GENERAL CONSENT FOR TREATMENT

PLEASE READ EACH SECTION IN ITS ENTIRETY.

CONSENT FOR TREATMENT

I, the undersigned or responsible party, hereby consents to treatment by Sugi Psychiatry and Wellness and all providers contracted with it, including examination, developing a treatment plan, administration of medication, and other treatment modalities as ordered by the physician or provider.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

My consent and authorization is hereby granted to Sugi Psychiatry and Wellness and it's contracted providers, to release to healthcare facilities providing subsequent care, my insurance companies, health maintenance organizations, preferred provider organizations, medical trust fund, medical plan, my employers self-funded medical plan, third party administrators, other third party payers (which pay or may possibly pay any portion of the charges for my medical/health care) and any of their authorized agents, my confidential health and medical information, including copies of my medical records as may be requested or necessary for, including but not limited to the verification of my treatment, quality assurance/improvement functions, utilization management, discharge planning, other medical audits or as necessary for Sugi Psychiatry and Wellness or any of my payors to comply will all applicable federal and state laws, rules and regulations, and accrediting bodies. This consent and authorization is ongoing, unless revoked by the patient in accordance with paragraph below ("revocation of consent"). I hereby release and hold harmless on behalf of myself, my heirs, executors, assigns and administrators, Sugi Psychiatry and Wellness and its contracted providers, employees and agents from any and all liability or damage occasioned by such good faith release. I understand that I have the right to access my records, but psychotherapy notes are the exception under the law. I understand that there will be a charge of $0.60/page per Nevada State Law for copies of any medical records/PHI. See NRS 629.061.

REVOCATION OF CONSENT

I understand that I have the right to revoke this consent in writing, except to the extent that the organization and or its providers has already acted in reliance thereon. I also understand that I have the right to object to the use of my health information for directory purposes and the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations. The organization and/or its providers are not required to agree to the restrictions requested and in any event, may release records to subsequent medical providers when deemed necessary and important for the continuing care of the patients.

MISSED APPOINTMENTS

I understand that missed appointments are not only a loss to me, but also to the physician and other patients that could have been seen. Sugi Psychiatry and Wellness maintains a No-Show/Cancellation Policy that dictates that appointments which are not cancelled 48 hours in advance of the appointment will be assessed a fee starting at $100.00 (subject to change). <u>This charge is non-payable by insurance and is the responsibility of the patient.</u> I understand that my credit card information will be kept securely on file, and charged for any "no show" appointments. Sugi Psychiatry and Wellness understands that emergencies arise and the staff will continue to do their best to accommodate everyone in an urgent situation. Continued No-shows and/or same day cancellations (usually 3 or more) may lead to termination of relationship or referral to another provider. <u>For psychiatry appointments, the fee must be paid prior to rescheduling, and no refills on medications will be prescribed until the fee is paid.</u>

SUGI
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MEDICATION REFILLS

If I need a medication refill and it is not time for me to be seen, I understand that I should contact the pharmacy filling my prescription preferably 3-4 days prior and no less than 48 hours before running out of medication. This will allow time to obtain authorizations that may be needed and make any changes that may be required. If you have not been seen recently or missed your last appointment, your provider may require an office visit prior to refills being authorized.

CONTROLLED SUBSTANCES

I understand that before prescribing any controlled substances, my provider is required by law to check a profile maintained by the Nevada Board of Pharmacy which keeps track of all controlled substances dispensed in Nevada. I further understand that if my profile contains any irregularities such as excessive number of prescriptions, getting prescriptions from multiple providers, or early refills my provider will not prescribe any controlled substances for my safety.

I understand that I must be examined by my provider before starting any new controlled substances or being provided with any additional refills for controlled substances. For these reasons, I need to keep track of my available refills remaining as to not run out of medications. I understand that if I do run out of my controlled substance and am not able to get into my provider in a timely manner or develop any subsequent discomfort, I will present to my local urgent care, emergency room, primary care provider, or detox center for evaluation and treatment as withdrawal from controlled substances can be very uncomfortable and possibly life threatening.

PAYMENT

I understand that payment is expected at the time of my visit. Sugi Psychiatry and Wellness accepts cash and credit cards.

PRIVACY

I agree to maintain the confidentiality of all other patients of the clinic. Our staff will maintain your confidentiality by not acknowledging you outside of the clinic unless you first acknowledge them.

DUTY TO REPORT

Sugi Psychiatry and Wellness has a legal obligation to report to authorities if they believe a child, disabled person, or elderly person is being abused or neglected. Sugi Psychiatry and Wellness has a legal obligation to report to authorities if they believe you are an imminent danger to someone else, or an imminent physical, mental or emotional danger to yourself.

CELLULAR DEVICE OPT-IN CONSENT & INDEMNITY PROVISION

I expressly consent to receiving calls and/or SMS/text messages on my cellular device placed by Sugi Psychiatry and Wellness, its affiliates, business associates, and/or Messages from its service providers, from an automatic telephone dialing system and/or use of artificial or prerecorded voice, including, but not limited to, for the purpose of appointment reminders, office closure announcements, servicing my account, payments in billing, or collecting any amounts I may owe. I understand that this could result in charges to my data plan. I understand that SMS/text messages and cell phone messages carry certain risks. For example, messages may be sent in unencrypted form. They could be received by others if they have access to my device or if my messages are sent to another device. I agreed to notify Sugi Psychiatry and Wellness immediately if I change or obtain a new cell phone number, or no longer maintain the cell phone number provided in this provision, and especially acknowledge that I may be held liable for failure to do so as outlined below.

I agree to indemnify and hold Sugi Psychiatry and Wellness , its officers, agents and employees harmless from any liability, loss or damages, including but not limited to, attorneys fees that may suffer as a result of claims, demands, costs or judgments against Sugi Psychiatry and Wellness arising out of alleged violations of the telephone consumer protection act or similar laws, resulting from auto-dialed, SMS/text, artificial or pre-recorded voice calls placed to a assigned cell phone number(s), originally belonging to me or which I provided to the clinic, but of which I failed to timely notify the clinic that such number(s) was no longer assigned to me.

The staff of Sugi Psychiatry and Wellness has my permission to (please check all applicable):

☐ Leave a message on voicemail ☐ Send a text message ☐ Send an email

EMERGENCY CONTACT

In the case of an emergency, call 911 or go to your local emergency room. If you are suicidal, you can call the Crisis Call Center at 800-273-8255.

In the case of an emergency situation, or if I am deemed a threat to myself or someone else, I,

_____

(Patient Name)

give the staff of Sugi Psychiatry and Wellness permission to speak with

_____

Name Relationship to Patient Phone #

By signing this agreement, Patient or Patient's Guardian, hereby attests that he or she has read, understands, and agrees to comply with this agreement.

_____

Signature Date

_____

Patient Name