



East Nashville
Wellness Center



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Personal information

First Name: _____ Middle Name: _____
 Last Name: _____ Preferred Name: _____
 Date of Birth: ____/____/____ Preferred Pronouns: _____
 Sex: _____ Gender Identity: _____ E-mail: _____
 Address: _____ City, State: _____ Zip: _____
 Phone: _____ Alternate phone: _____ SSN: _____-_____-_____

Emergency contact information

Emergency contact name: _____
 Phone: _____ Relationship: _____ Okay to Contact? Yes No

Insurance Information

Insurance Carrier: _____ Policy # / Member ID: _____
 Group #: _____ Effective Date: _____ Name of Primary: _____
 Secondary Insurance Carrier: _____ Policy # / Member ID: _____
 Group #: _____ Effective Date: _____ Name of Primary: _____

Medical information

Referring provider (if applicable): _____
 Mental health diagnoses you have been given in the past (if any): _____

 Physical health diagnoses you have been given (if any): _____

 Surgeries you have had: _____
 Mental health diagnoses in your family that you know of (if any): _____

 Medication Allergies: _____
 Current Medications you take (if any): _____

 Are you currently taking a controlled substance? Yes No Unsure

Mental Health Medications you have taken in the past (if any): _____

Have you ever had a seizure? Yes No Unsure

Have you ever had a traumatic brain injury? Yes No Unsure

Have you ever been diagnosed with a personality disorder? Yes No Unsure

Have you ever been in a psychiatric hospital before? Yes No If so when:

Substances:

Are you currently using drugs (including marijuana)? Yes No

If so, what and how often? _____

Are you currently drinking alcohol? Yes No If so, how often? _____

Are you currently using nicotine? Yes No If so, what type and how often? _____

Current Providers:

Are you currently in therapy? Yes No If so, can we contact your therapist? Yes No

Therapists name (if applicable): _____

Do you currently have a primary care provider? Yes No

If so, can we contact your current provider? Yes No Name: _____

Do you currently have a mental health medication provider? Yes No

If so, can we contact your current provider? Yes No Name: _____

Treatment Options:

Are you interested in medications, therapy, or both? Medication Therapy Both Unsure

Are you interested in evaluations for the following: Addiction ADHD Depression Anxiety
Bipolar Trauma Psychosis Other

ADHD:

If you are interested in an ADHD evaluation: (please answer the following questions)

Have you been diagnosed with ADHD in childhood? Yes No Unsure

Have you ever taken stimulants for ADHD in the past (Adderall / Vyvanse)? Yes No Unsure

Level of interest in non-stimulant treatment options? High Medium Low Unsure

Reason for visit: _____

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 may be clearly more effective than the other. The decision to start with therapy alone, medication alone, or a combination of the two is complex 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 includes taking medications for any general health concerns. It often involves some trial and error to find a medication or medications that work well for you. All medications have risks and benefits, which your healthcare provider 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
- Licensed Marriage and Family Therapist (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.

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. Threatening behavior of any kind will not be tolerated.

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. ENWC may use Text Messages for appointment reminders and other such communication. SMS opt-in or phone numbers for the purpose of SMS are not being shared. We will never share, trade, or otherwise sell your personal information such as Phone numbers and SMS consent to third parties under any circumstances.

After Hour Emergencies Policy:

In the event of an emergency, Please call emergency services at 911. You can also 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 for 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 generally cannot assist with long-term disability.

Financial Responsibility and Payment Policy

Financial Responsibility / Payment 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.

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, and understand that card information will be kept on file for future transactions on your account.

Insurance Policy:

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). We do not presently accept Ambetter or any TennCare 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.

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 \$375, and for a routine follow-up visit is \$200.

We have partnered with other non-profits to help make our services affordable. If you were referred by a partner non-profit such as The Contributor or Ancora, please let us know and we will arrange your visit at no cost to you. Payments late by more than 30 days are subject to a 10% late fee. Unpaid balances over 90 days are past due and may be referred to a collection agency. All fees are subject to change.

As evaluations for ADHD (attention-deficit/hyperactivity disorder) can involve significant additional clinic work outside of the appointment that is not reimbursed by insurance, you may be responsible for an additional \$50 charge not covered by insurance.

Late, Missed, and Canceled Appointments Policy

Timeliness and Rescheduling 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.

Late, Missed, and Canceled Appointments Policy:

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 2 business days of advance notice.

The fee for a late cancellation or missed appointment is based on the type and length of the scheduled appointment. Late cancellation fees range from \$100-\$25 based on the type of visit scheduled. Missed appointment fees range from \$150-\$50 based on the type and length of visit 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.

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.

Grievance Policy

Grievance Policy:

East Nashville Wellness Center will thoroughly seek to remedy any complaints made by patients and/or their caregivers. We shall ensure that the highest possible professional standards are adhered to in the provision of behavioral health services and that complaints about the services provided will be thoroughly pursued so that an appropriate remedy can be found. Grievances may be submitted anonymously. No retaliation shall take place, and no barriers to treatment or services shall be placed upon a patient owing to a patient submitting a grievance. All aspects of a complaint will be handled in confidence. However, if the complaint involves allegations of illegal or unethical behavior, information may need to be shared with external authorities as required by law.

