



THE INTEGRATED WELLNESS CENTER

PROMOTING HEALTH. RESTORING BALANCE.

APPOINTMENTS AND CANCELLATIONS

Office hours are Monday through Friday 8 am - 6 pm and Saturdays 9 am -12 pm. Holiday closures are posted on our website.

The standard meeting time for the initial visit is 45-60 minutes and follow up visits are 15-30 minutes. Follow up appointments are scheduled during your appointment. If you need to change your follow up appointment time, please do so in the patient portal to request a new appointment date and time.

Each meeting is another opportunity to help you confidently take charge and start living the life that's important to you. We understand things come up and you may need to miss your appointment. If you need to reschedule or cancel any appointments, **The Integrated Wellness Center** requires **48 business hours** notification prior to your scheduled appointment. _____

Please understand that we set aside this time for you, and if you are unable to make it, we will have missed an opportunity to meet with another valuable client. This policy is in place to give the office enough time to schedule another client in that time slot. If you fail to cancel within the 48 hours prior to your appointment, a **fee equal to 50%** of the scheduled office visit will be charged to the credit card on file. _____

We will attempt to contact you if you are 5 minutes late. If you are 15 minutes late, it will be considered a no show and will be charged as such.

Payment is due within 24 hours of your appointment.

You may lose your appointment if payment is not received within 24 hours of your scheduled time. Your card will automatically be billed 24 hours prior to your appointment if payment is not received.

TELEPHONE ACCESSIBILITY

If you need to contact **The Integrated Wellness Center, LLC** between sessions, please call our main number or send us a message through the patient portal. We are often not immediately available; however, we will attempt to return your call or message within 24-48 hours. Please note that face-to-face video visits are highly preferable to phone visits. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If a true emergency situation arises, please call 911 or go to your local emergency room. _____

MEDICATION REFILLS

Medication refills will be sent during your visit with a sufficient quantity to last until your next scheduled appointment. If you no-show for your follow up appointment, a refill **will not** be provided without a visit.

FINANCIAL OBLIGATION

I understand that the office of **The Integrated Wellness Center, LLC** will attempt to bill my insurance, however if my insurance does not pay, for whatever reason, I am responsible for any remaining balance. This may include deductibles, copays, or out of pocket expenses.

I authorize the following card to be used for co-pays and fees incurred during the time I am a patient with **The Integrated Wellness Center, LLC** .

CREDIT CARD INFORMATION		
Name on Card		

Credit Card Number		

Expiration Date	Security Code	Postal Code
_____	_____	_____

ELECTRONIC COMMUNICATION

We cannot ensure the confidentiality of any form of communication through electronic media, including, but not limited to, text messages, telephone communication, the Internet, facsimile machines, and e-mail. Telemedicine is broadly defined as the use of information technology to deliver medical services and information between two parties that are at different locations. The above electronic means of communication are considered telemedicine. Utilizing telemedicine services through **The Integrated Wellness Center, LLC** is voluntary in nature, and you need to understand:

1. You have the right withhold or withdraw your consent for telemedicine services at any time. If this occurs, you need to understand that we may not be able to provide care for you any longer as **The Integrated Wellness Center, LLC** is mainly a telemedicine practice with limited appointments for in office visits.
2. We will protect your protected health information in the same fashion as a brick-and-mortar practice. You need to understand though that data breaches can happen, and we cannot assure your information is 100% protected.
3. We will not use your protected health information for research purposes unless you give us consent to do so.
4. There are potential benefits, risks and subsequent consequences of telemedicine. Potential benefits include, but are not limited to improved access to care, reducing costs, improving the quality of visits, and reduction of travel time associated with medical visits. The medical provider will make assessments, diagnoses, and treatment plans based off all the visual and auditory information provided during the video conference. You must understand that this is limited and posts potential risks including, but not limited to the provider's inability to make complete diagnostic assessments that might require a physical exam and to see the patient in person. During an in-person encounter, a medical provider has the ability to see the entire patient including but not limited to their gait, smell, general appearance, and demeanor. Potential consequences thus include the provider not being aware of clinically significant information that you may not recognize as significant to present verbally to the provider. _____

MINORS

We require parental consent for all visits done through telemedicine. We require your parents to be present during a portion of the visit to ensure that they are consenting to treatment. _____

If you are a minor, your parents may be legally entitled to some information about your treatment. We will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

TERMINATION OF PROVIDER-PATIENT RELATIONSHIP

We can terminate treatment with you at any time. We will not terminate the medical relationship with you without first discussing and exploring the reasons and purpose of terminating. If treatment is terminated for any reason, we will provide you with a list of qualified providers to continue your care. You may also choose someone on your own or from another referral source. Should you fail to show up for two follow up appointments, do not obtain lab work in a timely fashion or are non-compliant with treatment, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued. _____

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

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Patient or legal guardian Signature

Date