

## Policies and Consent for Services

**Welcome:** Welcome to Canopy Medical Clinic! This is an overview of our policies and procedures. If you have any questions regarding the information in this document, please contact our clinic staff. We look forward to collaborating with you on your healthcare journey. Once you sign this document, it becomes a binding agreement and provides your consent to receive services at Canopy Medical Clinic.

**Non-Discrimination:** Canopy Medical Clinic strives to be a radically inclusive, affirming, and sex positive clinic. Canopy Medical Clinic is committed to an environment in which all individuals are treated with respect and dignity. Canopy Medical Clinic does not condone or engage in any discrimination based on ability, age, culture or subculture, ethnic group, national origin, gender identity, sexual orientation, religion, political beliefs, marital status, or socioeconomic status. We do not condone or engage in sexual harassment. We do not condone or engage in discrimination based on HIV status or other health diagnoses. Canopy Medical Clinic's staff has the responsibility to educate themselves about their own biases towards those of different races, creeds, identities, cultures, mental abilities, orientations, HIV status, etc, and to seek out education and consultation to prevent biases from interfering with your healthcare needs.

**General Information:** We understand your preferred name may be different from your legal name. Due to constraints in healthcare software, you may receive communication from Canopy Medical Clinic using your legal name. Your legal name will be used for all prescriptions, insurance claims and mail. We always try our best to address you by your preferred name when possible.

**Medical Services:** Canopy Medical Clinic is a specialty clinic. **This means we often do not have the resources available to treat emergency medical conditions. If you are having a medical emergency, please seek out care from your nearest emergency center or call 911.** We encourage you to maintain a relationship with a primary care provider (PCP) for urgent medical needs.

Canopy Medical Clinic does not act as a primary-care clinic. However, we can provide referrals to other specialized clinics to help coordinate your care.

**Therapy Services:** Canopy Medical Clinic clients who are receiving therapy services should be aware therapy has both risks and benefits. Risks may include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger, frustration, loneliness, and hopelessness as the process of therapy often requires discussing unpleasant aspects of your life. Therapy has benefits as well, including reduction in feelings of distress, increased satisfaction in relationships, greater personal awareness and insight, and increased skills for managing stress and specific problems. Eye Movement, Desensitization, and Reprocessing (EMDR) has unique risks and benefits, which will be provided to you should you chose that therapeutic modality. There are no guarantees about what will happen during the therapeutic process. **If you are having a mental health emergency, please seek out care from your nearest emergency center or call 911.**



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## Policies and Consent for Services

**Patient Rights:** As a patient at Canopy Medical Clinic, you have the right to:

- Considerate and respectful care
- Know the names of your healthcare providers, their qualifications, and their role in your care
- Be informed about and participate in your care and treatment plans
- Refuse treatment as allowed by law
- Personal privacy as allowed by law
- Report complaints to the appropriate medical/mental health associations and state boards
- Obtain records of your medical treatment as allowed by law

**Patient Responsibilities:** As a patient at Canopy Medical Clinic, you have the responsibility to:

- Respect the privacy and confidentiality of all Canopy Medical patients
- Not yell, curse, use hate speech or make sexual remarks against other patients or staff
- Keep track of your appointments and arrive on time
- Provide accurate and honest information about your health history and health status
- Participate in your treatment plan by working with your provider, asking questions if you don't understand, telling your provider your needs and concerns and telling your provider if you are having trouble following your plan of care:
- Ensure that Canopy Medical Clinic has accurate contact information for you, including phone number, email address, and home address. If we do not have accurate contact information, we may not be able to contact you with important information about your health care
- Be financially responsible for the services you receive
- Not bring weapons within Canopy Medical Clinic
- Call 911 if you are having an emergency

**Privacy and Confidentiality:** This Notice describes how your protected health information (PHI) may be used and disclosed by Canopy Medical Clinic, PLLC and how you can get access to this information. Please review it carefully.

**Email and Text Messages:** Canopy Medical Clinic may use e-mail and text messages to communicate with clients. We encourage all patients to be thoughtful regarding how they communicate with our clinic and take necessary precautions to safeguard their protected health information. By nature, emails and text messages are NOT confidential. This includes communicating with our clinic in public spaces, using work email, etc. Email, text messages, and portal messages should NOT be used in an emergency. You have the right to decline to receive electronic communications from Canopy Medical Clinic. **If you do not want Canopy Medical Clinic to communicate with you via electronic communications, please inform our clinic staff.**

**Social Media:** If you communicate any protected health information via social media, we will not respond. This includes any form of friend request, @mentions, direct message, wall posts, and so on. This is to protect your confidentiality and ensure appropriate provider-client boundaries. We publish content on various social media websites and blogs. There is no expectation for you to follow, comment on, or otherwise engage in our content.



