

Treatment and Policy Consents

- 1. I have the legal right to authorize and I hereby consent for services for myself or my dependent at PRA which may include evaluation, psychotherapy, medication management, group therapy or psychological testing (if indicated). For minors 17 & under, consent of all guardians is required.
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 Practices and 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.praprpsych.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 intake forms 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 frequent audits to ensure credit card processing remains secure via SecureTrust PCI.
- F. **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.
- G. 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.
- H. 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.
- I. **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.
- J. **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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Signature of Responsible Party/Guardian #1 (if different than patient)

Print Patient's Name

Signature of Guardian/Parent #2

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Consents and Authorizations

INFORMED CONSENT CHECKLIST FOR TELEHEALTH/MEDICINE SERVICES

Prior to starting audio/video-conferencing services, we discussed and agreed to the following:

- There are potential benefits and risks of audio/video conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telehealth services, and nobody will record the session without the permission from the others person(s).
- We agree to use the audio/video-conferencing platform selected for our virtual sessions, and your clinician will explain how to use it.
- You need to use a webcam or smartphone or iPad during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the clinician or office in advance by phone.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telehealth sessions.
- You should confirm with your insurance company that the audio/video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- As your treating clinician, I may determine that due to certain circumstances, telehealth is no longer appropriate and that we should resume our sessions in-person.

PRA clinicians are only licensed to practice in the state of Illinois. When doing telehealth with your clinician you agree to be within the state of Illinois. If you are not in Illinois during the time of your appointment you will notify the clinician at the start of your appointment to determine medical necessity to continue the appointment or to reschedule when you will be in Illinois.

PLEASE NOTE CREDIT CARDS ON FILE ARE REQUIRED FOR TELEHEALTH SESSIONS TO OCCUR

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INFORMED CONSENT FOR IN-PERSON SERVICES DURING PANDEMIC

This document contains important information about our decision to resume in-person services.

Decision to Meet Face-to-Face

Your PRA clinician has agreed to meet in person for some or all future sessions. If there is a resurgence of the pandemic or if other health concerns arise, PRA/your clinician, may require that appointments meet via telehealth for everyone's well-being.

If you decide at any time that you would feel safer returning to telehealth services, your clinician will respect that decision, as long as it is feasible and **clinically appropriate**. Reimbursement for telehealth services, however, is determined by your insurance company and may not be reimbursed.

Risks of Opting for In-Person Services

You understand that by coming to the office, even though PRA has followed CDC guidelines for office reopening, you are assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions. If you do not adhere to these safeguards, it may result in your PRA clinician starting/returning to a telehealth arrangement whether covered by insurance or not.

- You will only keep your in-person appointment if you are currently symptom free (fever, cough, difficulty breathing, or experience loss of taste/ smell). If you have any symptoms, you agree to cancel the appointment and proceed using telehealth. If you wish to cancel for this reason, there will be no charge for late cancellation.
- You will arrive no earlier than 5 minutes before your appointment time unless otherwise requested.
- You will wash your hands or use alcohol-based hand sanitizer prior to or when you enter the office.
- You will adhere to the safe distancing precautions we have set up in the waiting room and office keeping 6 feet distance.
- You will wear a mask in all areas of the office and when entering the building, if mandated (see office signs for latest rules).
- You will try not to touch your face or eyes with your hands and avoid handshaking.
- Please only bring individuals necessary for your appointment. If the appointment is for a child, please ensure they uphold our protocols.
- You will take steps between appointments to minimize your exposure to COVID-19 or other health crises.
- If you have a job that exposes you to other people who are infected, you will immediately let us know.
- If you have recently traveled internationally or locally where COVID-19 is a known hotspot, let us know.
- If a resident of your home tests positive for the infection, you will immediately let us know and we will then begin/resume treatment via telehealth.

PRA Commitment to Minimize Exposure

PRA has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts on our website and in the office. Please let us know if you have questions about these efforts.

If You or Your Clinician Are Sick

If you show up for an appointment and we believe that you have a fever or other symptoms, or believe you have been exposed, we will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If any staff you have come in contact with or your clinician tests positive for the coronavirus, PRA will notify you so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, PRA may be required to notify local health authorities that you have been in the office. If PRA has to report this, PRA will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for your visits. By signing this form, you are agreeing that PRA may do so without an additional signed release.

Informed Consent

This agreement supplements the Consents and Authorizations that were agreed upon at the start of treatment.

Your signature below shows that you agree to these terms and conditions.

Patient Name Print

Patient Signature (age 12 and older)

Family Member/Other Party Signature

Family Member/Other Party Signature

PRA CLINICIAN NAME.

Date