Minor Complaint:

When a patient or their caregiver has a minor complaint or grievance, they should report it to the staff person concerned. All staff members are encouraged to take complaints seriously, and do their best to work with the patient to reach a satisfactory outcome. If the complaint is not able to be resolved to the patient's or caregiver's satisfaction, then they are encouraged to submit their complaint in writing using the grievance form. This form is available upon request and can be requested at any time by any person. Once the request for this form has been made the form will be sent to the person requesting it within 3 business days.

Grievance:

If a patient is unable to address a minor complaint with the staff person involved, or the complaint was unable to be resolved upon discussion with that staff member, patients should submit grievances in writing using the grievance form. Penalties may not be initiated prior to final resolution, with the exception that penalties may be initiated against anyone who has committed or threatened to commit physical violence. East Nashville Wellness Center actively informs service users and community members of their right to register complaints (verbal or written) and seek resolution. This information is accessible and publicized in East Nashville Wellness Center's *Patient Rights and Responsibilities Policy*.

Grievances shall be reviewed by a team of at least two providers or one provider and the CEO. Response to grievances should be made within 5 business days. Patient complaints and grievances are to be handled as priority items, none of which should require more than five business days for a response. Patients and caregivers shall be given a fair opportunity to be heard and to have their questions answered. The complaint shall be resolved and resolution shall be reviewed with the person making the complaint.

Consent to Treatment / Policies and Procedures
Written Acknowledgement Form

I the undersigned hereby acknowledge that I have read and/or discussed the clinic's policies and understand the proposed nature of treatment. I acknowledge that I have read the following policies in particular (please initial in the spaces below):

- _____ Consent for Evaluation and Treatment
- _____ Financial Responsibility and Payment Policy
- _____ Late, Missed, and Canceled Appointments Policy
- _____ Patient Rights and Responsibilities
- _____ Grievance Policy
- _____ Mental Health Emergency Policy

I understand that as a patient of East Nashville Wellness Center, I have certain rights and responsibilities assigned to me. I also understand that it is my responsibility to ensure prompt payment for services, and that violations of clinic policy may lead to me being asked to transition care away from East Nashville Wellness Center. I give my consent to begin treatment at ENWC. I understand that this authorization shall remain in effect until revoked by me in writing, which I may be at any time by notifying one of my healthcare professionals.

Signature: _____

Printed Name: _____ 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) _____

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/. 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.

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: _____

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- 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 and Caitlin Wise, Pharm.D) 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:

Signature: _____ **Date:** _____

Printed Name: _____

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Patient Name: _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Security Code (3 or 4 digits): _____
Cardholder ZIP Code (from credit card billing address): _____

East Nashville Wellness Center offers a Credit Card on File program as a convenient method of paying for the portion of your services that are patient responsibility such as copay, deductible, co-insurance, or any charges for services not covered by your insurance. Having a credit card on file is required for all visits, especially telehealth visits, unless you have specifically made other payment accommodations. Your credit card information will be kept confidential and secure, and only authorized staff has access to the information.

I, the undersigned, authorize and request that East Nashville Wellness Center charge my credit card for the balance due that has been identified as my financial responsibility. This authorization relates to all charges not covered by my insurance company for services provided to me by East Nashville Wellness Center, including missed appointment and late cancellation fees. I understand my card will remain securely stored for future use and that it is my responsibility to provide payment at time of service.

If the credit card that I give today changes, expires, or is denied for any reason, I agree to immediately give East Nashville Wellness Center a new, valid form of payment, and I agree that the new card may be used with the same authorization as the original card I presented.

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. This authorization will remain in effect until revoked by me in writing.

I, _____, authorize East Nashville Wellness Center to charge my credit card.

Customer Signature

Date



WHAT TO DO IN A MENTAL HEALTH EMERGENCY



If you or a loved one are having serious thoughts of harming yourself or others, or are unable to avoid harm, then you should do one or more of the following:

Call 911

- Share all the information you can with your 911 operator. Tell the dispatcher that you are having a mental health crisis and explain any mental health history and/or diagnosis. If the police who arrive aren't aware that a mental health crisis is occurring, they cannot handle the situation appropriately. Many communities have crisis intervention team (CIT) programs that train police officers to handle and respond safely to psychiatric crisis calls. Not every police officer is trained in a CIT program, but you should ask for a CIT officer if possible.

Call Crisis at 855-CRISIS-1 (855-274-7471) or 615-726-0125

- The Tennessee Statewide Crisis Line, available 24 hours a day/365 days a year, is a resource for anyone experiencing a mental health crisis. All calls are routed to a trained crisis counselor in your area, who will provide you support and guidance, and work to connect you with appropriate community supports. The second number is local for Davidson County.

Call 988

- 988 is a dedicated emergency line for mental health crises, intended to connect you with more appropriate help and avoid involving law enforcement. Instead of routing to traditional emergency responders, calls are answered by trained crisis counselors, ideally through a local crisis center.

Go to any emergency room, Vanderbilt Psychiatric Assessment Services (PAS), or Mental Health Co-op Crisis Treatment Center

- Emergency rooms are typically open 24/7.
- Mental Health Co-op Crisis Treatment Center is located at 250 Cumberland Bend, Nashville, TN 37228 and is open 24/7.
- PAS is located on the side of Vanderbilt Psychiatric Hospital (1601 23rd Avenue South, Nashville, TN 37212) and takes walk-ins Monday-Friday 8AM-11PM and Saturday/Sunday 8AM-7PM.

Other useful numbers:

- **Poison Control: (800) 222-1222**
- **National Suicide Prevention Hotline: (800)-273-8255**