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## Policies and Consent for Services

**HIPAA:** Canopy Medical Clinic is permitted under federal law to use and disclose your health information, without your written authorization, for certain routine uses. We typically use or share your health information in the following ways:

- **To treat you:** Canopy Medical Clinic can use and share health information with other professionals who are treating you. Example: You request we send a referral to a different healthcare agency
- **To run the health care operations:** We can use and share your health information to run the business, improve your care, and contact you. Example: We use your health information to manage your treatment plan
- **To bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities. Example: We provide your health information to your health insurance plan, so it will pay for your services.
- **Legal uses of PHI:** We are legally required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. This includes reporting communicable disease as required by law, reporting adverse reactions to medications, assisting with product recalls, reporting suspected abuse, neglect or domestic violence, and preventing or reducing a serious threat to anyone's safety, including your own. We may be required by law to share PHI in response to court orders, subpoenas, worker's comp claims and for special government functions such as military, national security and presidential protective services.
- **To obtain copies of your records:** You can request an electronic or paper copy of your medical record by signing a "release of information," which can be requested from any Canopy Medical Clinic personnel. Canopy Medical Clinic will provide you with a copy of your health record within 30 days of your request. Requests for paper copies of medical records will be assessed a \$20 fee to cover printing costs. Request may be denied Canopy Medical Clinic staff believe the disclosure will endanger your life or another person's life. You may have a right to have this decision reviewed.
- **Changing your medical record:** You can ask us to correct PHI if you think it is incorrect or incomplete. Your request for a correction must be made in writing and state the reason for the correction. Canopy Medical Clinic reserves the right to deny a medical record change request, but any denial will be made in writing and will include an explanation of our decision.
- **Ask us to limit what we use or share:** You can ask the Canopy Medical Clinic not to use or share your PHI for treatment, payment, or business operations. Canopy Medical Clinic may deny the request if the request has the potential to negatively affect your care. If you pay for services out-of-pocket in full, you can request your PHI not be shared with your health insurer.
- **To choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights.
- **To file a complaint if you feel your rights are violated:** You can file a complaint by contacting the organizations below. We will not retaliate against you for filing a complaints.



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**Financial Policy:** Our financial policy is intended to describe our expectations regarding payment for the services we provide. **Before starting services, you are strongly advised to contact your insurance carrier to fully understand your benefits.**

- You authorize your insurance carrier(s), including Medicare, Medicaid, or private insurance to issue payments directly to Canopy Medical Clinic, PLLC for medical services to yourself and/or your dependents.
- Keep in mind your insurance policy is a contract between you and your insurance company. We will file your insurance claim, if provided the correct information and assign the benefits to Canopy Medical Clinic, PLLC.
- It is your responsibility to inform us in a timely manner of any changes to your billing and insurance information. Please be aware there filing insurance claims is time limited. If the deadline is missed because you did not provide us with the correct information, you will be responsible for payments in full.
- If your insurance company requires a referral or authorization, **it is your responsibility to obtain this from your primary care provider.** We will be happy to assist you with this process.
- Canopy Medical Clinic participates with many, but not all, insurance plans. It is your responsibility to contact your insurance company to verify in-network status and services covered. You are responsible for charges not covered by your insurance plan.
- If you have an outstanding balance over 90 days old and have failed to make payment arrangements, your account may be turned over to an outside collection agency.
- All patients who have an outstanding balance of more than 200.00 over 90 days old must pay down their balance before any further appointments at our clinic. Our independent specialized clinic relies on your payment for services provided to remain sustainable.
- Payment plans are available if you need to pay your balance in smaller portions. Please contact our office for payment plan details. Discounts may be available to individuals without insurance.
- We accept payments via cash, check, HSAs, FSAs or credit/debit card. There is a 25.00 fee assessed for all checks returned unpaid by banks.
- Canopy Medical Clinic intends to be transparent about the cost of services. The No Surprises Act of 2022 states you have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost. The following prices are approximate, as medical costs are based on the complexity of your visit, how long a visit takes, and the follow-up plan for your care. **Approximate Cash pay/No insurance/Out of network prices:**

Medical Services:  
New Patient/Establish Care: \$180-450  
Follow-Up Visits: \$120-300

Therapy Services:  
New Patient/Initial Appt: \$165  
Continued Sessions: \$120 for 60-minutes

These estimates do not include the cost of lab work, vaccinations or medications given at your visit. Canopy Medical Clinic works with various State and Federal programs to reduce the cost of certain services, please contact us for more information about these services.

**Billing:** Canopy Medical Clinic works with a local medical billing company, Peak Partners, based out of Fargo, ND. If you have questions about your bill, would like to make a payment over the phone, set up a payment plan or have questions about your insurance, please call our billing team at 701-707-0259.



