



Welcome to Inner Self Care

Inner Self Care offers wellness/urgent care visits, mental health medication management and men's health services.

Some Insurances Accepted

- Inner Self Care is in network with various insurance providers for mental health services only, which are listed and updated routinely on our website. If Inner Self Care is not in network you will be responsible for the private pay rate for your specified service. Rates vary due to services rendered. Individual rates are listed below.

Professional Records: The laws and standards of the health profession require that treatment records are retained and kept for a period of 7 years after the last point of contact. You are entitled to examine and/or receive a copy of your record if requested in writing, unless it is believed that seeing the information would be emotionally damaging, in which case they will be sent to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to people who are not mental health professionals. You will be charged a Professional Records Fee of **\$30.00**. This is not to be confused with the administrative records request, which is documentation requested by you to be sent to 3rd parties.

Good Faith Estimate:

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

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services.
- This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your healthcare provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- 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 800-985-3059.

Service Locations:

Is a hybrid practice of telehealth and in person services. This is determined by patient preference in many cases, but some insurance plans and/or medications prescribed require in-person visit(s). The office location is 113 Fairview Pointe Drive Simpsonville, SC 29682.

Late Cancellations: You may cancel your appointment, without charge, prior to 24 hours before your scheduled visit. You will be charged a \$65 late cancellation fee for all appointments canceled less than 24 hours in advance. Your card on file will automatically be charged.

An Active Credit Card Must Remain on File at All Times: All patients must keep an active card on file. This allows your provider to charge your card in the event of a no show, late reschedule or late cancellation.

By signing this contract, you understand and agree to the aforementioned terms.

Continue to next section or page

Payment Due at Time of Services: Your card on file, will be charged at the conclusion of your visit. Payment is due at time of visit.

Patients must keep their account in good standing and are advised to schedule their follow up visits at the end of their current visit.

Future visits will not be conducted if your account balance does not remain current. You will be terminated as a Patient of this practice if you cancel two times outside of the 24 hour cancellation policy. Inner Self Care will provide a referral to another mental health provider in the area.

If you would like to resume treatment with this practice, your balance must be paid in full. Provided the healthcare provider has an available opening to resume your treatment, you will be able to resume treatment.

This practice operates at full capacity; thus there is a substantial possibility that once you are closed or terminated with this practice, you will be unable to get back on this healthcare provider's schedule.

Changes in Services or Fees: Inner Self Care, reserves the right to change the policies, practices, procedures and fees described in this document. You will be notified within 30 days of any such changes.

Emergencies: If you are experiencing a life threatening, call 911 immediately

For Non-Emergency Scheduling: You may reach out to Inner Self Care to request the first available appointment. Inner Self Care will do their very best to work you in as soon as possible.

Confidentiality: In general, the law protects the privacy of all communication between a Patient and a health provider. I may only release information about your treatment to others if:

- You sign a written authorization form.

You may revoke any such authorizations at any time, which must be in writing. However, in the following situations, your authorization is not required to release your personal information:

- Health Care Provider's duty to warn another in the case of potential suicide, homicide or threat of imminent, serious harm to another individual.
- Health Care Provider's duty to report suspicion of abuse or neglect of children or vulnerable adults.
- Health Care Provider's duty to report the misconduct of mental health or health care professionals.
- Health Care Provider's duty to provide a spouse or parent of a deceased Patient access to their child or spouse's records.
- Health Care Provider's duty to release records if subpoenaed by judge
- Health Care Provider's obligations to contracts (e.g. to employer of Patient, STD, LTD, FMLA)

3rd Party Document Request & Administrative Time: Patients requesting documents to be completed by their provider for any purposes will need to complete and sign a release of information form. Your provider cannot provide, including but not limited to: any person, company, other provider(s), attorney, legal counsel, insurance company, family member, short term disability (STD) company, long term disability (LTD) company, Education/Academic/Teachers, FMLA, work place, etc. without your consent. Additionally, in order to complete the documentation requested, your provider must schedule and utilize time to devise and send requested documents.

Administrative Time: Your provider must also schedule and utilize administrative time to communicate, on your behalf as requested by you in writing by your signed Release of Information, including but not limited to: any person, company, other provider(s), attorney, legal counsel, insurance company, family member, short term disability (STD) company, long term disability (LTD) company, Education/Academic/Teachers, FMLA, work place, etc. Administrative Time also includes but not

limited to, the following correspondence by your provider to the person, entity, company, place, as requested by you : Emails, phone calls, documents, FMLA, STD, LTD, Updates, Progress Reviews, Accommodation Requests, Leave Documents, Records request, Letter requested for you, administrative documents requested for you, and any additional correspondence completed on your behalf AND requested by you, not listed.

Administrative Time Rate Information: All documents and administrative time spent will be billed in 15 minute increments at \$125.00/hr.

By signing this contract, you understand and agree to the aforementioned terms.

Continue to next section or page

Informed Consent for Telehealth Services:

- I understand that Telehealth is my providers primary source of treatment/consultation
- I understand that Telehealth is the use of electronic information and communication technologies by a healthcare provider used to deliver services to an individual when he/she is located at a different location or site than I am.
- I understand that Telehealth treatment can present the opportunity for technical difficulties, and should technical issues occur, I will email my healthcare provider /coach to inform my provider of the issue and agree on how to proceed
- If my healthcare provider is experiencing technical issues, your provider will reach out via email and you both will agree how to proceed (rescheduling, phone conversation, etc.).
- I understand that if I am experiencing technical difficulties, and fail to reach out to my provider via email to make other arrangements, I will be responsible for a \$65 Missed visit Fee.
- I understand that the Telehealth visit will be done through a two-way video link-up. The healthcare provider /coach will be able to see my image on the screen and hear my voice. I will be able to hear and see the healthcare provider.
- I understand that the laws that protect privacy and the confidentiality of medical information including (HIPAA) also apply to Telehealth.
- I understand that I will be responsible for any additional fees that apply to my Telehealth visit.
- I understand that Telehealth can create breaches of privacy if I am in the presence of others. My provider will not be responsible for any breaches of privacy created by me to which he/she has no control over.
- I understand that I have the right to withhold or withdraw my consent to the use of Telehealth in the course of my care at any time, and if I choose to withdraw my Telehealth consent, I will not be able to receive treatment since telehealth is my provider's primary source of treatment.
- I understand that by signing this form that I am consenting to receive health care services via Telehealth
- I understand that I am giving my provider consent to email and text me my visit link to access virtual visit
- Visit Links will be sent to the email address you provide.
- By signing this contract, you are providing permission for your healthcare provider to email your visit link.

By signing this contract, you understand and agree to the aforementioned terms.

Continue to next section or page

Information Received

By signing this document, I agree that I have received the Confidentiality Statement, Fee Information, Privacy Information (HIPAA), Good Faith Estimate

Wellness/Urgent Care Visits

\$40/Visit

Mental Health Medication Management Rate Information:

Intake (First Visit): \$125.00

Follow Up Visit: \$75.00

Men's Health Rates:

\$125-300/Visit

Men's Health rates vary due to the service, follow up and clinical needs of the patient.

Please discuss your individual care plan with your health care provider as they will be able to provide a rate tailored to your needs.

Patient/Guardian (if minor) Signature : _____ Date: _____
Patient/Guardian (if minor) Printed Name: _____ Date: _____

Provider Name: Gregory Smith, FNP-BC

Provider Signature: **(INSERT YOUR SIGNATURE HERE)**