similar to taking medications for any general health concerns. It often involves some trial and error to find a medication or medications that work well. All medications have risks and benefits, which your healthcare professional will discuss with you before starting treatment. Please notify providers about any potential side effects you notice, or if you’re interested in stopping and/or switching medications. Benefit is often dependent on taking medication consistently for a while, and is limited to the time when you’re taking medication.

Collaboration between different fields in healthcare clearly leads to better care, and is a key part of what we do at ENWC. At an appointment you may see one or more different types of healthcare professionals. Please ask if you have any questions about each person’s role and area of expertise. Types of professionals can include:

- Psychiatrist (a medical doctor with additional training in mental health) for medication management and/or psychotherapy
- Psychiatric clinical pharmacist (a pharmacist with a doctorate and additional training in direct mental health patient care) for medication management
- Licensed Professional Counselor (a therapist with a master’s degree in counseling) for psychotherapy

One of our goals is to ensure that as many Nashvillians as possible can access mental health treatment. To make sure we can continue to see new patients, we may

recommend that stable patients and those requiring more straightforward treatment transition from seeing us to seeing a primary care provider long-term, with our recommendations for future treatment.

**Late, Missed, and Canceled Appointments Policy:**

Patients are seen by appointment only. We will try our best to ensure that you are seen on time, send appointment reminders, and reschedule appointments when needed. In fairness to other patients, we ask that you arrive early or on time, and we strive to end appointments at the end of the scheduled time. In the event that you arrive late, you may be seen for the rest of the remaining time. However, if the remaining time is not adequate for high-quality care, we may ask you to reschedule. In the event that you do not arrive, or arrive more than 10 minutes late, this will be treated as a missed appointment and you will be asked to reschedule.

As missed appointments or appointments canceled on short notice affect our ability to provide affordable and high-quality care to other patients, fees will be charged for missed appointments or any appointments canceled with less than 48 hours advance notice. The fee for a missed appointment shall be \$100 for a 30 minute visit and \$200 for an hour visit. The fee for an appointment that is canceled within 48 hours will be \$50 per half hour scheduled. There will be no fee for appointments canceled or rescheduled more than 48 hours in advance. All fees are subject to change. Patients who miss (or cancel on short notice) multiple times in a 12-month period may be asked to seek care elsewhere.

**Safe and Comfortable Clinic Policy:**

All patients deserve to feel safe and comfortable at our clinic. No firearms or other weapons should be brought onto the premises. No tobacco, alcohol, or other drugs should be consumed on the premises, nor should patients arrive intoxicated. Our waiting area is not appropriate for unsupervised children.

**Fee Policy:**

Our mission is to make healthcare affordable and accessible. Depending on your annual income and household size, and based on a formula taking into account federal poverty guidelines, discounted rates are available. Proof of income may be required to receive discounted rates.

Based on the current costs of doing business, the non-discounted fee for an initial evaluation is \$350, and for a routine follow-up visit is \$185. Excepting illness or emergency, the fee for a missed appointment is \$100 per half hour scheduled; for an appointment canceled with less than 48 hours' notice, the fee is \$50 per half hour scheduled. Payments late by more than 30 days are subject to a 10% late fee. All fees are subject to change.

**Payment Policy:**

To keep costs low, payment is required in full at the time of service. We accept credit cards, debit cards, checks, and cash (we may not be able to offer exact change, but can credit your account if needed.) For convenience we can keep a credit card on file to charge at appointments. If you provide a credit/debit card, you authorize East Nashville Wellness Center to bill it for professional services at the time of service. Fees will be charged for missed appointments or cancellations with less than forty-eight (48) hours notice.

**Termination of Treatment:**

Patients are not obligated to continue treatment. If you decide to terminate at any time, you are encouraged to discuss your decision to terminate care with your provider.

**Medication Policy:**

Medication refills require 24-hour notice during the week, and may not always be provided over the weekend. We cannot guarantee that lost or stolen medications will be replaced, and any lost or stolen controlled substances will not be replaced without a police report. It is your responsibility to keep medications safeguarded, and to request refills prior to running out. Providing refills requires seeing patients at regular intervals, and patients who miss or reschedule appointments repeatedly may need to be seen before refills can be provided.

