CONSENT AND POLICIES

INFORMED CONSENT TO TREAT

I hereby give my consent for **ND Health Solutions** (henceforth referred to as "the practice") to treat me. I understand and I am informed that, as with all healthcare treatments, results are not guaranteed and there is no promise of cure. I have had the opportunity to discuss with my provider the nature and purpose of treatments and procedures. I am aware that all existing methods of diagnosis and treatment pose some level of risk.

I do not expect the provider to be able to anticipate and explain all risks and complications, and I wish to rely on the provider to exercise judgment during the course of the treatment which the provider feels at the time, based upon the facts then known, is in my best interests.

I will immediately inform the provider if I experience adverse reactions or any unanticipated or unpleasant effects associated with treatment or supplements prescribed/recommended. **I understand that if an emergency medical condition arises, I am expected to call 9-1-1.**

LABORATORY TESTS

I understand that **Christina Shockley, FNP-C, PMHNP-BC** (henceforth referred to as "the practitioner") / the practice may recommend blood, saliva, stool, urine, hair, or skin testing within their scope of practice. In addition to conventional testing, specific tests may be ordered through specialized laboratories to assess structural and/or functional deficiencies, and may not always be diagnostic, but can provide critical information to help improve my health outcomes. I agree with the use of such tests and will always have the opportunity to discuss their applicability and limitations with my provider, prior to sample collection. I agree to pay the laboratory any fees due for sample collection and processing not covered by insurance.

FINANCIAL POLICIES/FEES AND PAYMENTS

The practice does file for insurance reimbursement when applicable. You may pay cash, check, credit card, HSA card, or Flexible Spending Card.

As the patient, it is in your best interest to know and understand your insurance plan benefits. It is important that you know your benefits prior to visiting. Regardless of your individual insurance coverage or type, as the person seeking treatment, you are ultimately responsible for all charges.

Please know that we are here to help you if you have any questions.

All outstanding balances must be paid in full or there must be a financial agreement in place prior to continuing care.

MISSED APPOINTMENT FEE (NO SHOW)

If you are unable to keep your appointment please contact the office by email or phone. If you miss an appointment (no-show) you may be charged **$50.00** for that missed appointment. This payment is expected before any further appointments may be scheduled or attended.

LATE CANCELLATIONS

This office requires a **24-hour notice** if you are unable to attend your scheduled appointment please contact the office by email or phone. If a **24-hour notice** is not provided you may be charged a **$25.00** late cancellation fee. This payment is expected before any further appointments may be scheduled or attended.

LATE ARRIVALS

If you are more than **10 minutes late** for your scheduled appointment this will result in your appointment being rescheduled and a "late cancellation fee" of **$25.00** may be

charged. This payment is expected before any further appointment may be scheduled or attended.

MEDICATION MANAGMENT

If you miss or cancel a medication follow-up appointment and are needing medication refill(s), the refill(s) will be sent to your pharmacy on file for the number of days until your next scheduled medication follow-up appointment. If there there is not a medication follow-up appointment scheduled refills will not be granted.

PHONE CALLS

If you are requesting a phone call with your provider an appointment will need to be made and will be billed accordingly. It is always encouraged that clients reach out via patient portal.

RETURNED CHECK

There is a $20.00 fee for any check returned by the bank.

PAST DUE ACCOUNTS

If your account becomes past due, we will take necessary steps to collect this debt. If your account becomes past due over 60 days, your account will be referred to a collection agency.

SPECIAL LETTERS, FORMS, and DOCUMENTS

Completing special insurance forms, workplace documentation, writing letters of medical necessity, etc. require significant provider time and may be charged an administrative fee of $40 per document/letter. Fees must be paid prior to receiving document/letter. Some documentation may require extensive time / complexity and may justify a higher fee. If so, this fee will be disclosed to you prior to preparing the documents.

CAMERA USAGE

This facility utilizes security cameras for the purpose of ensuring the safety and security of patients, visitors, and staff. These cameras are installed in public and common areas such as hallways, entrances, and waiting areas, but do not record in private areas such as restrooms or provider/examination rooms. Cameras will not record audio; the recorded footage may be reviewed by authorized personnel for security purposes, and if necessary, may be shared with law enforcement or legal authorities; surveillance footage will be stored securely and retained for a specific period.

NON-CLIENT/PATIENT CHILDREN ATTENDING THERAPY APPOINTMENTS

To maintain a safe, calm, and effective therapeutic environment by limiting distractions during therapy and medication management appointments caused by non-client/patient children attending appointments we require that these children are not brought to these appointments. Our practice is dedicated to providing high-quality, focused mental and physical health care. For therapy to be most effective, sessions must take place in an environment that supports concentration, emotional safety, and uninterrupted communication. Non-client/patient children attending appointments with a parent or guardian can unintentionally create distractions that compromise the therapeutic process.

1. Only the scheduled client(s)/patient(s) should attend therapy appointments.
2. Parents and guardians are asked to make alternative arrangements for siblings or other children.

<u>Disruption Policy</u>-
1. If a non-client/patient must attend due to unavoidable circumstances, they are expected to remain quiet and supervised in the waiting room area.
2. If a non-client/patient child is brought to a session and this results in interference, the appointment may be rescheduled. If this session has to be rescheduled a no-show fee of $50 may be applied.

Edited: 4/1/25