

VIRTUE MEDICINE

MIND-BODY HEALTH — CONTEMPLATIVE ARTS

WORKER'S COMPENSATION & TRAUMA CARE CLINIC
221 EAST COLLEGE STREET, SUITE 212
IOWA CITY, IOWA 52240-1759
TEL: 319.338.5190 | FAX: 319.354.3718

Worker's Compensation Referrals

New Patient Agreement

Privacy and Confidentiality:

I have had an opportunity to review the privacy and confidentiality policies used by practitioners at Virtue Medicine, available at both the office site and at the business website.

I understand that the Virtue Medicine practitioner has been retained by Worker's Compensation to provide me with an independent medical evaluation and/or medical services, and I am aware that I have authorized Virtue Medicine to communicate with my Worker's Compensation carrier named here:

_____ about any aspects of my medical evaluation and/or treatment at Virtue Medicine.

If I wish to change or revoke the release of information from the practitioner at Virtue Medicine to the administrative and case management at my Worker's Compensation carrier, I will speak directly to my Worker's Compensation case manager to update the release and provide written clarification to both my Worker's Compensation carrier and to Virtue Medicine.

I understand that Worker's Compensation may release health information provided by Virtue Medicine to additional parties, such as my employer, as per their own policies and legal obligations and that Virtue Medicine is not responsible for those decisions or the impact of those decisions.

I understand that my medical information can also be released from Virtue Medicine without my written permission under the following conditions: 1) a life-threatening medical emergency or public safety risk, and then only to persons to help reduce or prevent the threat, or 2) when required to do so by law or by legal proceedings. If protected health information is released under these exceptions, I will be notified by the practitioner at Virtue Medicine as soon as possible.



Therapeutic Relationship and Medical Records:

At the Virtue Medicine Clinics, I have the right to:

- Receive respectful and competent treatment within the provider's scope of practice and under the limitations created by my Worker's Compensation carrier and case management.
- A safe treatment setting, free from sexual, physical, and emotional abuse.
- Report any immoral and illegal behavior by the practitioner.
- Obtain information about my practitioner's qualifications, including licensing, education, training, experience, membership in professional groups, special areas of practice, and limits on practice.
- Have written information about the course of treatment the provider believes will be needed, substitute health care providers (in cases of vacation and emergencies), referral recommendations for other medical conditions, and appointment cancellation and rescheduling policies.

I agree that medical care with the practitioner is voluntary and can be discontinued at any time. The practitioner also has the right to discontinue services immediately if a safe and appropriate relationship cannot be maintained, or if the clinical and reception spaces are being disrupted by my conduct. Notice of discontinued treatment will be provided in writing.

I understand that at the conclusion of the Worker's Compensation coverage of my case, contact with the Virtue Medicine practitioner will be discontinued or transferred unless there is a new patient agreement for ongoing care under the standard policies of Virtue Medicine.

The medical records are the physical property of Virtue Medicine P.C., and are shared with Worker's Compensation carrier and case management as part of the process of receiving payment. If I would like a copy of the records for my own use or to provide to another health care provider, independent medical evaluation records should be obtained directly from the Worker's Compensation carrier, unless there is an ongoing treatment relationship with the Virtue Medicine practitioner, in which case the records may be requested directly from Virtue Medicine.



If I believe that information in the medical record is incorrect or that something important is missing, I have the right to request an amendment of the record in writing.

Psychiatric and psychological evaluations and/or treatment are professional services, and the therapeutic relationship with the practitioner at Virtue Medicine is different from other kinds of relationships. I understand that this limits other kinds of relationships a Virtue Medicine practitioner may have with me or with my family now or in the future, in accordance with professional standards, including close friendships and direct business arrangements such as employment.

Appointments, Payments, and Communications:

Appointments are a valuable resource. Cancellation must occur through phone notification to the Virtue Medicine reception desk (319-338-5190) at least 24 hours in advance; Monday appointments must be cancelled by 5:00 p.m. (Central) of the preceding Friday. **If I miss an appointment without the minimum 24-hour cancellation, I understand that there will be a bill for the full amount of the scheduled visit sent to Worker's Compensation.** Whether this charge is covered by Worker's Compensation or is passed along to me is at their discretion.

I understand that my private email is not a secure form of communication and that email is not necessary to my care plan at Virtue Medicine. All emails about my care become part of the permanent medical record in our office. If I initiate an email to my provider, I understand that I am authorizing my providers to use this mode of communication for providing medical information and accept the liabilities entailed with this form of communication. If I do not wish to accept the liabilities of email, I will not use that mode of communication with my providers.

I understand that if I leave a message by phone/email for the practitioner, I may expect a return message within 48 hours of the practitioner's clinic hours, which are posted. If the practitioner is away from the office, messages may be left for Virtue Medicine Reception and will be returned within one business day, Monday through Friday.



I understand that the Virtue Medicine practitioners run a small consulting practice without full after-hour service options. **24-hour access to Virtue Medicine practitioners is not available.** I understand that I am responsible for having a primary care physician who is aware of my psychiatric/psychological care and medications and can be contacted with medical emergencies.

I understand that *urgent assistance for safety issues can be found at: 911, Mercy Iowa City Hospital On Call RN Line at 319-358-2767 or toll-free at 800-358-2767, or the Johnson County Crisis Line at 319-351-0140 or online at <http://jccrisiscenter.org/>.*

I agree that in an emergency, I will call 911 or seek attention at my nearest emergency room.

My signature below demonstrates that I have read, understand and agree to abide by the terms of this agreement for the duration of my evaluation and/or treatment at Virtue Medicine.

Patient Signature

Date

