

# Mindfully Integrated Health, PLLC

8585 East Hartford Drive Suite 103  
Scottsdale Arizona 85255  
PH: 480.562.6600  
FX: 480.562.6606  
www.mindfullyintegratedhealth.com

Sarah Wicklund, MD  
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Marc Monette, PA-C  
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Carol Farmer, LPC  
Shannon McQuaid, LMFT/LISAC  
Michele Wiest, LCSW  
Scott Wilson, LAC

How to Prepare for Your First Visit: Please make sure all paperwork is completed prior to arriving

Please bring your current medications, either the actual bottles, or a list with name of medication, reason for medication, prescriber details, dose, how it is taken and how many times per day along with the length of time you have been taking this medication.

## Your Rights and Responsibilities as a Client of MIH

Welcome to Mindfully Integrated Health (MIH). It is our goal as health care providers to give you the best possible care, support, and help that you are looking for.

### When you receive services from MIH you have the right to:

- Receive the highest quality care possible.
- Be treated with courtesy and respect.
- Have your information kept confidential except as described in MIH *Notice of Privacy Practices*.
- Be provided information and support to help you improve your life.
- Be treated with dignity and without discrimination at all times.
- Discuss your care with staff to identify if it is working for you and express any concerns you may have.
- Terminate your care with our providers at any time and for any reason, should you feel the relationship is no longer beneficial to you.

### What we will ask of you:

- Please treat the staff and fellow patients at MIH with the courtesy and respect which you would appreciate being given.
- Let MIH know at least 24 business hours before your scheduled appointment if you must cancel
- Please carefully review The MIH Policy for Late Cancellation and No-Show Appointment Fees which are listed in the Financial Policy Section.
- **Medications:** Your medications may not be changed or refilled if you miss your follow up appointment, are overdue for your follow up appointment, or you request a refill with less than 48 business hours' notice.

**NO CONTROLLED MEDICATIONS WILL BE REFILLED WITHOUT BEING SEEN FACE-TO-FACE.**

## EMERGENICES

*If a mental health-related emergency occurs (for example, a reaction to a medication or you are feeling suicidal), go to the nearest emergency room, call 911 or the following crisis hotlines. **Once you are safe please notify your provider as soon as possible to discuss your needs and treatment moving forward.***

National Suicide Hotline: 1-800-SUICIDE (784-2433)  
Nation Suicide Prevention Life line: 1-800-273-TALK (8255)

Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

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## Disclosure of Information

### Please Read the Following Carefully

Your Privacy: Your right to privacy in this practice is paramount. We strive to provide an environment of privacy as we feel this allows for the open communication necessary in the patient-provider relationship. We will never disclose any of your personal information without your express consent, unless required to do so by law.

Your personal information, treatment records, and medical information is strictly protected under HIPPA regulations. We work hard to ensure that no information you provide to us will be shared without your authorization. As such we will not provide information concerning your treatment, appointment times, or participation with activities in our practice to anyone other than you.

We welcome participation of family members, friends, or loved ones if that is your desire. If there are any individuals you would like us to release medical information to, please let our staff know. You will be asked to complete an authorization for the release of medical information. The extent to which information is released is entirely under your control and may be as little as a letter confirming your appointment to sharing of your medical record with your primary care provider.

We are happy to prepare letters for employers or other medical providers outlining your treatment in as little or as much detail as you wish. Additionally, we will gladly collaborate with your primary care provider to integrate your total care, if that is your desire.

Our staff reserves the right to discuss your care within our provider group in a collaborative manner to ensure you are receiving the best possible care. If you prefer your treatment and medical information not be shared with other members of our practice, please notify your provider.

At no time will our staff initiate a release of your information without your expressed written permission, unless required under the law and as outlined in MIH Notice of Privacy Practices. Please see MIH Notice of Privacy Practices for further details.

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## Financial Policies

**Please read the following carefully as you are responsible for this content.**

**Health Insurance:** Currently we accept Aetna, Humana, Blue Cross/Blue Shield of Arizona, Cigna and some Medicare plans. Please note that the insurance plans we accept may vary by provider/therapist. If you have a question about a specific provider/therapist, please speak with our staff or contact your insurance carrier directly. In some cases, insurance companies will require prior authorization for care in order for our providers to treat you. If you have prior authorization paperwork, please let our staff know and we will be happy to help you. We do not contract with any United Health plans or United Health Medicare supplements.

**Fee Schedule:** By signing below, you understand that fees are due and payable at the beginning of the appointment. All copayments, deductibles, and/or coinsurance payments are due at the time of service. This allows the provider to focus entirely on you and the reason for your appointment. You may pay by check, credit, or debit card at check-in.

The current self-pay rates for MIH providers are as follows:

• Initial Diagnostic Evaluation (physician)	60 minutes	\$350
• Medication management (physician)	30 minutes	\$200
• Initial Diagnostic Evaluation (PA)	60 minutes	\$300
• Medication management (PA)	30 minutes	\$175
• Counseling/therapy (physician)	60 minutes	\$300
• Counseling/therapy (therapist)	60 minutes	\$150

Fees for additional/administrative services:

- Psychiatric Telephone consultation - \$10 per minute to a cap of \$200 per half hour
- Completion of documents outside of an appointment (e.g. FMLA, SSDI, etc.) - \$50
  - Paperwork will be complete as soon as possible, however, it can take 3-5 days
- Paper Copy of Health Records - \$25

**Cancellation Policy:** We understand that unexpected events happen and you may need to reschedule your appointment. If you need to reschedule or cancel your appointment, we require at least 24 hours' notice, otherwise you may be charged a missed appointment fee. Please contact our clinic as soon as possible to notify us of the need to cancel or reschedule.