**Communication Policy:**

The most secure forms of communication are face to face communication, secure messaging via our electronic health record patient portal, and telephone.. Any confidential information sent to our clinic e-mail may not be secure. Formal complaints should be submitted in writing, and will be reviewed by the clinic team. We do not retaliate based on complaints. We will do our best to reply to messages within 24 hours during the work week, and may not see messages from the weekend until Monday. Do not send messages in an emergency.

**After Hour Emergencies Policy:**

In the event of an emergency, call 988 or Crisis Services (855-CRISIS-1 (855-274-7471) or Text "TN" to 741-741. Do not wait for our office to respond to a message before contacting emergency services, as we cannot always respond to messages quickly enough.

**Paperwork Policy:**

Requests to complete forms or any other paperwork (such as FMLA or short-term disability for established patients) may result in additional charges that reflect existing rates. The fee will depend on time needed to complete forms appropriately, which may include writing, chart review for supporting clinical documentation, preparing/sending

faxes, and other administrative business tasks. As treating providers, we cannot generally assist with long-term disability.

**Insurance Policy:**

As of 1/19/2022, we are currently able to accept most insurance plans including United Healthcare and related plans, Humana, Cigna, Blue Cross Blue Shield, and Aetna. We also accept traditional Medicare (plus some Medicare Advantage plans). For all other insurers, we are happy to provide a statement of service and payment that you can use to file insurance for yourself.

Some insurers require us only to refer members to other in-network providers. While we may give names and recommendations of other providers and share relevant information, we do not make direct referrals, and you as the patient are ultimately responsible for making a self-referral and determining network benefits.

**Notice of Privacy Practices:**

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.

It is our duty to keep protected health information about your care confidential. We may need to use or disclose it for the purposes of:

- treatment (like two people involved in your care talking about details of your case),
- payment (like telling your insurance company limited details so we can bill correctly), and
- health care operations (like reviewing patient chart for quality improvement).

We will specifically require your written permission to use your information for marketing, to disclose psychotherapy notes, or to sell your information. Otherwise we will not disclose your healthcare information without your written permission, except in specific situations under state and federal law. These may include:

- Emergencies, including significant concern for harm to self or others
- Evidence of child or elder abuse
- A valid court order signed by a judge

Substance use treatment has stronger protections than other types of treatment, and unless state or federal law says otherwise, we will not disclose any information about your substance use treatment without written permission. With certain limitations by law, your rights also include:

- To ask us to further restrict how we use your information, although we are not always required to follow that request, especially if it prevents us from providing safe and high-quality treatment. We will follow requests to limit disclosure of information related to payment that is not required by law, or if it solely relates to something you have already paid for.
- To receive confidential communications of your protected health information
- To inspect and copy your protected health information

- To request amendments to your protected health information as provided
- To receive an accounting of disclosures of your protected health information
- To obtain a paper copy of this notice, even if you've agreed to receive it electronically

You have the right to complain if you feel we have violated your rights by contacting us in writing at our clinic address. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

### **Financial Responsibility Policy:**

You the patient, regardless of any insurance coverage, are financially responsible for all charges for services rendered except as specified in the insurance contract. Office policy requires payment at the time of service. Unpaid balances over 30 days may be subject to a late fee. Unpaid balances over 90 days are past due and may be referred to a collection agency.

### **Patient Rights and Responsibilities**

#### **When you receive services from ENWC you have the right to:**

- Receive high-quality service;
- Be treated humanely, with respect and courtesy, and full recognition of your dignity and individuality;
- To privacy, and to have your information kept confidential in accordance with all state and federal confidentiality laws except as described in the *Notice of Privacy Practices*;
- Receive service in offices that are safe, clean and accessible, with reasonable protection from harm, exploitation, and coercion;
- Get information and support to help you make decisions to improve your situation;
- Be served without discrimination;
- To be protected by the facility from neglect; from physical, verbal and emotional abuse; and from all forms of misappropriation and/or exploitation;
- Be listened to and discuss your service with staff, participate in your treatment plan, and to identify if it is working for you and express any questions that you may have and to receive sufficient information about proposed and alternative interventions and program goals to enable them to participate effectively;
- Request a change of staff member if there is another staff person available who can address your issues and your request is reasonable (you should know that discriminatory requests will not be considered);
- To voice grievances to staff, to the facility, and to outside representatives of your choice with freedom from restraint, interference, coercion, discrimination or reprisal;
- Request a description of the facility's complaint and grievance procedures;

