

Consent for Treatment

Medical Consent

I consent to all treatment given under the general and special instructions of the attending physicians and treatment team. Treatment may include, but is not limited to: diagnostic procedures, psychotherapy, administration of medications, use of prescribed medications, the collection and utilizations of cultures and laboratory specimens, and referral to specialty services for radiology, physician consultation, and other medical services, all of which may be considered medically necessary or advisable in the judgment of the attending physicians and/or treatment team.

Financial Agreement

I understand that if my insurance plan or policy requires a copayment from me, I am required to pay the copayment at the time services are rendered. I understand that, if I am self-funded, full payment is due at the time of service. I understand that I am obligated to pay the patient account according to the regular rates and terms of Landmark Health Systems. I appoint Landmark Health Systems as my true and lawful attorney to collect the claims, endorse checks, and give full and final receipt for all amounts collected. In the event benefits exceed the actual charges for this account, the payment will be posted to the intended account and processed accordingly. I understand that Landmark Health Systems may obtain my credit report for review in collection of any debts. In the event that this account is placed with collections, I will pay all collection fees.

Disclosure/Use of Health Information

I authorize Landmark Health Systems to provide any health information related to this patient to the insurance company or other payer for the purposes of payment for the healthcare provided. I also authorize Landmark Health Systems to provide health information to other physicians and healthcare facilities for continuing care. I further agree that Landmark Health Systems can use the health information for operations such as peer review and outcomes analysis. I acknowledge that I received a copy of the Landmark Health Systems Privacy Practices.

Ongoing Consent

I understand that in my time utilizing services at Landmark Health Systems, policies will change based on the needs of the patients and office. When changes to policy are made, Landmark Health Systems will, to a reasonable degree, inform patients of the changes through verbal, written, or electronic communication. I am always able to request physical copies of the most up to date policies from the office staff. By continuing to receive services from Landmark Health Systems, I tacitly agree to all future policies.

Disclosure of Medical Information

Your medical information is essential to your care. We prefer to speak directly with each patient but we understand that other individuals or family members may have knowledge of and be assisting in your care. Please list the individuals with whom we are authorized to discuss your care. If at any time you want to change or add individuals to this list, please inform the front desk. (**NOTE:** We cannot discuss your care with others, including spouses or other family members living with you, unless they are listed below.)

- I do **not** wish to share my information with anyone.
- I agree to allow the sharing of my information with the people listed below

<u>Name of Person</u>	<u>Relationship to Patient</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Confidential Communication: Communication between this practice and you, the patient, is critical to your health. Please list applicable phone numbers below:

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Messages: A request for returned calls may be left on the following above number. If you do not want voicemails to be left, please indicate below:

- Please do not leave messages regarding my healthcare

Financial Policy

The following are the conditions for services and fees provided by Landmark Health Systems:

ALL PAYMENTS ARE DUE AT TIME OF SERVICE. Any copays and past due balances owed (including no show fees) may result in suspension from scheduling further appointments, cancellation of future appointments, or termination.

Landmark Health Systems does not treat any patients with any type of Medicare OR Medicaid insurance plan with the exception of patients enrolled in our Medical Marijuana and/or Medication Assisted Treatment (MAT) programs. Such patients are restricted from scheduling any appointment types outside of these programs at our practice. By signing this agreement, you are acknowledging that you are not currently enrolled in any type of Medicaid or Medicare plan and will contact us if your status changes.

Insured patients:

All patients covered under an insurance plan that Landmark Health Systems is contracted with are responsible for complete knowledge of their own insurance policy including copays, current deductible balance, and effective dates. Any lapse or change in insurance policies must be reported to Landmark Health Systems immediately to avoid denied insurance claims.

If there is a change or lapse in your insurance for any reason that leads to denied claims, it is your responsibility as the patient to pay in full.

Any past due balance regardless of insurance status that is left delinquent for 60 days will be sent to collections. Please contact us at (716) 462-0284 and choose the correct extension for the billing department to make a payment.

Insurance Discrepancies:

While we do conduct insurance checks regularly, given the nature of rapidly changing insurance policies and billing coding we are sometimes given inaccurate information. In some cases, appointments previously covered can be denied if there are internal changes in how your insurance carrier processes each claim. Discrepancies in insurance information available to us prior to receiving an EOB from your insurance carrier may occur. This can result in unforeseen denials of claims and differences in copays and deductibles previously given to us. Any balance this accrues is the patient's responsibility.

Self-pay patients:

As a self-pay patient, you are agreeing to take on the sole financial responsibility of each appointment. All payments are expected at the time of service.

