NORTHWEST BEHAVIORAL PRACTICE POLICIES

CONSENT

I understand and agree to allow my healthcare provider to release confidential healthcare information to my insurance company and/or other healthcare providers for the purpose of providing healthcare treatment, obtaining authorization, and to obtain payment for healthcare operations. **INITIAL: _____**

Certain medication history can be electronically obtained by your provider with your permission. By signing below you agree that your provider may access your medication history for purposes of your healthcare treatment.

INITIAL: _____

For Online Patient Portal Access, please provide us with your email:_____

INITIAL:_____

HIPAA is a federal law that provides privacy protections and assures patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that NBM provide you with a complete printed copy of HIPAA Notice for use and disclosure of PHI for treatment, payment and health care operations. The HIPAA Notice explains HIPAA and its application to your personal health information in greater detail. The law requires that NBM obtain your signature acknowledging that you have been provided with this information. **INITIAL: _____**

FINANCIAL AGREEMENT AND CANCELLATION POLICY

- Payment is due at time of service.
- Prescriptions are written at time of visit. A $25 fee is assessed for refills that are requested outside of a regularly scheduled appointment time.
- A fee may apply for medication prior authorizations and for all phone calls/consultations performed by your doctor/provider.
- I acknowledge that I have been provided with a copy of additional fees that may be charged and understand that unpaid balances over 120 days may be sent to a collections agency.
- Cancellations for appointments must be made 24 hours prior to scheduled appointment or full payment is required. Missed follow up appointments are $105 and missed initial evaluations are $300. Missed appointments will not be billed nor paid for by your insurance company. Future appointments will not be scheduled until this fee is paid.
- I understand it is my responsibility to obtain the details of my mental health coverage from my insurance carrier and to notify the front office should my insurance change. I understand that NBM does NOT file secondary insurance.

INITIAL: _____

PREFERRED PHARMACY INFORMATION

Name of Pharmacy: _____ Phone: _____

Fax: _____ Address: _____

_____ _____ _____

Signature of Patient or Guardian Printed Name Date