

Consents and Authorization

1. I have the legal right to authorize and I hereby consent for services for myself or my dependent at PRA Behavioral Health which may include evaluation, psychotherapy, medication management, group therapy or psychological testing (if indicated). For minors 17 and under, consent of all guardians is required.
2. Failure to complete all intake forms prior to your initial appointment may result in delays in treatment, inability to bill your insurance and delay with prescriber starting medications.
3. I authorize communication within the PRA Behavioral Health treatment team which includes your psychiatrist and therapist, covering clinicians and office personnel in order to provide comprehensive treatment services. Communication with outside treatment providers may be made under certain conditions to ensure continuity of care or in an emergency.
4. When paging a PRA Behavioral Health MD/NP or therapist, please turn off any privacy manager features you may have on your phone so they may return your call promptly. I understand that my failure to turn off privacy manager features or not leaving a clear phone number for my MD/NP or therapist may result in a delay or inability for my clinician to respond. In cases of an emergency, call 911 or go to your closest emergency room for assistance, or utilize appropriate crisis services like 988. In addition, MD/NP or therapist voicemails will guide you on how to page your clinician. Please follow the guidelines and instructions on your clinicians' voicemail to page them for urgent needs.
5. I understand that appointments not canceled at least 24 hours in advance will be billed to the patient at the session rate and cannot be billed to, nor reimbursed by insurance (even if our office has a contract with your insurance company).
6. I understand that follow up treatment is required to maintain ongoing quality care. PRA Behavioral Health MD's require follow up every three months. Failure to follow up on the recommended basis may result in prescription refills being denied. Lack of follow up for over 6 months with any PRA Behavioral Health clinician may automatically result in your case being made inactive with our practice. You may require a new evaluation if you are requesting to be seen again should the clinician be willing to reopen your case.
7. I understand that clinicians at PRA Behavioral Health may refer me or my family members to clinicians or services outside of the practice should they feel they cannot provide necessary treatment or further treatment would not effectively treat the clinical issues. In addition, reasons for termination from PRA Behavioral Health may include but are not limited to threatening or abusive behavior; fraudulent use of controlled substances, refusal to reasonably follow treatment recommendations, frequent missed appointments, failure to follow up with appointments on a regular basis, or lack of payment for balances that are the patient's responsibility.
8. Practices regarding the use of email, secure messaging and text may vary significantly across individual providers of PRA Behavioral Health. In some situations, you and your treatment provider may agree that it is appropriate to communicate via email, secure messaging and/or text. However, regular use of emailing and texting may not be secure forms of communication. Any messages received may become part of your medical record. Please DO NOT email or text content related to your clinical treatment sessions. PRA Behavioral Health cannot guarantee the confidentiality of these methods of communication and there may be increased risk of unauthorized access.
By signing below you confirm that the intake paperwork can be sent by email.
9. PRA Behavioral Health utilizes a web based EMR to send prescriptions for your convenience. I authorize PRA Behavioral Health to send prescriptions electronically and understand that PRA Behavioral Health follows applicable law to protect your healthcare records. I consent for PRA Behavioral Health's MD/NP or therapist to review the claims medication history on my EMR record.
10. I have received a copy of PRA Behavioral Health's Notice of Privacy Practices and Policy and Guidelines describing confidentiality of services provided and I understand and agree to my responsibilities as a patient receiving services from the named PRA Behavioral Health provider listed on the Client Information Form and listed below.
Medical record requests must be made in writing with the appropriate release signed indicating where the medical records need to be released to. To start this process, please contact our Medical Records coordinator at 847-598-8232 to review the necessary paperwork, releases and fees associated with medical records requests. Please be aware fees do apply.
12. DIVORCED PARENTS - PRA Behavioral Health requires legal documentation stating who has medical/psychiatric decision making rights and parental involvement with children if patient is under 18 years old and is seeing a PRA Behavioral Health provider
13. PATIENT PORTAL - Each clinician you see at PRA Behavioral Health will require a separate username to access information, appointment details and statements from the portal. You can use the same email for all accounts, but usernames are different. Office staff or your therapist can send an invitation for access to the portal. Again, portal access is separate for each provider and each patient at PRA Behavioral Health. More than one family member can have access to the portal with a different email. Contact the office to request additional users that are 18 years or older and is seeing a PRA Behavioral Health prescriber.
14. I have completed the demographic and insurance information on the Client Information Form to the best of my knowledge and authorize PRA Behavioral Health to release any medical information (including types of services, dates/times of services, diagnosis along with treatment plans, progress of treatment, case notes and summaries, if necessary) to process my insurance claim(s).
15. Failure to complete necessary forms prior to first appointment may result in PRA Behavioral Health not being able to bill insurance resulting in balances being patient responsibility.
16. **As a courtesy to our patients, we attempt to contact your insurance company to obtain benefit information for your care here at PRA Behavioral Health. Benefit results given to patients by our office is not a guarantee of payment by your insurer. I understand that benefits obtained by PRA Behavioral Health office staff are estimates based on information given to us by your insurance company.**

17. I hereby assign all medical, including Major Medical benefits to which I am entitled, private insurance and any other insurance programs to PRA Behavioral Health. A photocopy of this assignment is to be considered as valid as original. This assignment will remain in effect until revoked by me in writing. I understand I am financially responsible for all charges, whether or not paid by said insurance and that I will be responsible for any applicable amounts uncollected by PRA Behavioral Health. In addition, I understand that failure to keep current with payments may cause an interruption in treatment services until a payment plan or balance due is paid. In addition, I agree to inform PRA Behavioral Health of any demographic or insurance information changes promptly. Failure to do so may result in claims not being filed timely with your new insurance company resulting in the responsible party being liable for any amounts unpaid by the insurance company.

