

Innovative Health and Well-Being PLLC

Melissa Gregory, PMHNP-BC

1 Walpole Street, 2nd Floor Suite 5, Norwood MA 02062
Phone +1 (781) 739-2959 ext 100 Fax:1 (781) 739-2994
mgregory@innovativehealthandwellbeing.com

Patient's Name: _____

Date of birth: _____

Information and consent to Treatment

All Evaluations and/or treatment will be conducted by a board certified Psychiatric Nurse Practitioner at Innovative Health and Well-Being PLLC and conducted within the boundaries of Massachusetts state laws and regulations. This form is to be completed prior to your visit. If consent is not provided the appointment cannot legally take place.

RXNT Patient Portal- You will be able to access our integrated patient portal which will allow individual patients to send messages/emails to Melissa Gregory, IH&WB's office manager/billing specialist. This patient portal will also allow you to pay bills, view medical documents, request appointments and access telehealth appointments.

Appointments- I provide services by appointment only. If you feel that you need to see me sooner than our next appointment please send me a message/email through the RXNT portal. You may also call me at +1 (781) 739-2959 ext 100 and I will get back to you as soon as I can.

Cancellations and associated fees- IH&WB requires 24hr notice in order to avoid a cancellation fee. Cancellations made less than 24hrs in advance, or simply not showing up to your scheduled appointment will result with the appropriate fee that you agreed to in the Innovative Health and Well-Being Patient Agreement of Financial Responsibility Policy.

Insurance/Reimbursement-It is the patient's responsibility to inform IH&WB of any changes in their health plan. Patients are responsible for all copays at the time of their visit, as well as deductibles and any out of pocket expenses.

After hours/between sessions- You may message/email via the portal, or call me at +1 (781) 739-2959 ext 100 and leave me a message. I will return your message/email or call within 24-48 hrs, Monday through Friday. If it is a weekend or State/National holiday, please allow up to 48-72 hours.

Confidentiality- Confidentiality is a key part in a therapeutic relationship. Keeping your Protected Health Information safe is not only a requirement of the law but of my profession as well. There can be some instances where I am required to provide information to and notify the appropriate officials if any of the following situations occur;

- If a legal proceeding requires certain clinical information
- If it is suspected that a child (17 and under) or elderly person (60 and over) is being neglected, abused or exploited.
- If it is suspected that you or someone else is in immediate physical danger due to actions you are planning to take or have already taken

You will be informed if I need to break confidentiality

Agreement and Informed Consent for Treatment

By signing below, you voluntarily consent that I will participate in mental health (Psychiatric) services by providers at Innovative Health and Well-Being PLLC. Services may include psychotherapy, pharmacology, laboratory testing, diagnostic procedures, and other appropriate therapies or referrals. You have the right to be informed and participate in treatment services, receive a copy of this consent form, and withdraw this consent at any time.

I have read, understand, and agree to the contents and terms of this document. I have had the opportunity to clarify any questions regarding this document. I consent to receive psychiatric/mental health therapeutic counseling and/or psychiatric/mental health medication management from Melissa Gregory, PMHNP-BC.

Date:_____

Parent/Guardian Signature if under the age of
18 years old.