

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 my provider has been retained by Workman's Compensation to provide me with medical services, and I am aware that I have authorized Virtue Medicine to communicate with Workman's Compensation about aspects of my medical care as part of that care plan, in accordance with the release of information form I completed and signed.

If I wish to change or revoke the release of information from this my provider at Virtue Medicine to Workman's Compensation, I will speak directly to my Workman's Compensation case manager to update the release and to provide a written copy to Virtue Medicine.

I understand that Workman's Compensation may release my health information from 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.

I understand that my medical information can also be released from Virtue Medicine without my written permission with 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, 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 practice 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 as retained by Workman's Compensation.
- Have a safe treatment setting, free from sexual, physical, and emotional abuse.
- Report any immoral and illegal behavior by the provider.
- Obtain information about my provider'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.

Patient Initials



I agree that medical care with my provider is voluntary and can be discontinued at any time. My provider also has the right to discontinue services immediately if she judges that a therapeutic 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 Workman's Compensation coverage of my case, my care with the provider will be discontinued or transferred unless there is a new patient agreement for ongoing care under the standard policies of Virtue Medicine. If there have been more than 24 months since my last medical evaluation in the practice, requests for follow-up will be scheduled as a new patient evaluation appointment to allow sufficient time to update medical information.

Although the medical records are the physical property of Virtue Medicine P.C., the information belongs to me. If I would like a copy of the records for my own use or to provide to another health care provider, the office will happily provide the copy at a small charge to me. If I believe that information in the 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 care are professional services, and the therapeutic relationship with my provider at Virtue Medicine is different from other kinds of relationships. I understand that this limits other kinds of relationships my provider 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 (338-5190) at least 24 hours in advance. If I miss an appointment without the 24 hour cancellation, I understand that there will be a bill for the full amount of the scheduled visit sent to Workman's Compensation. Whether this charge is covered by Workman's Compensation or is passed along to the patient 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 my provider, I may expect a return message within 48 hours of her clinic hours, which are posted. If she is on leave, medical options for cross-coverage will be provided to me. Messages left for Virtue Medicine Reception will be returned within one business day, Monday through Friday.

Patient Initials



I understand that my provider runs a small consulting practice without full after-hour service options. 24-hour access to Virtue Medicine providers 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 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 with 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 care with my provider at Virtue Medicine.

Patient Signature

Date

