



Patient Name:

DOB:

322 SW 4th Avenue Gainesville, Florida 32601

phone: (352) 559-5409 fax: (717)349-1015

Jamie@FloridaHealthyMind.com

OFFICE POLICIES

- We are a self-pay practice and do not accept any insurance. We see patients who are not insured or opt out of using their insurance.
- A follow-up appointment will not be scheduled if there is a balance due, unless the provider determines that the client is in an emergency situation, in which case, a follow-up appointment will be provided, and the client will be given a 30-day written termination notice.
- Fees are paid through Squarespace at the time of scheduling.
- We employ a service, Squarespace, that enables your credit card, debit card, or health savings account card to be stored. This enables us to process payment at the time of scheduling. The credit card number is securely stored on a remote server and is not visible to us.
- If there is suspicion of misuse or abuse of your controlled substance, you may be terminated by the practice.

REGISTRATION, INSURANCE, BILLING & FEES

- Our practice does NOT accept insurance. We are self-pay and see patients who are not insured or opt to see us without their insurance
- Any charges are the financial responsibility of the client.
- A follow-up appointment will not be scheduled if there is a balance due, unless the provider determines that the client is in an emergency situation, in which case, a follow-up appointment will be provided, and the client will be given a 30-day written termination notice. (An outstanding balance on the client's account includes no show fees that remain unpaid).

CREDIT CARD ON FILE

- Our Practice uses SquareSpace, that enables your credit card, debit card, or health savings account card to be stored within its billing system. This enables us to process payment at the time of scheduling. The credit card number is securely stored and is not visible to us.
- Payment is processed at the time your appointment is scheduled.

Prescription Policy

- If a patient has not been seen within the previous 90 days, no controlled medications will be prescribed/refilled until the patient has been seen.
- ALL patients seeking/obtaining controlled substances will be looked up at each visit in the E-FORCE database, per Florida Law. This is a database that shows all controlled substances which has been prescribed to you.
- Medications will be refilled during your visit. An electronic prescription will be sent to your preferred pharmacy.
- All efforts are made to provide refills during your appointment, however if a refill is needed in between appointments, please reach out to us via email and allow 2 business days to process your refill request or schedule a follow-up appointment.
- We do not accept refills requests from the pharmacy.
- Allow 2-3 business days to process Prior Authorization requests from your insurance
- If there is suspicion of misuse or abuse of your controlled substance, you will be terminated by the practice.

LATE & NO SHOW POLICY

- Patients who are 10+ minutes late for their scheduled appointment time will NOT be seen and will be charged for a missed appointment. For Telehealth appointments we recommend you log on early to avoid any last minute technical difficulties.
- Clients who fail to show for an appointment or do not provide 24-hour notice will be charged for their appointment.
- You can reschedule or cancel an appointment on Sqaurespace up to 24-hours before your appointment. Additionally, you may contact the office via phone or email.

By signing this, I understand and agree to the office policies and procedures

Signature of Patient or Legal Gaurdian

Date:

HIPAA Compliance Patient Consent Form

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information.

The notice contains a patient's rights section describing your rights under the law. You ascertain that by your signature that you have reviewed our notice before signing this consent.

The terms of the notice may change, if so, you will be notified at your next visit to update your signature/date.

You have the right to restrict how your protected health information is used and disclosed for treatment, payment or healthcare operations. We are not required to agree with this restriction, but if we do, we shall honor this agreement. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations.

By signing this form, you consent to our use and disclosure of your protected healthcare information and potentially anonymous usage in a publication. You have the right to revoke this consent in writing, signed by you. However, such a revocation will not be retroactive.

By signing this form, I understand that:

- Protected health information may be disclosed or used for treatment, payment, or healthcare operations.
- The practice reserves the right to change the privacy policy as allowed by law.
- The practice has the right to restrict the use of the information but the practice does not have to agree to those restrictions.
- The patient has the right to revoke this consent in writing at any time and all full disclosures will then cease.
- The practice may condition receipt of treatment upon execution of this consent.

May we discuss your medical condition with any member of your family? YES NO

If YES, please name the members allowed:

May we discuss your medical condition with any Health Care Provider/Therapist? YES NO

If YES, please name of the Practice/Provider(s) allowed:

Signature of Patient or Legal Gaurdian: _____ Date: _____

Patient's Name: _____