



BELLA VITA
— INTEGRATED HEALING —

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CONSENT FOR TREATMENT SERVICES

CONSENT FOR SERVICES AT BELLA VITA INTEGRATED HEALING

This form is called a Consent for Services (the "Consent"). Your therapist, counselor, psychologist, doctor, or other health professional ("Provider") has asked you to read and sign this Consent before you start therapy. Please review the information. If you have any questions, contact your Provider.

Patient Name

Parent/Guardian Name (If applicable)

Patient DOB

Date

THE TREATMENT PROCESS

Treatment is a collaborative process where you and your Provider will work together on equal footing to achieve goals that you define. This means that you will follow a defined process supported by scientific evidence, where you and your Provider have specific rights and responsibilities. Treatment generally shows positive outcomes for individuals who follow the process. Better outcomes are often associated with a good relationship between a client and their Provider. To foster the best possible relationship, it is important you understand as much about the process before deciding to commit.

Your care begins with the intake process. First, you will review your Provider's policies and procedures, talk about fees, identify emergency contacts, and decide if you want health insurance to pay your fees depending on your plan's benefits. Second, you will discuss what to expect during therapy, including the type and length of treatment, and the risks and benefits. You and your Provider will form a treatment plan, including the type of treatment how often you will attend treatment, your short- and long-term goals, and the steps you will take to achieve them. Over time, you and your Provider may edit your treatment plan to be sure it describes your goals and steps you need to take. After intake, you will attend regular treatment sessions at your Provider's office or through video, called telehealth. Participation in treatment is voluntary - you can stop at any time. We will work together to achieve your goals. At this time, you will review your progress, identify supports that will help you maintain your progress, and discuss how to return to treatment if you need it in the future.

IN-PERSON VISITS

You can meet in-person. If you attend treatment in-person, you understand:

You can only attend if you are healthy and not ill.

If you are experiencing symptoms, you can switch to a telehealth appointment or cancel. If you are well enough to attend your appointment via tele-health and still wish to cancel you will still be charged for your session per the company's cancellation policy. If you need to cancel because you are too sick to attend your tele-health appointment you will not be charged a late cancellation fee.

TELEHEALTH SERVICES

To use telehealth, you need an internet connection and a device with a camera for video. Your Provider can explain how to log in and use any features on the telehealth platform. If telehealth is not a good fit for you, your Provider will recommend a different option. There are some risks and benefits to using telehealth:

Initials

Risks:

Privacy and Confidentiality. You may be asked to share personal information with the telehealth platform to create an account, such as your name, date of birth, location, and contact information. Your Provider carefully vets any telehealth platform to ensure your information is secured to the appropriate standards.

Technology. At times, you could have problems with your internet, video, or sound. If you have issues during a session, your Provider will follow the backup plan that you agree to prior to sessions.

Crisis Management. It may be difficult for your Provider to provide immediate support during an emergency or crisis. You and your Provider will develop a plan for emergencies or crises, such as choosing a local emergency contact, creating a communication plan, and making a list of local support, emergency, and crisis services.

Benefits:

Flexibility. You can attend wherever is convenient for you.

Ease of Access. You can attend telehealth sessions without worrying about traveling, meaning you can schedule less time per session and can attend therapy during inclement weather or illness.

Recommendations:

Make sure that other people cannot hear your conversation or see your screen during sessions.

Do not use video or audio to record your session unless you ask your Provider for their permission in advance.

Make sure to let your Provider know if you are not in your usual location, or if you are outside of Arizona, before starting any telehealth session.

Please note that if you are driving at the time of your telehealth appointment, it will be cancelled and you will be charged a no-show fee.

EMERGENCY SERVICES:

Contact Bella Vita Integrated Healing at 602-671-3091 with any worsening of symptoms or urgent concerns (including fever of unknown origin, fast heart rate, blood pressure changes, or muscle rigidity. Please note that we do not offer emergency services or after-hours coverage (Monday-Friday after 5pm, Weekends or Holidays). For immediate or crisis intervention, call 911 or go to the nearest emergency room.

Other options include:

MIND24-7 locations can be used for mental health crisis:

Mesa Location: 1138 S. Higley Rd Mesa, AZ 85206 Ph: (844) 646-3247

Camelback Location: 9675 W. Camelback Rd. Phoenix, AZ 85037 Ph: (844) 646-3247

Central Phoenix Location: 2728 N 24th St. Phoenix, AZ 85008 Ph: (844) 646-3247

North Central Phoenix: 10046 N. Metro Parkway W. Phoenix, AZ 85051 Ph: (844) 646 3247

The Suicide Prevention Hotline- 988 or Text HOME to 741741

CONFIDENTIALITY

Your Provider will not disclose your personal information without your permission unless required by law. If your Provider must disclose your personal information without your permission, your Provider will only disclose the minimum necessary to satisfy the obligation. However, there are a few exceptions:

Your Provider may speak to other healthcare providers involved in your care.

