

General Office Policies

Thank you for the trust you have placed in us by choosing Ivy Collaborative Healthcare for your health care needs. We are committed to providing you with the highest quality of patient-oriented, goal focused care. As part of your relationship with Ivy Collaborative Healthcare, a clear understanding of our office policies is essential. You will be familiar with office procedures, your individual responsibilities, financial liability, and the extent and limits of various forms of communications. These policies may be updated over time for which you will be notified. Current office policies are also listed on our website, www.ivycollaborative.com. Please take your time to review and fully understand this document. If you have any questions, please call us before signing. Please initial where designated to indicate that you have read, understand and agree.

Appointment Policy

- The initial appointment is considered a consultation visit. Your clinician will determine if our services will be appropriate to meet your needs. If our providers are not appropriate for your care for any reason, referral sources will be provided to you.
- Appointments can be made via phone or through the patient portal.
- As a courtesy, you may receive a reminder call/text/email ahead of time to confirm your appointment.
- Your appointment is subject to personal accountability and responsibility in keeping and managing the session.
- **An appointment is considered a mutual agreement between you and your clinician, and it has been reserved for you.** Every effort is made to see you on time. We do not double-book our schedule.
- If you are more than ten (10) minutes late for your appointment, your clinician may not have the necessary amount of time for proper evaluation and your session may require rescheduling. You will be charged a missed appointment fee. Appointments for which you arrive late and are seen will still end at the appointed time. If you are ill or have another emergency, please notify the office as soon as possible.
- All new patient appointments will require a \$100 appointment hold fee that will be applied to your co-pay, deductible, or co-insurance at your first and second visit. Any credit balance from that appointment hold fee will be refunded after your second visit.

Agree and Initial Here: _____

Cancellation/Missed Appointment Policy

- If you are unable to keep a scheduled appointment, you must call at least one (1) business day in advance, or we may consider you a “no-show”.
- If you are an established patient and miss your appointment, the patient/guardian is subject to a “No-show/Late cancellation” fee of \$50. New patients are subject to a fee of \$100. Your insurance company does not cover charges for missed appointments. This fee will need to be paid in full before future services are provided.
- **Not receiving the reminder call/text/email is NOT a valid reason for not coming to your appointment since this is a *courtesy*.**

Agree and Initial Here: _____

Charges

Payment is due at the time of service. We accept CASH or CREDIT CARD (American Express, Visa, MasterCard, Discover). Please bring exact change as the office does not carry cash.

- Current Cash Rates for Self Pay or Out-Of-Network:
 - New Patient Evaluation: Total Charge or Minimum \$200 Deposit
 - Follow-up Visit: Total Charge or Minimum \$150 Deposit
- There will be charges for services provided outside of individual appointments (e.g., lengthy telephone calls made by the clinician, provider fee for completing forms, etc.)
- **Failure to receive your statement does not relieve you of your financial obligations.**
- It is your responsibility to notify the office with any changes to your billing information.
- Past due accounts are subject to our collections process and dismissal as a patient from our clinic.
- A fee will be charged for the completion of forms and letters.
- A \$50 fee will be charged for Non-Sufficient Funds (NSF) checks, and any fees from your bank.

Agree and Initial Here: _____

Medication Refills

- Our policy is to provide enough medication/refills to last until the date of the next scheduled appointment. It is the patient/guardian's responsibility to remain current with their appointments so that there is no lapse in needed medications. Please inform your clinician about refills required and allow at least three (3) business days before your medication runs out. It is advised to set aside an emergency reserve of three to five days of each prescription.
- If a patient runs out of medications due to a missed appointment:
 - The non-controlled medication(s) will be refilled one time only (if deemed clinically appropriate by the treating clinician) until the next available appointment
 - The controlled medication(s) will be refilled one time only for up to 30 days (if deemed clinically appropriate by the treating clinician) and an appointment must be made within that timeframe to be evaluated in person
- Medication refills will **NOT** be performed in the following cases:
 - After office hours (including possibly late Friday afternoon requests)
 - Over the weekend
 - During holidays
 - For patients who repeatedly miss their scheduled appointments
 - If there is a suspicion of abuse of medications or failure to comply with drug screen requirements.
- Our clinicians reserve the right to refuse to refill any medication if they believe it is clinically necessary to evaluate the patient before prescribing the medication.

