

# CHATTANOOGA COMPLEMENTARY CARE

# Jenny Phillips PA-C 1401 Carter Street Suite 102 Chattanooga, TN 37402 p: (423) 933.3397 / f: (423) 933.3398

Patient Name:	DOB:	Date:
Address:		
Phone number:		cell / home / work (circle one)
e-mail address:	SS	N:
Would you like to have a patient portal acc	count assigned to you for corresp	oondence with the office? yes / no
Would you like a printed form to ma If yes, please complete the section be	•	y? YES NO
Is the insurance coverage through yoursel If through anyone <b>other than yourself</b> ,	, , ,	
Insured's Name:		DOB:
Address:		
Relationship to you: spouse / dome	stic partner / parent	
Insurance Carrier:		
Subscriber ID:	Group #:	



## INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT

## Chattanooga Complementary Care

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I am so glad you have selected Chattanooga Complementary Care to play a role in your overall health and well-being. This document is intended to inform you of what you can expect as we partner together.

### BACKGROUND INFORMATION

As far as credentials, I attended Bryan College where I received a Bachelor of Arts in Psychology and a Bachelor of Science in Biology in 2002. I then attended Trevecca Nazarene University and received a Masters of Medical Science in Physician Assistant Studies in 2005. I am licensed to practice through the National Commission on Certification of Physician Assistants (NCCPA), which requires ongoing continuing medical education (100 hours every 2 years) and passing of board exam every 5-10 years. I am licensed by the Tennessee Department of Health - license # PA1299. In order to practice independently, I am required to have a MD or DO review 20% of my overall charts and all charts where a controlled substance is prescribed. I am a current member of both the American Academy of Physician Assistants (AAPA) and the Tennessee Academy of Physician Assistants (TAPA).

#### RECORDS AND CONFIDENTIALITY

Your medical records are housed in an encrypted, password protected, HIPAA (Health Insurance Portability and Accountability Act) compliant medical software program. Office visit notes are handwritten to maintain unimpeded communication in each visit, but then scanned electronically into your permanent record and originals are cross-shredded. Any requests from other providers/institutions for your records will require a signed request by you to ensure patient confidentiality. The same rule applies to records we request on your behalf. In addition, if you would like me to be able to communicate with other providers involved in your care (i.e. therapist, PCP, GYN) you must sign a release of information. Any communication with CCC through other means such as e-mail or social media outlets cannot be guaranteed to be secured or protected, and is therefore discouraged. Any and all information that is obtained through our relationship will be held with the strictest level of confidentiality. This means that anyone you have not specifically authorized to give or obtain information regarding your care will be denied (including spouses, parents, etc.). However, there are certain circumstances where I am legally required to break confidentiality - specifically when I suspect that you could be a danger to yourself or someone else, or suspect abuse of a child, elderly person, or disabled individual who may require protection.

### **APPOINTMENT COSTS**

I currently accept no insurance plans, but upon request can print a completed form for you to send to your insurance company for reimbursement as an out-of-network provider. I can make no guarantees of if or how much you will be reimbursed as each insurance company and plan has their own payment structure and benefits. Payment for each appointment is due in full at time of appointment and can be paid by cash, credit card, or check. There is a \$50 fee for any returned/bounced check. My office visit fees are \$75 for a 30 minute appointment and \$125 for an hour appointment, with the last 5 minutes of each appointment being dedicated to office duties such as updating records, filling out/signing forms, payments, etc. If you cannot pay in full at time of appointment, I am more than happy to work out a payment plan with you. Payment plans require a credit card on file that can be billed automatically at the interval that we decide upon together. Because we prioritize those patients that are scheduled on a given day, any telephone calls that exceed 10 minutes in duration will be billed at \$2/minute.