18. Any deductibles, co-pays and/or applicable fees are due at the time of your once visit. A fee will be charged if copay, coinsurance or deductibles are not paid at the time of service. We accept Cash, Checks, Money Orders and Credit Cards (Visa, MasterCard, Discover and American Express) or you can pay online at our website www.prapsych.com and hit the "PAY NOW" button. The office charges a \$35 return check fee for any checks returned to our office by our bank. You may be requested to provide a credit card number to be kept on file for any payments, missed appointments, co-pays and patient balances. We will inform you in the event that we have processed a charge for payment for services that are outstanding past 60 days. Credit Card information is stored in a secure and confidential manner.

19. For patients under 18 years of age and young adults: For follow up appointments, if you are a parent and are unable to accompany your child who is a patient to the appointment, please send them with a check or have a credit card number on file. If there is a divorce agreement between parents on financial responsibility, the parent that accompanies the patient is responsible for making the co-payment at the time of service. I understand that PRA Behavioral Health is not responsible for upholding financial agreements made between parents in divorce situations.

20. If fees for services are not paid in a timely manner and we don't have a credit card on file authorizing us to charge for patient balances, I understand that failure to pay due balances, not responding to statements or agreed upon payment plans on my or my family members account, may result in discontinuation of treatment services resulting in referrals outside PRA. I understand that I must stay current on financial obligations.

21. PRA Behavioral Health clinicians are contracted and receive compensation for concurrently rendering services to a patient and divide the fee for such service. The fees received are made in proportion to the actual services personally performed and responsibility assumed by each clinician. I fully acknowledge the division of fees.

22. You have the right receive a "Good Faith Estimate" explaining how much your medical care will cost. Under the law, healthcare providers need to give patients WHO DON'T HAVE INSURANCE OR WHO ARE NOT USING INSURANCE an estimate of the bill for medical items and services. 1. You have the right to receive a Good Faith Estimate for the total expected cost of any nonemergency items or services. This includes related costs like medical tests, prescriptions drugs, equipment and hospital fees. 2. Make sure your health provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your healthcare provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service. 3. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. 4. Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, view www.cms.gov/nosurprises or call 1-800-985-3059.

23. MEDICARE ADVANTAGE PLANS – PRA Behavioral Health is not contracted with any Medicare Advantage Plans and as a result will NOT honor an allowed amount that is less than Local 16 Medicare fee schedule. PRA Behavioral Health is not willing nor obligated to accept Medicare Advantage plans nor any fee schedule lower than Medicare Local 16.

CHECKLIST FOR TELEHEALTH MEDICINE SERVICES

1. There are potential benefits and risks of audio/video conferencing that differ from in person sessions.
2. Maintaining Confidentiality is important when using telehealth, and you agree that neither patient nor clinician will record any session without the permission from the other person(s).
3. We agree to use the audio/video conferencing platform selected for our virtual sessions. You will use this platform on a compatible personal device, and your clinician will explain how to use it.
4. Standards of conduct and behavior shall be the same as for in-person services.
5. It is important to be alone in a quiet, private space without risk of a third-party overhearing, that is free of distractions (including cell phone or other devices) during the session.
6. It is important to use a secure internet connection rather than public/free Wi-Fi, and to use an audio/visual device with physical and technical security functions (e.g. firewall and password protection).
7. It is important to be on time. If you need to cancel or change your telehealth appointment, you must notify the clinician or office in advance by phone.
8. We will establish a back-up plan (e.g. phone number where you can be reached and address you are physically located to restart the session or to reschedule it, in the event of technical or other problems).
9. We will establish a safety plan that includes at least one emergency contact and the closest ER to your location, or other appropriate crisis services, in the event of an emergency/crisis situation.
10. If you are not an adult, we will need the permission of your parent or legal guardian (and their contact information) for you to participate in telehealth sessions.

11. You should confirm with your insurance company that the audio/video sessions will be reimbursed. If they are not reimbursed, you are responsible for full payment.
12. As your treating clinician, I may determine that if telehealth is no longer appropriate or beneficial, that we should transition to in-person sessions or otherwise make appropriate alternate arrangements.

PRA Behavioral Health clinicians are only licensed to practice in the state of Illinois. When doing telehealth with your clinician you agree to be within the state of Illinois. If you are not in Illinois during the time of your appointment you will notify the clinician at the start of your appointment to determine medical necessity to continue the appointment or to reschedule when you will be.

For more detailed Office Policies, please see our website at <https://prapsych.com>

I have read, understood, and agree to the consents and authorizations above regarding my responsibilities as a patient receiving services from clinicians at PRA Behavioral Health. For patients 17 & under consent for treatment signatures for both parents are required below.

☐ I consent to have paperwork or any other documents with confidential information sent to me by email.

Email: _____

Patient's Name: _____

Signature of Patient (age 12 and older):

PRA Behavioral Health MD/NP or Therapist you are seeing today

Date: _____

Date: _____

Signature of Responsible Party/Guardian #1
(if different than patient):

Signature of Guardian/Parent #2:

Date: _____

Date: _____