Consents and Authorizations

Treatment and Policy Consents

1. I have the legal right to authorize, and I hereby consent for services for myself or my dependents at PRA which may include evaluation, psychotherapy, medication management, group therapy, psychological testing. In addition, if agreed upon by patient and provider, I give consent for labs, Genetic testing and any other mutually agreed upon services.
2. Failure to complete all intake forms prior to your appointment may result in delays in treatment, inability to bill your insurance and a delay with obtaining medication.
3. I authorize communication within the PRA treatment team which includes your psychiatrist and therapist, covering clinicians and office personnel in order to provide comprehensive treatment services.
4. When paging a PRA MD/NP or therapist, **please turn off any privacy manager features** you may have on your phone so they may return your call promptly. I understand that my failure to turn off privacy manager features or not leaving a clear phone number for my MD/NP/therapist may result in a delay or inability for my clinician to respond. In cases of an emergency, call 911 or go to your closest emergency room for assistance. In addition, MD/NP/therapist voicemails will guide you on how to page your clinician. Please follow the guidelines and instructions on your clinicians' voicemail to page them for urgent needs.
5. I understand that appointments not canceled at least 24 hours in advance will be billed to the patient at the session rate and **cannot be billed** to, nor reimbursed by insurance (even if our office has a contract with your insurance company).
6. I understand that follow up treatment is required to maintain ongoing quality care. PRA MD/NP require follow up every three months. Failure to follow up on the recommended basis may result in prescription refills being denied. Lack of follow up for over 6 months with any PRA clinician will automatically result in your case being made inactive with our practice. You may require a new evaluation if you are requesting to be seen again should the clinician be willing to reopen your case.
7. I understand that clinicians at PRA may refer me or my family members to clinicians or services outside of the practice should they feel they cannot provide the necessary treatment needed to effectively and ethically treat you or your family members' clinical issues. In addition, reasons for termination from PRA may include but are not limited to threatening or abusive behavior; fraudulent use of controlled substances, refusal to follow treatment recommendations, frequent missed appointments or failure to follow up with appointments on a regular basis.
8. Practices regarding the use of email, secure messaging and text may vary significantly across individual providers of PRA. In some situations, you and your treatment provider may agree that it is appropriate to communicate via email, secure messaging and/or text. **However, regular use of emailing and texting are not HIPAA compliant.** Any **messages received may become part of your medical record. Please DO NOT email or text content related to your clinical treatment sessions.** PRA cannot guarantee the confidentiality of these methods of communication and there may be increased risk of unauthorized access. ***Due to restrictions and safety issues related to the pandemic, with your implied consent below, you confirm that intake paperwork can be sent by email.***
9. PRA utilizes a web based EMR to send prescriptions for your convenience. I authorize PRA to send prescriptions electronically and understand that PRA follows all Federal Privacy Security Laws to protect your healthcare records. I also consent for PRA MD/NP to review the claims medication history on my EMR record. I understand I may revoke this consent at anytime by giving written notice to my physician.
10. I have received a copy of PRA's Notice of Privacy Practicesand Policy and Guidelines, and understand and agree to my responsibilities as a patient receiving services from the named PRA provider listed on the Client Information Form and listed below.
11. Medical record requests must be made in writing with the appropriate release signed indicating where the medical records need to be released to. To start this process, please contact our Medical Records coordinator at Schaumburg 847-598-8247; Vernon Hills 847-932-0841; or Crystal Lake 815-526-5317, to review the necessary paperwork, releases and **fees** associated with medical records requests. Please be aware fees do apply.
12. **DIVORCED PARENTS – PRA** requires legal documentation stating who has medical/psychiatric decision making rights and parental involvement with children if patient is 17 and under and is seeing a PRA prescriber.
13. **PATIENT PORTAL -** Each clinician you see at PRA will require a separate user name to access information, appointment details and statements from the portal. You can use the same email for all accounts, but user names are different. Office staff or your therapist can send an invitation for access to the portal. Again, portal access is separate for each provider and each patient at PRA. More than one family member can have access to the portal with a different email. Contact the office to request additional users.

For more detailed Office Policies, please see our website at www.prapsych.com

I have read, understood, and agree to the consents and authorizations above regarding my responsibilities as a patient receiving services from clinicians at PRA. For patients 17 & under consent for treatment signatures for both parents are required below.