Your Provider may speak to emergency personnel.

If you report that another healthcare provider is engaging in inappropriate behavior, your Provider may be required to report this information to the appropriate licensing board. Your Provider will discuss making this report with you first and will only share the minimum information needed while making a report. If your Provider must share your personal information without getting your permission first, they will only share the minimum information needed. There are a few times that your Provider may not keep your personal information confidential.

If your Provider believes there is a specific, credible threat of harm to someone else, they may be required by law or may make their own decision about whether to warn the other person and notify law enforcement. The term specific, credible threat is defined by state law. Your Provider can explain more if you have questions.

If your Provider has reason to believe a minor or elderly individual is a victim of abuse or neglect, they are required by law to contact the appropriate authorities.

If your Provider believes that you are at imminent risk of harming yourself, they may contact law enforcement or other crisis services. However, before contacting emergency or crisis services, your Provider will work with you to discuss other options to keep you safe.

Minors:

While every effort will be offered to both the minor patient and the parent, there are some situations where the Provider is not required to disclose information to the parent. According to the Arizona Law, minors may consent to evaluation and treatment of the following services, confidentially, and without parental permission:

Sexually transmitting Infections

Sexual Assault

Pregnancy, under the “mature minor” doctrine.

Family Planning Services
Emergency Contraception
HIV Testing, under the “mature minor” doctrine.
Mental Health Treatment, including substance abuse, this may be at the discretion of the provider

Arizona law may be interpreted to give minors the right to limit their health care decision-maker’s access to the minor’s medical records and prohibit a health care clinician from giving these records to the minor’s health care decision-maker. Even when minors choose to limit access to medical records and information, they need to understand this is not absolute.

Duty to Report

Arizona law directs that any physician or other person having responsibility for the care or treatment of children immediately report “or cause to be reported” to a peace officer or to the Department of Child Safety if that individual’s observation or examination of any minor discloses reasonable grounds to believe that a minor is or has been the victim of nonaccidental injury, sexual abuse, molestation, sexual exploitation, incest, child prostitution, death, abuse or physical neglect (A.R.S. § 13-3620). Arizona law does not allow a minor to consent to sexual activity with anyone aged 18 years or older (A.R.S. § 13-1405). ***A clinician does not have to report a minor’s evidence or report of sexual activity if the sexual activity involves minors age 14 through 17 and there is no evidence that the sexual activity was anything other than consensual.*** Arizona law makes it a felony for an adult to engage knowingly in sexual conduct with a minor less than 15 years old; it is a lesser felony if a minor is 15 or older.

WHEN THE PROVIDER IDENTIFIES THE ADOLESCENT IS A HARM TO SELF OR OTHERS (THIS WOULD INCLUDE SUICIDALITY, SELF-HARM, HARMING OTHERS,

Additional information can be found here:

https://cdn.ymaws.com/www.azmed.org/resource/resmgr/Adolescent_Health/ArMA_GuideFINAL.pdf

RECORD KEEPING

Your Provider is required to keep records about your treatment. These records help ensure the quality and continuity of your care, as well as provide evidence that the services you receive meet the appropriate standards of care. Your records are maintained in an electronic health record provided by Practice Fusion. Practice Fusion has several safety features to protect your personal information, including advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity. Practice Fusion keeps records of all log-ins and actions within the system.

COMMUNICATION

You decide how to communicate with your Provider outside of your sessions. You have several options: Texting/Email/Phone

Texting and email are not secure methods of communication and should not be used to communicate personal information. You may choose to receive appointment reminders via text message or email. You

should carefully consider who may have access to your text messages or emails before choosing to communicate via either method.

We recommend that you download the Spruce App to communicate with your healthcare team, as it is HIPAA compliant.

***** WE CANNOT AND WILL NOT PROVIDE TREATMENT VIA TEXT AND/OR EMAIL.**

Text and email should be used primarily for appointment scheduling, medication refills, and communicating very brief, non-confidential updates to your provider.

***** Text/Email/Voice messages/Calls will only be answered during business hours (Monday - Friday 8:00am - 5:00pm). Please refrain from texting your provider over the weekend or after hours. If necessary, you may email (not text) or leave a voicemail message for your provider in the evening or weekend but be aware that your provider *will not respond to you until the next business day within business hours.***

***** Any communication that occurs outside of the scheduled appointment (phone/text/email) that requires longer than 10 minutes will be prorated and billed at the provider's standard hourly rate.**

Secure Communication

Secure communications are the best way to communicate personal information, though no method is entirely without risk. Your Provider will discuss options available to you. If you decide to be contacted via non secure methods, your Provider will document this in your record.