**Late / Missed Appointment Policy:** Your appointment time is reserved specifically for you and our providers plan to give you their undivided attention during this time. If you arrive late for your appointment, you may be charged for the full appointment time that you have reserved and will be seen for any time remaining for that appointment. Remember: Arriving late for your appointment may result in cancellation of that appointment and you may be charged the full fee for that reserved time. You agree that MIH can make this charge to your credit or debit card without contacting you to explain or discuss this billing. This policy allows us to respect the time of those patients who are scheduled after you.

**Payment Methods:** Full payment is due at time of service: Cash, check, and debit/credit cards are all acceptable forms of payment. If a check is written that does not clear payment, a \$50 fee will be charged to

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your account and we will not reschedule you until that payment has been paid.

Accounts which are not settled within a 45-day billing period will be charged a monthly service charge of 10% and you may not schedule a follow up appointment until the bill is cleared.

By signing below, you understand that you are responsible for the cost of all care provided to you, or your minor child, and accept full responsibility for payment of these charges and you agree to Mindfully Integrated Health's Financial Policy.

### **Please read the follow information carefully.**

1. Insurance benefits will be verified by MIH staff prior to your visit.
2. All copayments and coinsurances are due at the time of service. No outstanding balances will be allowed.
3. Release of records and/or prescriptions will be held until any balance is paid in full.
4. If you need to cancel an appointment, you must contact the clinic no less than 24 hours prior to your scheduled appointment.
5. The first two cancellations with less than 24 hours' notice or a no-show for an appointment will result in a \$75 fee. This must be paid prior to scheduling a new appointment and will be charged to your card on file.
  - For therapy appointments each subsequent late cancellation or no show will result in a full charge of the private pay rate (\$150).
  - For medication management appointments, each subsequent no-show will result in the full private pay charge for the appointment (\$200)
  - If a patient shows a consistent pattern of late cancellation or no-show, this is considered non-compliance and we reserve the right to discharge the patient from services at the provider's discretion.
6. In the event of an unpaid balance of \$75 or greater, we reserve the right to charge the card on file weekly without prior notice until paid.
7. For telehealth (phone or video) appointments, we will charge the card on file at the time of the appointment.

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## Informed Consent to Treatment

By signing this document, I do hereby voluntarily consent to be treated at Mindfully Integrated Health. I understand that I am free to withdraw my consent and discontinue participation at any time.

I have carefully read, or had read to me, all the above information and am fully aware of what I am signing. I have had the opportunity to ask for a more detailed explanation and do not expect my provider to anticipate and explain all possible risks and complications of treatment. I fully understand that there is no implied or stated guarantee of success. I give my permission and consent to treatment for my present condition and for any future condition(s) for which I seek treatment.

### Patient Withdrawal of Consent

You may choose not to continue treatment at MIH at any time. In that case, the staff will document your withdrawal of consent in your file and close the file.

*By Signing below, you acknowledge that you understand the above information and consent to treatment at Mindfully Integrated Health.*

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## Miscellaneous Office Policies

### Medications:

- To ensure that there is no lapse in medications, we ask that you contact our office no less than **3 business days** before the refill is due. Refills requested less than 3 business days before the refill is needed may not be approved or may not make it to the pharmacy in time.
- If a prior authorization is required for your medication, our office staff will initiate that and it can take us up to 3 business days to complete. If your prior authorization is denied, our office staff will provide you with information for you to appeal the denial directly with your insurance.
- If you are being prescribed a controlled substance, you are not permitted to obtain that controlled substance from any other provider outside of our office. Obtaining a prescription from a different provider for any reason is grounds for immediate discharge.
- A face-to-face appointment is required for any changes to medications, unless otherwise specified by your provider, including but not limited to dosage, quantity, frequency.
- We respect the time you are taking to address your mental health needs and ask that you respect our time as well. To provide you with the time necessary for the highest quality care, please have all new patient questionnaires and paperwork filled out PRIOR to arriving for your first visit.
  - We ask that you complete your intake health questionnaire prior to the day of your scheduled appointment.
  - MIH staff will make every effort to contact you regarding your incomplete intake paperwork but we reserve the right to cancel any appoint in which the questionnaire has not been completed.
  - Any appointment cancelled due to incomplete paperwork will result in the rescheduling of your appointment and a \$75 rescheduling fee will be charged.

**Phone Calls:** Our providers and therapists are typically booked each half-hour through the course every day and as a result, are unable to accept or make phone calls. If you need to communicate with your provider or therapist, you can do so through the patient portal, via email, or by leaving a message with our office staff. If you would still like to speak with your provider over the phone and scheduling allows, you can schedule a telephone appointment at the self-pay rate of \$10 per minute with a cap of \$200 each 30 minutes. **Phone conversations with our providers outside of a scheduled telephone appointment will not be permitted.**

Between the hours of 12:00 to 1:00 daily, we turn our phones off for lunch. If you call the office and we do not answer, please leave a voicemail and one of our front office staff will return your phone call within 24 hours.

**Appointment Reminders:** Appointment reminders are sent out as a courtesy to our patients and non-receipt of an appointment reminder does not indicate that a patient does not have an appointment. It is the responsibility of the patient to know when their appointment is and to present to said appointment on time. Our office is not required to nor can we reach out to patients when an appointment has been missed.

Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_