➜ ☐ **I consent to have paperwork or any other documents with confidential information sent to me by email.**
Email:_____

Signature of Patient (age 12 and older)	Signature of Responsible Party/Guardian #1 (if different than patient)
Print Patient's Name	Signature of Guardian/Parent #2
PRA CLINICIAN you are seeing today.	Date

Financial Consents/Authorizations

A. I have completed the demographic and insurance information on the Client Information Form to the best of my knowledge and authorize PRA to release any medical information (including types of services, dates/times of services, diagnosis along with treatment plans, progress of treatment, case notes and summaries, if necessary) to process my insurance claim(s).

B. Failures to complete all int ms prior to your first appointment may result in PRA's inability to bill your insurance resulting in balances for treatment services being patient responsibility. PRA cannot bill insurance without a consent. This may also impact future treatment visits.

C. As a courtesy to our patients, we attempt to contact your insurance company to obtain benefit information for your care here at PRA. **Benefit results given to patients by our office is not a guarantee of payment by your insurer. I understand that benefits obtained by PRA office staff are estimates based on information given to us by your insurance company.** Any balances as a result of insurance company giving incorrect information will be patient responsibility.

D. I hereby assign all medical, including Major Medical benefits to which I am entitled, private insurance and any other insurance programs to PRA. A photocopy of this assignment is to be considered as valid as original. This assignment will remain in effect until revoked by me in writing. I understand I am financially responsible for all charges, whether or not paid by said insurance and that I will be responsible for any amounts uncollected by PRA. **In addition, I understand that failure to keep current with payments may cause an interruption in treatment services until a payment plan or balance due is paid.** In addition, I agree to inform PRA of any demographic or insurance information changes promptly. Failure to do so may result in claims not being filed timely with your new insurance company resulting in the responsible party being liable for any amounts unpaid by the insurance company.

E. Any deductibles, co-pays and/or applicable fees are due at the time of your office visit. A **fee** will be charged if due copay, coinsurance or deductibles are not paid at the time of service. PRA requires a credit card number to be kept on file for any payments, missed appointments, co-pays and patient balances. Credit Card information is stored in a secure and confidential manner with CardPointe and EZpay. PRA conducts yearly if not more frequest audits to ensure credit card processing remains secure via SecureTrust PCI. I understand some additional services may not be covered by my insurance. These services could include the PHQ-9, GAD-7, and Genetic Testing. If these types of services are not covered by insurance, it will be the patient responsibility. PRA will always inform the patient of any additional charges prior to services being rendered.

F. Due to practices of insurance companies and the nature of medical billing an overpayment to PRA may occur. If this does occur, we will notify you of a credit on your account and either issue you a refund or apply the credited amount to future visits you have scheduled with PRA. Patient accounts are reviewed on a quarterly basis.

G. **For Patients who's parent(s) are responsible for their bill:** For follow-up appointments, if you are a parent and are unable to accompany your child who is a patient to the appointment, a credit card number is required to be on file. If there is a divorce agreement between parents on financial responsibility, the parent that accompanies the patient is responsible for making the co-payment at the time of service. I understand that PRA is not responsible for upholding financial agreements made between parents in divorce situations.

H. If fees for services are not paid in a timely manner and we don't have a credit card on file authorizing us to charge for patient balances, I understand that failure to pay due balances, not responding to statements or agreed upon payment plans on my or my family members account, may result in discontinuation of treatment services resulting in referrals outside PRA. I understand that I must stay current on financial obligations.

I. PRA clinicians are contracted and receive compensation for concurrently rendering services to a patient and divide the fee for such service. The fees received are made in proportion to the actual services personally performed and responsibility assumed by each clinician. I fully acknowledge the division of fees.

J. **You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost.** Under the law, health care providers need to give patients **who don't have insurance or who are not using insurance** an estimate of the bill for medical items and services. 1. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items and services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees. 2. Make sure your health care provider give you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service. 3. If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill. 4. Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call 1-800-985-3059.

K. **Medicare Advantage Plans** – PRA is not contracted with any Medicare Advantage Plans and as a result will NOT honor an allowed amount that is less than Local 16 Medicare fee schedule. While your plan may say a copay, we are not willing to take any fee schedule lower than Medicare Local 16 fee schedule and balances will be due by patient. PRA, again, is not contracted with any Medicare Advantage Plans and is not obligated to take those plans reimbursement rates.

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