

CONSENT TO TREAT FORM

As the patient, I give permission for my provider, Greg Smith, MS, APRN, PMHNP:

1. To provide me with medical treatment.

I understand that my provider does not file insurance; though I may contact my insurance company, privately, in an attempt to file reimbursement on my own, if desired.

I understand and agree:

- I must pay my balance immediately or services will discontinue
- I must pay for the cost of these services
- My Provider does NOT accept Insurance

I understand and agree:

- I have the right to refuse any treatment
- My Provider is not liable for treatment I consented to
- I have the right to discuss all medical treatments with my provider

The Treatment Process

Treatment is a collaborative process where you and your Provider will work together on equal footing to achieve goals that you define. This means that you will follow a defined process supported by scientific evidence, where you and your provider have specific rights and responsibilities. Treatment generally shows positive outcomes for individuals who follow the process. Better outcomes are often associated with a good relationship between a patient and their provider. To foster the best possible relationship, it is important you understand as much about the process before deciding to commit.

Treatment begins with the intake process/patient's first appointment. First, you will review, sign and submit all treatment documents, talk about fees, identify emergency contacts, and ask your provider any questions you may have or any questions that arise from information given to me by my provider.

Second, you will discuss what to expect during treatment, including but not limited to: the length of treatment, and the risks and benefits.

Third, you will form a treatment plan, including but not limited to: How often you will be seen by your provider, your short- and long-term goals, and the steps you will take to achieve them. Over time, you and your Provider may edit your treatment plan to be sure it describes your goals and steps you need to take. After intake, you will attend regular appointments through video, called telehealth.

TELEHEALTH SERVICES

To use telehealth, you need an internet connection and a device with a camera for video. Your Provider can explain how to log in and use any features on the telehealth platform. If telehealth is not a good fit for you, your Provider will recommend a different option. There are some risks and benefits to using telehealth:

- Risks
- Privacy and Confidentiality. You may be asked to share personal information with the telehealth platform to create an account, such as your name, date of birth, location, and contact information. Your Provider carefully vets any telehealth platform to ensure your information is secured to the appropriate standards.
- Technology. At times, you could have problems with your internet, video, or sound. If you have issues during an appointment, your Provider will follow the backup plan that you agree to prior to your appointment(s).
- Crisis Management. It may be difficult for your Provider to provide immediate support during an emergency or crisis. You and your Provider will develop a plan for emergencies or crises, such as choosing a local emergency contact, creating a communication plan, and making a list of local support, emergency, and crisis services.
- Benefits
- Flexibility. You can attend treatment wherever is convenient for you.
- Ease of Access. You can attend telehealth appointments without worrying about traveling, meaning you can schedule less time per appointment and can attend treatment during inclement weather or illness.
- Recommendations
- Make sure that other people cannot hear your conversation or see your screen during your appointments.
- Do not use video or audio to record your appointment unless you ask your Provider for their permission in advance.
- Make sure to let your Provider know if you are not in your usual location before starting any telehealth appointment.

CONFIDENTIALITY

Your Provider will not disclose your personal information without your permission unless required by law. If your Provider must disclose your personal information without your permission, your Provider will only disclose the minimum necessary to satisfy the obligation. However, there are a few exceptions.

- Your Provider may speak to other healthcare providers involved in your care.
- Your Provider may speak to emergency personnel.
- If you report that another healthcare provider is engaging in inappropriate behavior, your Provider may be required to report this information to the appropriate licensing board. Your Provider will discuss making this report with you first, and will only share the minimum information needed while making a report. If your Provider must share your personal information without getting your permission first, they will only share the minimum information needed. There are a few times that your Provider may not keep your personal information confidential.
- If your Provider believes there is a specific, credible threat of harm to someone else, they may be required by law or may make their own decision about whether to warn the other person and notify law enforcement. The term specific, credible threat is defined by state law. Your Provider can explain more if you have questions.
- If your Provider has reason to believe a minor or elderly individual is a victim of abuse or neglect, they

are required by law to contact the appropriate authorities.

- If your Provider believes that you are at imminent risk of harming yourself, they may contact law enforcement or other crisis services. However, before contacting emergency or crisis services, your Provider will work with you to discuss other options to keep you safe.

RECORD KEEPING

Your Provider is required to keep records about your treatment. These records help ensure the quality and continuity of your care, as well as provide evidence that the services you receive meet the appropriate standards of care.