Social Media/Review Websites

If you try to communicate with your Provider via these methods, they will not respond. This includes any form of friend or contact request, @mention, direct message, wall post, and so on. This is to protect your confidentiality and ensure appropriate boundaries during your course of treatment.

Your provider may publish content on various social media websites or blogs. There is no expectation that you will follow, comment on, or otherwise engage with any content. If you do choose to follow your Provider on any platform, they will not follow you back.

If you see your Provider on any form of review website, it is not a solicitation for a review. Many such sites scrape business listings and may automatically include your Provider. If you choose to leave a review of your Provider on any website, they will not respond. While you are always free to express yourself in the manner you choose, please be aware of the potential impact on your confidentiality prior to leaving a review. It is often impossible to remove reviews later, and some sites aggregate reviews from several platforms leading to your review appearing other places without your knowledge.

FEES AND PAYMENT FOR SERVICES

Please note that Bella Vita Integrated Healing does not accept insurance. It is possible that you may be eligible for reimbursement from your insurance company. Should you want to pursue this, you may request a superbill with your diagnosis and CPT codes to submit to your insurance for reimbursement.

Fees for Bella Vita Integrated Healing

60-min Initial Consultation: \$300

90-min Initial Consultation \$400 (Required for children, Optional for adults)

30-min Follow-up: \$150

45-min Follow-up: \$225

60-min Follow-up: \$300

90-min Follow-up: \$400

Ketamine Evaluation

60-min Ketamine Evaluation: \$300

90-min Ketamine Evaluation: \$400

QB Testing: \$200 per test

Any phone call or email/text correspondence outside of the therapy hour that lasts longer than 10 minutes will prorated and billed at the individual Provider's hourly rate.

You should also know about the following:

No-Show and Late Cancellation Fees

If you are unable to attend your appointment, you must contact your Provider 24 business hours before your session. This means that weekends do not count. Therefore, if you have a session on a Monday the appointment must be cancelled on Friday. If you do not cancel in the appropriate time frame, you may be subject to the fees outlined in the above fee agreement. Insurance does not cover these fees.

Balance Accrual

Full payment is due at the time of your session. If you are unable to pay, tell your Provider. **Your Provider DOES NOT offer payment plans or a sliding scale.** If you require such, your Provider may refer you to other low- or no-cost services. Any balance due will continue to be due until paid in full. If you do not pay your fee, it is possible that any medications will not be ordered until the balance is paid, and no additional appointments will be scheduled. If necessary, your balance may be sent to a collections service.

Administrative Fees

Your Provider may charge a \$50 administrative fee for writing a letter, completing forms, or report at your request; consulting with another healthcare provider or other professional outside of normal case management practices; or for preparation, travel, and attendance at a court appearance. These fees are listed in the fee agreement. Payment is due in advance.

Insurance Benefits

Before starting treatment, you should confirm with your insurance company if:

Your benefits cover the type of treatment you will receive.

Your benefits cover in-person and telehealth sessions.

You may be responsible for any portion of the payment.

Your Provider is in-network or out-of-network.

Sharing Information with Insurance Companies

If you choose to use insurance benefits to pay for services, you will be required to share personal information with your insurance company. Insurance companies keep personal information confidential unless they must share to act on your behalf, comply with federal or state law, or complete administrative work.

Covered and Non-Covered Services

When your Provider is in-network, they have a contract with your insurance company. Your insurance plan may cover all or part of the cost of treatment. You are responsible for any part of this cost not covered by insurance, such as deductibles, copays, or coinsurance. You may also be responsible for any services not covered by your insurance.

When your Provider is out-of-network, they do not have a contract with your insurance company. You can still choose to see your Provider; however, all fees will be due at the time of your session to your Provider. Your Provider will tell you if they can help you file for reimbursement from your insurance company. If your insurance company decides that they will not reimburse you, you are still responsible for the full amount. Providers at Bella Vita Integrated Healing are all out-of-network providers.

Payment Methods

The practice requires that you keep a valid credit or debit card on file. This card will be charged for the amount due at the time of service and for any fees you may accrue unless other arrangements have been made with the practice ahead of time. It is your responsibility to keep this information up to date, including providing new information if the card information changes or the account has insufficient funds to cover these charges.

COMPLAINTS

If you feel your Provider has engaged in improper or unethical behavior, you can talk to them, or you

may contact the licensing board that issued your Provider's license, your insurance company (if applicable), or the US Department of Health and Human Services.

SIGNATURE OF PATIENT OR PATIENT AUTHORIZED REPRESENTATIVE:

DATE: