



**INTEGRATED MINDS  
WELLNESS CENTER**

4107 Crosspoint Blvd., Suite A, Edinburg, TX 78539  
Phone: (956)329-7764 Fax: (956)329-7766

**NOTICE OF OFFICE POLICIES AND PROCEDURES, EFFECTIVE 12/11/2014**

**PURPOSE OF THIS INFORMATION**

In order for me to provide the best care possible, I want my patients to have as much pertinent information as possible. If you have any questions or concerns about the healthcare or business practices of this office, please feel free to discuss them with me.

**PRIVACY AND RELEASE OF INFORMATION**

Services you receive in this office are confidential, except in the circumstances listed below:

1. Threats of harm to self or others
2. Abuse of a child, vulnerable adult, or developmentally disabled person
3. A court order to release information
4. Subpoena of treatment records by an attorney. If you do not want this information released, you must obtain a protective order from the court within fourteen (14) days.
5. If you will be applying your health insurance benefits, we may be required to provide information to your health plan, including some or all of your record of treatment, in order for your carrier to pay for services. By signing the Acknowledgement of Receipt of Office Policies and Procedures form you consent to release of that information to your health plan. *Psychotherapy notes are handled separately under HIPAA and have additional protections.*
6. If you are party to child custody litigation at any time in the future, the court may order release of information about your treatment in this office.
7. In some instances, as provided by the state law of Texas, information about your healthcare may be exchanged with other healthcare professionals involved in your treatment.

In circumstances other than these, I will not release information about your treatment without your authorization.

**EMERGENCY CONTACT**

Messages left on voicemail are retrieved regularly and calls are returned as soon as possible. If you need more rapid attention for your own or someone else's safety, do not delay while waiting for me to return your telephone call. *Please call 9-1-1 or report to the nearest hospital emergency room.*

**PATIENT RECORDS, OFFICE POLICY AND TELEMEDICINE SERVICES**

1. An electronic record (file) is kept of services you receive in this office. You have a right to see the record. You may ask that factual errors in the record be corrected. You may authorize in writing that copies of the record be released to entities you designate, at your expense, according to charges stipulated by the state law of Texas. Under certain circumstances where seeing the record may put a patient or other person at risk, the clinic may redact certain information in the record and/or require that you review the record in consultation with another healthcare provider. You may receive an accounting of non-routine uses and disclosures of your record. Additionally, Integrated Minds may utilize Telemedicine services to conduct your face-face visits. This may be in video chatting /conferencing, text messaging and e-mailing. Benefits of telemedicine include



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more convenience and accessible patient care, healthcare cost savings, and effectiveness. Disadvantages include fewer in-person consultations, reduced care continuity, technology failure, difficulty accessing provider, privacy, security and confidentiality problems. Even when healthcare providers take necessary security precautions, hackers may still access electronic communications. Your follow up care will be conducted using telemedicine or in person. In case of electronic failure, our office can be reached at 9563297764. In case of an adverse reaction or an emergency, call 911 or go to your nearest hospital. It is your choice which pharmacy you receive your prescribed medications. The nurse practitioner in this clinic has a vested interest in Jackson Park Pharmacy.

## SECURITY PROCEDURES

I make reasonable efforts to prevent access and disclosure to unauthorized personnel. I keep an ongoing log of potential risks and the physical and electronic safeguards implemented to limit these risks. I require my business associates to abide by all applicable privacy regulations.

## INSURANCE BENEFITS AND PATIENT RESPONSIBILITY FOR FEES

Only your health insurance plan can describe your benefits to you or verify provider eligibility. My administrative staff will help you obtain this information from your health insurance plan, but you must contact the health insurance plan directly for verification. If charges are denied by a health insurance plan they become entirely your responsibility, even if you had understood from your health insurance plan that the charges would be paid by them.

## FEES AND PAYMENT

Payment for charges not covered by your health insurance plan (including co-payment, co-insurance, and deductible amounts) is due in full at the time services are provided unless prior arrangements have been made. My billing and patient accounts are administered by Vālant Medical Solutions, Inc. in Seattle, Washington and Navicare. Please telephone Vālant Medical Solutions directly with any questions or concerns about your account statement.

## UNPAID BILLS

It is important that you discuss with me any financial hardship that you may have. Doing so may allow us to arrive at a mutually agreeable payment plan that allows the continuation of your treatment. If this cannot be accomplished, seriously delinquent accounts may be referred to a collection agency and we may have to terminate our relationship as provider and patient. Information necessary to effect collection will be released to the collection agent. Should it become necessary to file suit in this context, you agree to pay reasonable attorney fees. A service fee of 1.5% will be charged on balances more than thirty (30) days past due.

## LATE CANCELLATIONS AND MISSED APPOINTMENTS

Failure to keep a scheduled appointment will result in a charge for the full fee of the scheduled appointment, unless you cancel at least 48 hours prior to the appointment time. Please note that insurance health plans ***do not*** pay for missed appointments, these charges will be entirely your responsibility.



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**GRIEVANCE PROCEDURES AND COMPLAINTS**

If you have any questions or concerns about administrative or business matters in this office, please discuss them with me.

If you have any questions or concerns about your treatment, you are encouraged to discuss them with me. In addition, or instead, the following avenues are available:

1. You may contact your health insurance plan or behavioral health benefit manager;
2. If you feel the problem is serious and/or you have not reached resolution through one of the avenues above, you can file a complaint with the Texas Health and Human Services Commission.

Their mailing address is  
Texas Health and Human Services Commission  
Office of the Ombudsman, MC H-700  
P O Box 13247  
Austin, TX 78711-3247

Phone: 1-877-787-8999 (Toll-Free)

3. You may also file complaints regarding privacy practices to the Secretary of the U.S. Department of Health and Human Services.

**FEES**

Fees are \$250 for the first appointment in an episode of care. Fees for subsequent individual appointments are \$125 for follow up appointments. These fees are subject to change; however, any changes will be discussed with you. Fees for other services are by arrangement