Insurance reimbursement: Please understand if you are not covered by one of the plans we are contracted with there is no guarantee your insurance company will reimburse you for claims. If you are covered by any insurance not contracted with us and submitting claims for reimbursement, you are still financially responsible regardless of their reimbursement decision.

Returned Checks: A \$25.00 service charge will be applied to all checks returned to us for insufficient funds.

Past Due Balances: All statements are generated and sent out automatically to the last known address. If we are unable to reach a patient regarding an outstanding balance due to failure to report changes in address, phone number or email on file, the patient is still responsible for the amount owed. It is the responsibility of the patient to pay all outstanding balances accrued from missed copays, deductibles, co insurances, no shows or any other charges. Any past due balance or default from a payment arrangement may result in cancellation of appointments until payment is made in full. An account is considered past due if the balance has not been received within 30 days. An account is considered delinquent if the balance has not been received within 120 days. Once an account reaches delinquent status it will be forwarded to a collection agency.

ALL staff is required to enforce all policies. Please be respectful of the staff members. Arguing, shouting, or aggressive behavior will not be tolerated.

Insurance Policy

Landmark Health Systems currently accepts BlueCross BlueShield, Independent Health, and United Health Care insurance plans obtained through commercial or private provider (such as an employer). Patients with these types of plans are able to have their claims billed directly to the insurance company. Patients will be responsible for the entirety of what the insurance company deems "Patient Responsibility" which may include copay, deductible, co-insurance, or the full cost of the appointment. It is the responsibility of the PATIENT to know their plan's coverage (both medical and mental/behavioral health), anticipated patient responsibility, and effective dates.

Landmark Health Systems can treat patients who have an insurance plan obtained through a commercial or private provider that is not BlueCross BlueShield or Independent Health, such as Beacon, Cinga, Univera, Aetna, or others. Patients will be required to pay the full cost of the appointment at time of service. Patients may request documentation to provide to their insurance carrier for possible reimbursement. Reimbursement is NOT guaranteed, subject to an individual's plan, and patients are still responsible to pay for services incurred.

Landmark Health Systems CANNOT treat any patients who have Medicaid or Medicare for any billable service. This includes psychiatric treatment, medication management, nutritional counseling, therapy services, Spravato, or TMS. Patients who have an active Medicaid or Medicare plan can only be seen for our cash pay programs, medical marijuana certification or medicated assisted treatment (MAT) program. It is the responsibility of the patient to be aware of their Medicaid/Medicare status and inform Landmark Health Systems if they have or obtain an active Medicaid/Medicare plan. Patients who are found to have an active Medicaid/Medicare plan that has not been reported to Landmark Health Systems that continue to receive billable services (medication management, therapy, etc) may be subject to termination from the practice.

Cancellation/No Show Policy

Landmark Health Systems enforces a \$100 fee for any appointments that have not been attended and a \$50 fee for appointments that have been cancelled in less than 24 hours prior to the scheduled appointment time. Any patients who arrive 15 minutes or later to an appointment will still be charged the \$50 fee and asked to reschedule. This fee is not covered under insurance. We ask all of our patients to understand this fee is not a punishment but meant as a deterrent for last minute cancellations in effort to ensure availability for patients to receive the care they are waiting for.

All cancellation/no show fees must be paid prior to scheduling future appointments with no exceptions. You may contact the billing department to make a payment. Failure to pay a cancellation/no show fee may result in the cancellation of future appointments which cannot be rescheduled until the fee has been paid.

All patients are responsible for keeping track of their appointments regardless of our complimentary appointment email/text reminders. In the event of a glitch in our system you will still be responsible for your missed appointment.

Please note: Patients whose chart reflects 3 or more no shows may be discharged from the practice. When no shows occur, our practice loses the opportunity to care for other patients who wish to be seen. Caring for our patients is our first priority.

If you need to cancel an appointment, or are not sure when your next appointment is, please call the front desk.

Scheduling and wait times:

Landmark Health Systems is a medical office and though we try our best to stay timely, we cannot always avoid wait times. We do expect our patients to understand that these wait times happen for reasons beyond our control. If you cannot wait to be seen after a wait of 35 min we will be happy to reschedule you for the next available appointment with no charge. **Those that choose to not wait the 35 minutes will be charged a \$50 fee.** To avoid conflicts with your personal schedule we ask that you keep any other appointments or time frames in mind when scheduling future appointments with us.

ALL staff is required to enforce all policies. Please be respectful of the staff members. Arguing, shouting, or aggressive behavior will not be tolerated.

Patient Bill of Rights

1. Receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, gender identity, national origin or sponsor;
2. Be treated with consideration, respect and dignity including privacy in treatment;
3. Be informed of the services available at the center;
4. Be informed of the provisions for off-hour emergency coverage;
5. Be informed of and receive an estimate of the charges for services, view a list of the health plans and the hospitals that the center participates with; eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care;
6. Receive an itemized copy of his/her account statement, upon request;
7. Obtain from his/her health care practitioner, or the health care practitioner's delegate, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand;
8. Receive from his/her physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision;
9. Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her action;
10. Refuse to participate in experimental research;
11. Voice grievances and recommend changes in policies and services to the center's staff, the operator and the New York State Department of Health without fear of reprisal;
12. Express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing the patient or his/her designee with a written response within 30 days if requested by the patient indicating the findings of the investigation. The center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the center response, the patient may complain to the New York State Department of Health;
13. Privacy and confidentiality of all information and records pertaining to the patient's treatment;
14. Approve or refuse the release or disclosure of the contents of his/her medical record to any health-care practitioner and/or health-care facility except as required by law or third-party payment contract;
15. Access to his/her medical record per Section 18 of the Public Health Law, and Subpart 50-3. For additional information link to: http://www.health.ny.gov/publications/1449/section_1.htm#access;
16. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors;
17. When applicable, make known your wishes in regard to anatomical gifts. Persons sixteen years of age or older may document their consent to donate their organs, eyes and/or tissues, upon their death, by enrolling in the NYS Donate Life Registry or by documenting their authorization for organ and/or tissue donation in writing in a number of ways (such as health care proxy, will, donor card, or other signed paper). The health care proxy is available from the center;
18. View a list of the health plans and the hospitals that the center participates with; and
19. Receive an estimate of the amount that you will be billed after services are rendered.

HIPAA Information Form

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. There are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). Additional information is available from the US Department of Health and Human Services at www.hhs.gov. You are advised of the following policies:

1. Patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers and health insurance payers as is necessary and appropriate for your care. Patient files are stored in a locked file cabinet. You agree to the normal procedures utilized within Landmark Health Systems office for the handling of charts, patient records, PHI, and other documents or information.
2. Communication between therapist and patient may occur by telephone, e-mail US mail, or by any means convenient for the practice and/or as requested by you. It is your right to inform Landmark Health Systems how you wish to receive information and to limit what I disclose, except if it is against the law, in an emergency, or when the information is necessary to treat you.
3. The practice of psychotherapy may utilize a number of vendors in the conduct of business. These vendors may have access to PHI, but must agree to abide by the confidentiality rules of HIPAA.
4. You understand and agree to inspections of the office and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.
5. You agree to bring any concerns or complaints regarding privacy to Landmark Health Systems' attention in written form.
6. Your confidential information will not be used for the purposes of marketing or advertising of products, goods, or services.
7. You will have access to your records in accordance with state and federal laws. Requests for records must be made in writing. Landmark Health Systems may deny your access to PHI under certain circumstances, but you may have this decision reviewed.
8. Landmark Health Systems may change, add, delete, or modify any of these provisions to better serve the needs of both the practice and the patient.
9. You have the right to request restrictions on the use of your protected health information and to request changes in certain policies used within the office concerning your PHI; however, Landmark Health Systems is not obligated to alter internal policies to conform to your request.

Medication Policy

New Prescriptions:

- New medications or changes to previously prescribed medications (dose, amount, medication type, etc) will only occur at appointments with a medical provider
- If transferring care to Landmark Health Systems, pre-existing prescriptions will typically be honored; but ultimately ALL PRESCRIBED MEDICATIONS are at the discretion of Dr. Masci and our medical providers

Controlled Meds:

- Controlled medication prescriptions may require additional time and increased scrutiny to process
- Patients should expect at least 3-5 business day from the date of the refill request being made before the medication will be processed and available for pick up at your pharmacy
- Please do NOT contact office until at least 2 business days have lapsed from the time of request to ask about the status of your prescription
- Landmark Health Systems recommends booking appointments 5-7 days before your refills will be due to prevent any additional lapses in processing your refill requests
- Patients must be in good standing at this practice to get medications (attendance, financial, conduct, etc). Medication refills are always at Dr. Masci's discretion

Prior Authorizations:

- Prior Authorization is a management process used by insurance companies to determine if a prescribed product or service will be covered. This means an inquiry for whether the product or service will be paid for in full, in part, or not covered. This process can be used for certain medications, procedures, or services before they are given to the patient.
- Your personal insurance plan will determine if Prior Authorization (PA) is needed for any medications or services. Details should be in the plan formulary or benefits summary for your insurance carrier
- Prior Authorizations can delay access to your medications. Delays are based on each insurance company's "processing time," which is outside of Landmark Health System's control; most PAs take 5-10 business days after PA is submitted to receive determination
- Landmark Health System works hard to respond to and submit PA requests in a timely manner, but sometimes there will be multiple rounds of information requests after the initial submission
- It is the patient's responsibility to ensure Landmark Health Systems has the most up to date insurance and Pharmacy Benefit Manager (PBM) details
- If a patient is considered self pay, it is still required to have insurance information on file in a patient's chart in order to assist in this process
- Submitting appeals for denied PA's will be at Dr. Masci's discretion and may require an appointment with your provider

What is a PBM?