Agree and Initial Here: _____

Prior Authorizations

- Ivy Collaborative Healthcare will perform prior authorizations. Please note that this process may take up to seven (7) business days. It may be helpful to bring a copy of your insurance company's preferred drug list. Please check with your pharmacy and/or insurance company for the results of prior authorizations.

Agree and Initial Here: _____

Forensic Policy

Understand if any provider from Ivy Collaborative Healthcare is subpoenaed to appear in court or provide testimony via phone, a charge of \$2,000 will be applied per day of the legal obligation, no matter how much time is involved to fulfill the requirements of the subpoena. This fee is in place because court appearances/testimony may include indefinite times of the working day, which require cancellation of previously made appointments of other clients. The \$2,000 amount is to be paid to Ivy Collaborative Healthcare before services being rendered.

Agree and Initial Here: _____

Telephone Calls

- Please call the office with any urgent clinical questions. Leave your full name, patient's name and phone number with your message. Calls will be returned within 48 hours, or earlier if possible. Any non-urgent matters, such as a routine need for medication changes in dose or formulation, therapeutic issues, or any other non-urgent concern, must be addressed during appointment times.
- Please do NOT leave a message in case of emergencies. See the emergency procedure below.
- There is no charge for emails or brief phone calls (<5 minutes). If a phone call does last for more than 5 minutes, it will be billed at a pro-rated rate.
- Text messaging is NOT an acceptable form of communication.
- Please note that our providers cannot be interrupted while treating others to take your calls.

Agree and Initial Here: _____

Virtual Visits (Telemedicine)

For insured patients, all virtual visits charges will be presented to your insurance for payment, as a courtesy. If your insurance does not cover Virtual Visits (Telemedicine) or if you are uninsured, you will be charged \$75, which is due at the time of the Virtual Visit.

Agree and Initial Here: _____

Patient Portal

Ivy Collaborative Healthcare offers its patients the opportunity to communicate via the secure patient portal. We strongly encourage the use of the patient portal for communication. Through the patient portal, you can access your personal health information and test results, securely message your care team, manage payments, all from one spot, and at your convenience, 24/7. You can also review prescription medication and request renewals.

Agree and Initial Here: _____

E-mail

- Ivy Collaborative Healthcare offers its patients and other individuals the opportunity to communicate via the secure patient portal. For routine matters that do not require an immediate response, contact us at ivycollaborative@gmail.com. Do NOT send emails to any other email address you have found.
- When sending email, please put the subject of your message in the subject line so that we can process it more effectively. Be sure to include a return telephone number in the body of the email message.
- Please note that transmitting patient information via email has significant risks that patients/guardians should consider. These include, but are not limited to the following:
 - Emails may be circulated, forwarded and stored in any number of paper and/or electronic files

- Emails can be immediately broadcasted across the internet and received by any intended and/or unintended recipients
- Email senders can easily misaddress an email
- Email is easier to falsify than handwritten or signed documents
- Back-up copies of email may exist even after the sender or the recipient has deleted his/her copy
- Emails can be intercepted, modified, redirected, or used without authorization or detection
- Emails can be used to introduce viruses into computer systems
- Emails can be used as evidence in court
- Employers and on-line services have a right to archive and inspect emails that are transmitted through their systems
- We cannot guarantee the security, safety and confidentiality of email communication and will not be liable for improper disclosure of confidential information that is not caused by our intentional misconduct.
- Providers may forward emails internally to staff and agents as necessary for treatment and other handling needs. We will not, however, forward emails to independent third parties.
- All emails to and/or from the patient concerning diagnosis or treatment will be made part of the patient's medical record. Because they are a part of the medical record, other individuals authorized to access the medical record, will have access to those emails. The use of email is limited to the exchange of **non-clinical** information. Although we will endeavor to read and respond to an email, we cannot guarantee that any particular email will be read and responded to in any specific period of time. Therefore, patients/guardians should not use email for medical emergencies or other time-sensitive matters.
- The patient/guardian is responsible for protecting his/her password or other means of access to the patient portal. Ivy Collaborative Healthcare is not liable for breaches of confidentiality caused by the patient/guardian or any third party.
- Ivy Collaborative Healthcare shall not engage in email communication that is unlawful, such as unlawfully practicing medicine across state lines.