Initials

## Policies and Consent for Services

**Students and Supervision:** Canopy Medical Clinic participates in clinical education programs with area colleges and universities to give students engaged in medical education a chance to gain experience in the healthcare field. Your provider has agreed to permit such students to observe and participate in clinical care activities, including, where appropriate, providing medical care to patients under direct supervision. You can always refuse to have students participate in your care. Canopy Medical Clinic also employs therapists who have completed Master's level counseling education programs and who are currently under supervision from an independently licensed therapist. If your therapist is currently under supervision, they will inform you of their supervision status. To ensure the highest quality of care, supervisors monitor and review the progress of your work with your therapist. Supervisors will have access to your medical information; however, they are bound by the same privacy agreements and policies stated in our privacy policy. If you have questions about your therapist's supervisor, we encourage you to talk to your therapist. This confidentiality agreement applies to supervised practice. By signing our privacy policy, you acknowledge your informed consent for treatment by a therapist under supervision.

**Appointment Cancellation, No-Show and Late Policy:** When you schedule an appointment at Canopy Medical Clinic, enough time is reserved to provide high-quality care. Canceling your appointment without adequate notice, or not showing up during your reserved appointment time, means that time can't be used to treat another patient in need of care. As a patient of Canopy Medical Clinic, you agree to the following policies:

- If you cannot make it to your appointment, you must give our office 24 hours (to the hour) notice. For Monday appointments, that means letting us know the Friday before by your scheduled appointment time. **All clients who fail to show up for their appointment without 24 hours notice will be charged a 50.00 No-Show fee.** These fees are not covered by insurance.
- If you no-show for an appointment three or more times, you will not be able to make an appointment for 3 months after the third no-show (and any existing appointments during the 3 months will be canceled), or until the 50.00 No-Show/Late Cancellation fees are paid, except in medical emergencies or at the discretion of your health care provider.
- We understand emergencies out of your control happen. If you should experience extenuating circumstances, please contact our office.
- If you are a new patient and no-show two or more times for your initial visit, your appointment will not be rescheduled for 6 months.
- If your provider requires you to complete blood work or laboratory testing before an appointment that you do not complete on time, your appointment will be rescheduled and counted as a no-show. If you are unsure of when your blood work/laboratory testing is needed or if you need additional time to complete this testing, please contact our office for assistance.
- If you are running late for an appointment, please let us know as soon as possible. If you arrive 10 minutes or later than your scheduled appointment time, your appointment will be rescheduled.



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**Telehealth Policy:** Telehealth is healthcare provided by any means other than a face-to-face visit. In telehealth services, medical and mental health information is used for diagnosis, consultation, treatment, therapy, follow-up, and education.

- To use telehealth, you will need an internet connection and a device with a camera, speakers, and microphone. These devices include mobile phones, computers, or tablets. You may opt out of the telehealth visit at any time. This will not change your ability to receive future care at this office.
- Telehealth services can only be provided if your provider is licensed in the state where you are physically located. Most of Canopy's medical providers are licensed in North Dakota, Minnesota and/or South Dakota.
- Your financial responsibility will be determined individually and governed by your insurance carrier(s), Medicare, or Medicaid, and it is your responsibility to confirm coverage with your insurance provider
- All electronic medical communications carry some level of risk. While the likelihood of risks associated with the use of telehealth in a secure environment is reduced, the risks are nonetheless real and important to understand. These risks include but are not limited to:
  - Increased ease for electronic communication to be forwarded, intercepted, or even changed without your knowledge, and despite taking reasonable measures. Canopy Medical Clinic is not responsible for breaches of confidentiality caused by an independent third party or by you.
  - Electronic systems that are accessed by employers, friends, or others are not secure and should be avoided. It is important to use a secure network.
  - Despite reasonable efforts on the part of Canopy Medical Clinic, the transmission of medical information could be disrupted or distorted by technical failures.
- You agree to verify your identity and current location in connection with telehealth services. You acknowledge that failure to comply with these procedures may terminate the telehealth visit.
- You affirm understanding electronic communication cannot be used for emergencies or time sensitive matters. You affirm understanding and agreement that a medical evaluation via telehealth may limit your healthcare provider's ability to fully diagnose a condition or disease.
- You agree to accept responsibility for following your healthcare provider's recommendations, including further diagnostic testing, such as lab testing, a biopsy, seeking out emergency care or an in-office visit.
- You affirm understanding that electronic communication may be used to communicate highly sensitive medical information, such as treatment for or information related to HIV/AIDS, sexually transmitted diseases, or addiction treatment.
- You affirm understanding the inherent risks of errors or deficiencies in electronic transmission of health information and images during a telehealth visit. You affirm understanding there is never a guarantee as to a particular result or outcome related to a condition or diagnosis. To the extent permitted by law, you agree to waive and release your healthcare provider and their institution from any claims you may have about the telehealth visit.

**By signing this form, you agree to Canopy Medical Clinic's Policies and Procedures. If you have questions about any of our policies, please contact us or speak to your healthcare provider**

Legal Name Signature \_\_\_\_\_ Date \_\_\_\_\_

Gaurdian Signature if under 18 \_\_\_\_\_ Date \_\_\_\_\_