- To be assisted by the facility in the exercise of their civil rights;
- To be free of any requirement by the facility that they perform services which are ordinarily performed by facility staff;
- Request a listing of all available advocacy services;
- Request a statement of the rights guaranteed to you by these rules and applicable state and federal laws;
- To ask the facility to correct information in their records. If the facility refuses, the client may include a written statement in the records of the reasons they disagree;
- To vote, make contracts, buy or sell real estate or personal property, or sign documents, unless the law or a court removes these rights;
- To participate fully, or to refuse to participate, in community activities including cultural, educational, religious, community services, vocational and recreational activities;
- To be accorded privacy and freedom for the use of bathrooms when needed;
- to retain and use personal clothing and appropriate possessions including books, pictures, games, toys, radios, arts and crafts materials, religious articles, toiletries, jewelry and letters;
- And, to be informed about your care in a language you understand.

**This is what we ask from you:**

- Treat the staff and others at ENWC with courtesy and respect;
- Let ENWC know at least 48 hours in advance if you can't come to an appointment;
- And, arrive at your appointment on time. Patients arriving more than 10 minutes late may be asked to reschedule.

**Consent to Treatment / Policies and Procedures**

I have read and/or discussed the clinic's policies and understand the proposed nature of treatment. I understand that violations of clinic policy may lead to me being asked to leave the clinic. I give my consent to begin treatment at ENWC. I may revoke this consent later by notifying one of my healthcare professionals.

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**HIPAA Privacy Rule: Receipt of Notice of Privacy Practices, Written Acknowledgement Form**

Acknowledgement of receipt of Information Practices Notice (§164.520(a))

I, \_\_\_\_\_, (patient's name) understand that as part of my healthcare, this facility originates and maintains health records describing my health history, symptoms, examination and test results, diagnosis, treatment and any plans for future care or treatment. I acknowledge that I have been provided with and understand that this facility's Notice of Privacy Practices provides a complete description of the uses and disclosures of my health information. I understand that:

- I have the right to review this facility's Notice of Privacy Practices prior to signing this acknowledgement.
- This facility reserves the right to change their Notice of Privacy Practices and prior to implementation of this will mail a copy of any revised notice to the address I've provided if requested.

Signature of Individual or Legal Representative \_\_\_\_\_

Printed Name of Individual or Legal Representative \_\_\_\_\_

Date: \_\_\_\_\_

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but it could not be obtained because:

- Individual refused to sign
- Communication barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Others (please specify) \_\_\_\_\_

**RELEASE OF INFORMATION/  
AUTHORIZATION FOR DISCLOSURE OF HEALTHCARE INFORMATION**

I hereby authorize the clinicians and staff of East Nashville Wellness Center (including Seth Christman, MD, Caitlin Wise, Pharm.D and Caroline Clipper, LPC-MHSP) to obtain the health information indicated below that is contained in my patient records. The purpose is continued treatment. The class of persons authorized to disclose information is my current and/or previous healthcare providers. Information may include:

- History and Physical(s)
- Recent progress notes
- Discharge summaries
- Laboratory and imaging results
- Other relevant documents and information if noted below

I understand and acknowledge that this may include diagnosis and treatment for physical and mental illness, alcohol/substance use, and or HIV/AIDS test results or diagnoses. This authorization does not include permission to release outpatient Psychotherapy Notes. The release of Psychotherapy Notes requires a separate authorization. Psychotherapy Notes are defined as notes that document private, joint, group, or family counseling sessions that are separated from the rest of a patient's medical record.

I also authorize East Nashville Wellness Center to release such information to other healthcare professionals who are currently involved in my care, unless I specify otherwise below.

This agreement may be revoked at any time by submitting a written revocation, except to the extent action has already been taken based on it. It is otherwise valid until the event that it is revoked. Treatment is not conditional on signing this release. Information may be re-disclosed if the recipients on this form are not required by law to protect the privacy of the information, and such information may no longer be protected by federal health information privacy regulations. You are entitled to a copy of this authorization if you sign it.

Additional comments if applicable:

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed name** \_\_\_\_\_