Agree and Initial Here: _____

Confidentiality Policy and Limits of Confidentiality

- This practice operates in a “multi-disciplinary” way. Meaning, the clinicians function as a team. It is essential to understand that the information in the chart is accessible to other providers in the office in order to provide you with high quality and consistent care.
- No information about you or your care will be released to anyone outside the office without your consent. Disclosure may be required in the following circumstances:
 - Where there is a reasonable suspicion that the patient poses a danger to themselves or others
 - Where there is a reasonable suspicion of child abuse or elder abuse
 - Pursuant to a legal proceeding
 - Insurance companies or other third-party payers are given information that they request regarding services provided to their clients. Data that may be requested includes but is not limited to type of service, dates/times of services provided, diagnosis, treatment plan, trajectory of therapy, description of deficits/impairment, case notes and/or treatment summary.
 - Parents/legal guardians of non-emancipated minor patients have the right to access the patient's records.
- You may complete a Release of Information form that you can use to list anyone whom we may have communications about you, your care and/or financial matters concerning your account.

- Children (under the age of 17) have the right to confidential one-to-one sessions with clinicians. This is necessary to build a trusting relationship with the child. However, if there are issues that pose a grave or immediate danger, they may be discussed with parents or legal guardians or child protective services.

Agree and Initial Here: _____

Emergency Treatment Policy

- In the event of an emergency (immediate attention is required for oneself or another due to a life-threatening situation or a potential threat to safety), call 911 or go to the nearest hospital emergency department for immediate services.
- You may also call:
 - Georgia Crisis and Access Line at 1-800-715-4225
 - National Suicide Hotline at 1-800-273-8255 (1-800-SUICIDE)
 - Veterans Crisis Line at 1-800-273-8255, then Press 1 (1-800-TALK, then press 1) or text 838255

Agree and Initial Here: _____

Conduct and Dress Code Policy

- Patients/guardians are required to adhere to clinic policies.
- Appropriate clothing and shoes are expected to be worn by patients/guardians.
- Disrespectful, abusive behavior or harassment towards office staff will not be tolerated and patients are to expect that they will be terminated from the practice for this sort of demeanor.

Agree and Initial Here: _____

Items Not Allowed

- The use of tobacco products, vaping, e-cigarettes or any illicit drugs is not allowed on clinic grounds.
- Weapons or firearms are not allowed on clinic grounds.
- Food and/or beverages are not allowed on office premises.

Agree and Initial Here: _____

Drug Screening Policy

Drug screens are performed on patients when deemed necessary by the clinicians. All patients who are prescribed controlled substances either by medical staff or any other third-party providers will be subject to drug screenings. Any charges that may result from the drug screen will be the patient's responsibility, if not covered by their insurance policy.

Agree and Initial Here: _____

Forms/Letters/Record Requests

- Any additional forms, letters or records that a patient/guardian requests will require a signed Release of Information form. This form may be printed off of our website and submitted to your clinician prior to the form being completed. These requests require at least ten (10) business days for completion. It is the patient/guardian's responsibility to provide sufficient advanced notice.
- Please be advised that there is a fee for any patient forms which require your provider to complete them. Payment must accompany the form. We accept payment via credit card, debit card, or cash (exact amount). Do not send cash via mail. Fees are as follows:

Disability Assessment Forms	\$30	Diagnostic and Treatment Update Letter	\$20
FMLA Forms	\$30	Insurance Forms	\$30
Home Health Form	\$30	Jury Duty Accommodation Letter	\$20
Home Bound Form	\$30	Disabled/Handicap Form	\$30
Customized Letter	pro-rated		

Dismissal Policy

- After three (3) missed appointments/no-shows within one (1) calendar year (365 days), the clinician reserves the right to dismiss patients from Ivy Collaborative Healthcare due to treatment non-compliance. Other possible reasons for dismissal include but are not limited to noncompliance with the treatment plan or medical advice, verbally abusive or threatening behaviors toward any of our staff, failure to pay your outstanding balance.
- If you are dismissed from the practice, you can no longer schedule appointments, obtain medication refills or consider us your clinician. You must find a provider in another practice. A letter will be sent to your last known address, notifying you that you are being dismissed. If you have a medical emergency within thirty (30) days of the date on the letter, we may assist you with your care concerns.

Agree and Initial Here: _____

I certify that I have read and understood the General Office Policies of Ivy Collaborative Healthcare, was given the chance to ask my questions and have them answered. I agree to abide by the policies set forth. I understand that if I do not sign this consent described above, then the practice will not treat me or my child

Patient Name: _____

Signature of Patient/Guardian: _____

Relationship: _____

Date: _____