- Pharmacy Benefits Manager
- Some medical insurance companies use third parties to manage your prescription coverage

- Patients may have a separate PBM ID# and card from their standard medical insurance information. Please be sure to also provide Landmark Health Systems with this information to prevent unnecessary denials and faster processing times

Pharmacies:

- Landmark Health Systems is able to send medications to any participating pharmacy, including mail-order and specialty pharmacies. It is your responsibility to know if a specific pharmacy is required by your insurance
- 24-hour pharmacies are recommended to fill any for controlled medication
- Landmark Health Systems cannot guarantee that ANY prescriptions will be sent out of state. Providers will take these requests on a case by case basis
- If a patient is requesting a change to their pharmacy AFTER a prescription has already been sent, it may take an additional 1-3 days to process

Pharmacy Supply Issues:

- In the event of a medication shortage, **it is the patient's responsibility** to call/search for other pharmacies in the area with the needed medication/dose/quantity in stock
- Once a pharmacy with the needed medication is located, the patient should contact the office via patient portal message or by calling the Medical Department to relay the new pharmacy name, address, and phone number
- Landmark Health Systems will resend meds, but this may cause additional delays or changes in price depending on the new pharmacy
- It is also the patient's responsibility to let Landmark Health Systems know when they would like their refills to revert back to their usual/primary pharmacy. By default, prescriptions refills are sent to the last pharmacy they were processed at

Manufacturer Shortages:

- If a medication is not available, a replacement will be considered by your provider. Some medications have many similar alternatives that can be sent as a temporary replacement, but some have none
- Landmark Health Systems will work to find an appropriate replacement option, but no guarantees can be made
- Patients may be asked to have an appointment with their provider to determine your best option(s)

Requesting Refills:

- Landmark Health Systems addresses all requests for refills as quickly as possible, in the order they are received. Due to a high volume of patient needs and requests, please allow up to 7 business days for all refills to be processed
- Patients are encouraged to check their medication bottles/boxes or contact their pharmacy for remaining refills before contacting us. Patients should only call for a refill if all available refills at the pharmacy have been filled
- If you do not have refills available at the pharmacy and need a new prescription sent, it is the patient's responsibility to contact the office; **NO "REFILLS" ARE AUTOMATIC**
- Please note that all patients who are prescribed medications are required to meet with their medical provider (nurse practitioner or medical doctor) in office every 1, 3, or 6 months in order

to have them filled, based on the types of medications a patient is prescribed. Check with the front desk or your provider to make sure you are in compliance with your appointments

- Due to the high call volume, the refill request phone line is a no reply line. Please do not expect a phone call to confirm that your message was received or that your medication was sent. Patients are encouraged to follow up with their pharmacy following a refill request to know when it is available for pick up

Ways To Request Refills:

- The most effective way for a patient to request a medication refill is through a patient portal account. This request type is sent directly through your chart and prevents any issues with miscommunication or incomplete information
- Call (716) 462-0284, follow the prompts choose the line for “Medication Refills” and leave a message with your name, date of birth, and prescription name and dosage
- Ask your pharmacy to request a refill on your behalf. This will depend on the type of medication

The following behaviors will NOT be tolerated regarding medications:

- Calling multiple times and/or calling multiple lines/mailboxes to leave messages with varying staff members
- Showing up in person without a scheduled appointment (lobby space is limited and we will not compromise the privacy of other patients)
- Asking reception staff or other non-providers about your meds. Patient medication history is not accessed by all staff members. Asking staff members outside of the medical department prevents them from being able to assist patients with scheduling or other needs
- ALL PRESCRIBED MEDICATIONS are at the discretion of Dr. Masci and our medical providers. No medication, new or previously prescribed, is every guaranteed and is subject to individual determination for the best interest of the patient and practice

ALL staff is required to enforce all policies. Please be respectful of the staff members. Arguing, shouting, or aggressive behavior will not be tolerated.

We appreciate your cooperation!