COMMUNICATION

You decide how to communicate with your Provider outside of your appointments. You have several options:

- Texting/Email
- Texting and email are not secure methods of communication and should not be used to communicate personal information. You may choose to receive appointment reminders via text message or email. You should carefully consider who may have access to your text messages or emails before choosing to communicate via either method.
- Secure Communication
- Secure communications are the best way to communicate personal information, though no method is entirely without risk. Your Provider will discuss options available to you. If you decide to be contacted via non-secure methods, your Provider will document this in your record.
- Social Media/Review Websites
- If you try to communicate with your Provider via these methods, they will not respond. This includes any form of friend or contact request, @mention, direct message, wall post, and so on. This is to protect your confidentiality and ensure appropriate boundaries in treatment.
- Your provider may publish content on various social media websites or blogs. There is no expectation that you will follow, comment on, or otherwise engage with any content. If you do choose to follow your Provider on any platform, they will not follow you back.
- If you see your Provider on any form of review website, it is not a solicitation for a review. Many such sites scrape business listings and may automatically include your Provider. If you choose to leave a review of your Provider on any website, they will not respond. While you are always free to express yourself in the manner you choose, please be aware of the potential impact on your confidentiality prior to leaving a review. It is often impossible to remove reviews later, and some sites aggregate reviews from several platforms leading to your review appearing in other places without your knowledge.

FEES AND PAYMENT FOR SERVICES

You may be required to pay for services and other fees. This provider does not/may not accept insurance. You will be provided with these costs prior to beginning treatment. You should also know about the following:

- No-Show and Late Cancellation Fees
- If you are unable to attend your scheduled appointment, you must contact your provider 24 hours before your scheduled appointment. Otherwise, you may be subject to fees outlined in your fee agreement.
- Balance Accrual is not permitted
- Full payment is due at the time of your appointment. If you are unable to pay, tell your Provider. Your

Provider may offer payment plans or a sliding scale. If not, your Provider may refer you to other low- or no-cost services. Any balance due will continue to be due until paid in full. If necessary, your balance may be sent to a collections service.

- Administrative Fees
- Your Provider may charge administrative fees for writing a letter or report at your request; consulting with another healthcare provider or other professional outside of normal case management practices; or for preparation, travel, and attendance at a court appearance. These fees are listed in the fee agreement. Payment is due in advance.
- Insurance Benefits, if applicable
- Before starting treatment, you should confirm if your provider accepts insurance

If insurance is accepted by your treatment provider, it is important to check the following with you insurance company to see if:

- Your benefits cover the type of treatment you will receive;
 - Your benefits cover telehealth appointments;
 - You may be responsible for any portion of the payment; and
 - Your Provider is in-network or out-of-network.
- Sharing Information with Insurance Companies
- If your provider accepts and you choose to use insurance benefits to pay for services, you will be required to share personal information with your insurance company. Insurance companies keep personal information confidential unless they must share to act on your behalf, comply with federal or state law, or complete administrative work.
- Covered and Non-Covered Services
- When your Provider is in-network, they have a contract with your insurance company. Your insurance plan may cover all or part of the cost of treatment. You are responsible for any part of this cost not covered by insurance, such as deductibles, copays, or coinsurance. You may also be responsible for any services not covered by your insurance.
 - When your Provider is out-of-network, they do not have a contract with your insurance company. You can still choose to see your Provider; however, all fees will be due at the time of your appointment with your Provider. Your Provider will tell you if they can help you file for reimbursement from your insurance company. If your insurance company decides that they will not reimburse you, you are still responsible for the full amount. **** Providing this information does not guarantee that your provider accepts insurance. I understand and agree that my provider may not accept my health insurance or health insurance in general. I also understand and agree that I am responsible for payment of services regardless of my provider's status of accepting health insurance.***
- Payment Methods
- The practice may require that you keep a valid credit or debit card on file. This card will be charged for the amount due at the time of service and for any fees you may accrue unless other arrangements have been made with the practice ahead of time. It is your responsibility to keep this information up to date, including providing new information if the card information changes or the account has insufficient funds to cover these charges.

COMPLAINTS

If you feel your Provider has engaged in improper or unethical behavior, you can talk to them, or you may

contact the licensing board that issued your Provider's license, your insurance company (if applicable), or the US Department of Health and Human Services.

Acknowledgement

My signature on this document represents that I have received the Consent for Services form and that I understand and agree to the information therein. Further, I consent to use an electronic signature/physical signature (patient's choice) to acknowledge this agreement.

Good Faith Estimate:

My signature on this document also and equally represents that I have received a Good Faith Estimate form and that I understand and agree to the information therein. Further, I consent to use an electronic signature/physical signature (patient's choice) to acknowledge this agreement.

Patient Name Print: _____ Date: _____

Patient Signature: _____ Date: _____