#### LATE/CANCELLATION POLICY

Keep in mind that your appointment time has been reserved especially for you. In the event that a conflict arises and you need to cancel, you must notify the office via phone call or text (no social media messaging or e-mail) at least 24 hours in advance - if texting, please include your full name in message. If such advanced notice is not received and you miss your appointment, you will be financially responsible for the full cost of the visit. This will be billed automatically through the billing system when the appointment is missed, and I require a credit card number on file for such purposes. If you are late to an appointment, you will be given the time from when you arrive to when your appointment time was originally scheduled to end. If more than half of your appointment time has lapsed (i.e. >15 minutes late for a 30 minute appt or >30 minutes late for an hour appt), the visit will be viewed as a cancellation less than 24 hours, and you will be responsible for the full cost of the visit. In the event that I am unexpectedly delayed with a patient and am running behind schedule, you will still receive your full appointment time.

#### AVAILABILITY/ON CALL POLICY

Chattanooga Complementary Care was designed to be a non-emergent, outpatient facility, and is therefore best suited to accommodate individuals who are relatively stable and resourceful. Because less support staff keeps overall overhead and therefore appointment costs affordable, I cannot guarantee that any calls will be returned immediately. We strive to return any non-emergent calls within 24-48 hours. I do not carry a pager, and am not available 24 hours a day. If there is an important issue you need to discuss outside of the office, you can call the office and leave a message - if available, I will happily return your call. As mentioned above, any calls greater than 10 minutes in duration will be billed at \$2/minute. However, if you have an **emergent** reason for calling, please do not wait for a return call. Instead, for emergent medical issues, call 911 or go to your nearest emergency room. For emergent mental health issues, call Parkridge Valley's RESPOND crisis response line at (423) 499-2300 or 1-800-542-9600.

#### SERVICES PROVIDED

Because of the nature of the office set up and waiting room, we are unable to provide acute, "sick" visits for colds, flu, etc. In addition, we provide no gynecological exams or annual physicals to patients over the age of 50 (due to the need for regular EKGs). It is truly our goal to **complement** other providers involved in your healthcare, and a separate primary care physician will be necessary in most cases. Some exceptions may be made based on overall medical complexity. Any necessary blood work will be obtained through an independent, outpatient lab which will bill your insurance directly. Any issues regarding billing/cost of labs will need to be directed to them.

### CONTROLLED SUBSTANCES POLICY

At CCC, it is always our goal to prescribe as few controlled substances as possible. These medications are termed "controlled" because they have significant abuse and addictive potential. Examples of these include, but are not limited to, drugs like Xanax, Ativan, Valium, Adderall, Ritalin, Ambien, and pain meds such as Hydrocodone and Oxycodone. Given new guidelines put forth by the CDC, pain medication (although rarely written) will **never** be prescribed with benzodiazepines (Ativan, Xanax, Valium) due to increased risk of overdose and accidental death. Benzodiazepines can be very helpful in the short-term treatment of anxiety (periodic panic attacks), but are not intended to be used long-term (daily) to control anxiety. CCC will not prescribe or refill daily benzodiazepine prescriptions to control anxiety, but rather seeks to treat the underlying causes of chronic, persistent anxiety. In addition, all ADD medications (Adderall, Vyvanse, Ritalin, etc.) will require a copy of formal ADD testing through a licensed psychologist. If formal testing has never been completed, it will be required before those medications are prescribed.

By signing below, you are indicating that you have read, understand and agree to the terms above and also desire to begin a therapeutic relationship with Chattanooga Complementary Care. It is our utmost hope that it becomes a partnership where both parties are heard and respected, while we tackle improving your health and overall quality of life together.

	1	l
Printed name	Signature	Date /
Printed name of patient representative	Signature	Date

#### **CREDIT CARD FILING FOR INCIDENTAL CHARGES**

Your card will NEVER be charged without you being made aware.

(circle one)

VISA / MASTERCARD / AMERICAN EXPRESS / DISCOVER

Card Type:

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0.0000.00)	
Card Number:		
Name on Card:		
Expiration:	3 digit security code:	