Consent to Treatment

General Consent for Evaluation and Treatment for Patients

Welcome to our practice. At this point in your care, no specific treatment plan has been recommended until we have had the opportunity to identify your needs. This consent form is simply to obtain your permission to perform the ongoing evaluation necessary to determine any condition that might warrant treatment and/or therapy as part of your care plan.

You have the right to be informed about any condition identified and the options for recommended medical or diagnostic treatment. You have the right to discuss the treatment plan with your physician and the purpose, potential risks, and benefits of any test ordered for you. You may then decide whether or not to undergo any suggested treatment after being informed of the potential benefits and risks involved. You have the right at any time to ask additional questions or to discontinue or decline services.

This consent provides us with your permission to perform reasonable and necessary medical examinations/evaluations, formulate a treatment plan and recommend measures to improve your overall health or well-being. By signing below, you indicate that you understand that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended, along with potential risks and benefits. The consent will remain fully effective until it is revoked in writing.

By initialing below, I agree to the following:

_____ I understand my rights as a patient consenting to treatment.

_____ I consent to treatment from a PsychUp provider virtually using a free, secure, and HIPAA-compliant platform.

The policies enclosed in this packet have been developed with the best interest of both the patients and the practice in mind. PsychUp reserves the right to amend these policies at any time, and it is the patient's responsibility to review them periodically. By signing below, I agree with PsychUp's Policies. I understand that at any time, I have the choice to disagree with these policies, and as of that time, I will be encouraged to seek services with another practice.

_____ _____

Printed name of Patient | Patient's DOB

_____ _____

Signature of Patient or Legal Guardian (if applicable) | Date

_____ _____

Printed Name of Signee (if not Patient) | Relation to Patient

Missed Appointment Policy

Consistent treatment is essential for optimal care. The continuation of missed appointments hinders the provider's ability to make safe and ethical decisions in patients' plans of care. Patients may cancel their appointment more than 24 hours prior to the appointment without penalty. They will be encouraged to reschedule at their earliest opportunity and subject to provider availability. Should they be running late, patients need to alert the office to potentially avoid any penalty.

A missed appointment is considered any scheduled appointment where the patient did not present for services. Nonattendance with less than a 24-hour notice will be considered a Late Cancellation. Nonattendance with no prior communication is considered a No Show. If a patient's late arrival results in the provider not being able to effectively render services with the time remaining, this will be considered nonattendance for Late Arrival.

Automated appointment reminders are a courtesy and, in their absence, will not excuse a missed appointment. Effective 1/1/2023, the fee schedule will no longer reset per calendar year. As a courtesy, patients will be excused from the penalty for their very first missed appointment. A $50 fee will be charged on the second occurrence and any further missed appointments will be charged as a full self-pay rate within the framework of the PsychUp Financial policy.

By agreeing to this policy, the patient acknowledges that these fees may be charged without notice to the credit card on file as soon as the same business day. If the patient is to miss an appointment with less than 24 hours' notice, the provider may not refill prescriptions, especially for controlled substances. Only the minimal amount of medication required to reach the next appointment may be given and is always at the discretion of the provider.

Despite payment of fees, repeated missed appointments may result in the suspension of treatment, suspension in the prescription of medication, suspension in completion of forms/paperwork, and/or dismissal from the practice. New patients who miss intake appointments with 2 providers in a row will not be offered the opportunity to reschedule at the practice.

By signing below, I understand the patient's responsibilities and agree to all terms and conditions of the PsychUp Missed Appointment policy as outlined above:

Signature of Patient (or financially responsible party)

Date

Paperwork Policy

At the provider's discretion, a fee may be charged for any paperwork requested to be completed. Please discuss this with your provider before giving them the paperwork. Paperwork completion/turnaround requires at least 3 business days, subject to provider presence in the office and administrative logistics.

- Simple paperwork carries a $25 fee and may include but is not limited to notes for school/work/court.
- Complex paperwork carries a $150 fee and may include but is not limited to FMLA paperwork and short-term or long-term disability paperwork.

Due to the nature of our industry, a Release of Information (ROI) is required to divulge private clinical information to any third party. ROIs must be faxed to the office at 937-759-0549 or completed in person by the patient for PsychUp. Record requests requiring physical paper copies will be a $20 flat rate fee for both mailed and in-person pickup. Turnaround time for records release is 30 days.

By signing below, I understand and agree to the terms and conditions identified in this document.

Printed name of Patient

Patient's DOB

Signature of Patient or Legal Guardian (if applicable)

Date

Printed Name of Signee (if not Patient)

Relation to Patient

Prescription Refill Policy

Refills and/or prescriptions are available when requested. Refills are based on appointment attendance. If a recent appointment was missed, it is at the provider's discretion whether the medication refill request will be approved. Frequently missed appointments can result in the denial of requests (see Missed Appointment policy). There are multiple ways the patient can request a refill:

- Contact the pharmacy, which will then be responsible for sending the request to PsychUp.
- Contact your provider through the online patient portal. Providers have up to 2 business days to respond to portal messages.
- Contact the office at (661) 888-0195 and speak with the clinical team.

Processing time for refill requests is 3 business days. Please request your refill at least 3 days prior to running out of the medication. If the request is made on the day of taking the last tablet/capsule, the refill may not be completed for same-day pick-up. Going without medication can result in possible side effects. Consult with your provider for clinical recommendations should this occur.

Controlled substances such as stimulants and benzodiazepines are heavily monitored with a state-regulated tracking system. Stimulants are legally not allowed to have refills and must be sent in as a new prescription monthly. If your provider post-dated a stimulant, be sure to word that correctly at your pharmacy and ask for any "prescriptions on file."

Patients facing dismissal from the practice for any reason may not be granted certain refills. Providers are not obligated to provide refills on all medications and may only authorize refills on maintenance medications required by law.

By signing below, I understand and agree to the terms and conditions identified in this document.

Printed name of Patient	Patient's DOB
Signature of Patient or Legal Guardian (if applicable)	Date
Printed Name of Signee (if not Patient)	Relation to Patient

Financial Policy

At PsychUp, we pride ourselves on providing a safe and compassionate experience in everyone's treatment. Part of that experience is offering payment options to patients. When insurance is being used, remember that PsychUp is not part of your employer's contract with the insurance. While PsychUp will bill the insurance company, we cannot guarantee our services will be covered under a patient's plan.

Patient Responsibilities

- It is ultimately the policyholder's responsibility to ensure their specific plan has mental health coverage.
- It is the patient's responsibility to notify PsychUp of any new insurance within the insurance's timely filing limits. Claims not able to be sent within time limits due to changes in coverage will be converted to self-pay.
- It is the patient's responsibility to notify the practice if deductibles have been met to avoid being charged the deductible amount at the time of service.
- It is the patient's responsibility to pay the funds owed as indicated by the insurance remittance advice.
- It is the patient's responsibility to contact the insurance for demographic discrepancies/coordinating benefit information.

If the insurance denies payment for any reason, the patient will be charged the self-pay rate. Effective January 1, 2022, PsychUp will collect any deductible amounts or copays/coinsurances at the time of the visit. A card on file is required and will be charged the full allowed amount of the visit/service. PsychUp accepts Credit, Debit, HSA/FSA, and personal checks. Cash is not kept in the office; any cash payments will be accepted in full, and an account credit will be applied if change is due.

If a patient has any outstanding balance, they will be asked to pay that balance in full at the next scheduled appointment. If a balance becomes too high but services are medically necessary, a monthly payment plan will be suggested. Patients qualifying for Medicaid, or another form of financial burden exemption, will not be subjected to any fees unless explicitly agreed upon in writing prior to the delivery of service.

Fee Schedule

- Medication Management Intake - $275
- Medication Management Follow Up - $150
- ADHD Testing - $180

PsychUp is a fee-for-service practice. A patient who cannot pay for services day-of will be asked to reschedule if medically appropriate. Payment plans are only available on a case-by-case basis to reconcile previous balances.

By signing below, I understand the patient's responsibilities and agree to all terms and conditions of the PsychUp financial policy as outlined above:

Signature of Patient (or financially responsible party)

Date

HIPAA Privacy Information

PsychUp Responsibility

Your medical records and confidentiality are of utmost importance. Your records include private information created or obtained by our staff, including insurance information such as billing, claims, and payments. In most scenarios, PsychUp is required to maintain the confidentiality of your private information by law.

Contact Information

After you review this information, you have the right to contact the office to discuss how your private medical information will be handled. Please contact (661) 888-0195 with further questions.

Disclosure of Private Information

PsychUp is permitted to disclose personal health information without authorization for payment, health care operations, and treatment to limited entities. Disclosure may also be required in the following circumstances:

- Required by the FDA (Food and Drug Administration).
- Required during legal investigation from law agencies.
- Worker's compensation.
- Preventing serious threat to public safety or health.
- Legal proceedings and covered entities' payment activities.
- Required by law or for an unemancipated minor.
- Required by law for domestic violence or neglect situations.

Health Information Rights

You may request certain restrictions on your health information; however, this does not mean it has been agreed upon. You have the right to request we amend the health information stored in our files. A written request must explain the belief as to why records need amendment. If a request is denied, a written explanation will be provided along with the opportunity to contest and provide a statement of disagreement.

Right to File a Complaint

You have the right to file a complaint if you believe your rights have been violated. A written complaint can be mailed to PsychUp or to the Secretary of Health and Human Services (HHS): Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington, D.C. 20201; by calling 1-800-368-1019; or by email to OCRprivacy@hhs.gov. We cannot and will not require you to waive your right to file a complaint as a condition of receiving care, nor penalize you for filing one.

Disclosure of General Information

Per law, PsychUp will not release your private information unless provided with your written permission. However, we recognize that others are frequently and logistically involved with a patient's care. Please list below the individuals you authorize to have access to basic information about your care (examples: appointments/scheduling, balances, demographic updates). These permissions may be revoked at any time with formal verbal notification.

Name	Relationship
Name	Relationship
Name	Relationship

If you would like someone to have full access to your medical chart, a separate, more detailed form will need to be filled out.

Notice for Pediatric Care

Due to the nature of our field, underage patients must be accompanied by their parent(s) or guardians to the first appointment, and then a responsible adult and/or occasionally the parent(s) or guardian for all appointments thereafter. It is expected that parent(s) or guardians are cooperative and positively engage in their child's care and treatment while with our practice. For therapy/counseling, disclosure of sensitive information discussed during the appointment to a legal guardian/designated party will be at the discretion of the provider. Patients who turn 18 while receiving treatment will be required to complete new intake paperwork, update portal credentials, and complete release forms.

Custodial Rights & Medical Decision-Making

For minors, if there are any custodial or non-joint medical decision-making court orders, the office must be informed PRIOR to any visits. PsychUp will need a copy of all legal paperwork to keep on file. All medical decision-making, scheduling, or any other relevant actions will be subject to the terms of the most recent legal agreement.

Providers reserve the right to refuse services if the terms of legal court orders are not met. Should the rule be shared medical decision-making, both parties must coordinate between themselves for all aspects of rendering services, including scheduling, refill requests, participation in the appointment, medication changes, and financial responsibility. PsychUp will not act as a point of contact between parties and will expect confirmation from both parties before any further action.

_____ YES, the patient is a minor, and there ARE custodial or other formally declared medical decision-making terms.

_____ NO legal orders exist for medical decision-making, and I have the right to speak on behalf of all parties involved.

By signing below, I understand that my personal health information will be protected as identified in this document. I agree with the PsychUp Policies outlined above. I understand that at any time, I have the choice to disagree with these policies, and as of that time, I will be encouraged to seek services with another practice.

_____ Printed name of Patient

_____ Patient's DOB

_____ Signature of Patient or Legal Guardian (if applicable)

_____ Date

_____ Printed Name of Signee (if not Patient)

_____ Relation to Patient