

# Luxury Psychiatry & Medical Spa

## CONSENT TO MEDICAL CARE

Thank you for seeking out care from Luxury Psychiatry and Medical Spa (“LP”). This Consent to Psychiatric Care Agreement authorizes LP to provide you medical care, share your health information, and receive payment for the services provided.

- I consent to receiving diagnosis, medical care, and treatment that is considered necessary or recommended by my provider(s), including treatment and services through the use of telehealth technologies, such as telephonic and interactive audio-visual communications and other virtual care. I understand that I may be in a different location than the provider due to these telehealth services. I understand that no guarantees have been made to me about the result of my examination or treatment.
- I understand that LP’s mission includes training healthcare providers. Because of this, physicians (such as “students” and “trainees”), nurses and other healthcare professionals “in training” may be involved in my care and treatment.
- I agree that all telephone numbers and email addresses I provide to LP may be used by LP, or those acting on its behalf, to communicate with me by telephone (including cell phone), text, or any automated or prerecorded messages. If I do not want to receive text messages or phone calls, then I can opt out/ remove myself from the list.
- My health information includes diagnostic information, lab tests, medications, allergies, history and assessment, treatment plans, progress or presence of treatment, clinical notes, discharge summaries, and other records pertaining to my treatment.
- The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) is a law that protects the privacy and security of my health information anywhere in the United States. There are other federal laws, as well as Illinois state laws, that protect “sensitive” health information including health information as defined above relating to HIV/AIDS; behavioral or mental health; developmental disabilities; treatment for substance (alcohol and/or drugs) use disorder; genetic testing and counseling; artificial insemination; sexual assault/abuse; domestic abuse of an adult with a disability; child abuse and neglect; and, if I am a minor, sexually transmitted illnesses, pregnancy and birth control.
- If my consent is required by law, I allow LP to use and disclose my sensitive health information to LP providers and to re-disclose the information outside of the LP network, for treatment, payment (insurance plan/s) and LP operations (including care coordination), in the same way that HIPAA allows LP to use or disclose my health information for these purposes, and as described in the LP Notice of Privacy Practices.

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I understand that LP will not be responsible for the loss, destruction or theft of any personal property that I bring with me to LP. I take full responsibility—and release LP from responsibility and liability—for my personal property.

I understand that I am not allowed to take pictures or make video or audio recordings of my care, other patients, LP staff, providers and students in LP facilities.

I agree that I am financially responsible for the services that I receive at LP and agree to pay for these services at the applicable rate of each location that I receive care at. If I choose to have my health insurance reimburse LP for my medical care, I give permission to LP to bill any such insurer and update that information as necessary. I understand that insurance coverage varies, and that my insurer may not pay for everything, or may only pay a portion of my bill. If my insurer has an agreement with LP, then I will be responsible for any applicable co-payments, coinsurance or deductibles.

I have read, understand and agree to this Consent to Medical Care Agreement. I have been given the opportunity to ask questions and I have no remaining questions at this time. I understand where I can access additional information. I agree to electronic signature of this consent

### POLICIES & PROCEDURES

#### Luxury Psychiatry and Medical Spa (“LP”) Policies & Procedures

Our policies allow us to provide a higher standard of service, therefore, we have implemented them to provide you with an exceptional experience. As a result, appointment cancellation fees are necessary, due to unavoidable expenses and valuable time allocated to each patient when they schedule an appointment.

### APPOINTMENTS

We offer several options for your convenience to reserve an appointment. You may schedule an appointment by:

1. Calling our Chicago/Florida office at 312-888-2986 or our Chatham office at 217-697-5143
2. Book on our website - [luxurypsychitrymedicalspa.com](http://luxurypsychitrymedicalspa.com)
3. Use our mobile app - Luxury Psychiatry and Medical Spa

When reserving your appointment, you will be asked to use a credit card to guarantee the appointment. If you cancel less than 24 hours prior to your appointment, or fail to show up, you will be charged a **\$100 appointment cancellation fee for spa services and a \$250 cancellation fee for psychiatry and therapy services.**

You can request a reminder for your appointment that will be sent either via text or email, which you are able to confirm. If you need to cancel or reschedule, please do so outside of the 24-hour cancellation window, at no charge. Please note, when you schedule an appointment, that is your acceptance of our policies. Appointment reminders are solely used to remind you of your appointment, they are not a way to communicate with the staff.

### WHEN SHOULD I ARRIVE?

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**Psychiatry-** Please arrive 15 minutes before the start of your appointment to complete essential paperwork. **Initial psychiatric evaluations and annuals require in-person appointments** (please allow 60-90 minutes). Tele-Medicine appointments can be utilized for routine follow-ups, subject to the provider. Tele-Medicine is subject to change depending on insurance guidelines. We apologize for any delays caused by patients with complex symptoms or multiple mental health concerns. When booking, we cannot foresee which patient will need more time than average.

## **IS THERE ANYTHING I SHOULD DO PRIOR TO MY APPOINTMENT?**

**Psychiatry and Therapy-** Please bring a copy of your photo ID, insurance card, and a credit card to your appointment. **Spa Services-** We ask that any laser hair removal patients have the treatment area cleanly shaven before their appointment (we usually recommend that you shave the day before). If not, we may have to reschedule, or apply a \$50 shaving fee to your treatment. Patients receiving facials, please arrive without any makeup on, if possible. You may also cleanse your skin at our office, but please be sure to allow enough time, so as not to delay your appointment.

## **WHAT IF I AM LATE TO MY APPOINTMENT?**

If you are not able to arrive on time, we will do our best to complete as much of your treatment as possible. Please keep in mind that with some treatments, it may be necessary to reschedule your appointment. In fairness to others, your treatment must end on time, so that the following patient's services can begin.

## **WHAT IS THE CANCELLATION POLICY?**

Your appointment is reserved exclusively just for you. Should you need to cancel or reschedule your appointment, **please notify us 24 hours prior to your scheduled appointment time**. All services canceled less than 24 hours in advance are considered a "no-show" and will be subject to a **\$100 fee for spa services and a \$250 fee for psychiatry and therapy services**. We require a major credit card on file to reserve all appointments. This courtesy enables us to maintain a higher availability for our patients. Please note, by scheduling an appointment, you are agreeing to this policy.

## **WHAT IS THE REFUND POLICY?**

While we make every effort to satisfy our customers, **ALL SALES ARE FINAL**, and are non-transferable. We are a small business and, unfortunately, we cannot offer refunds on any used/unused appointments/sessions for individual services, service packages, or products.

## **PAYMENTS**

We accept Mastercard, Visa, AMEX, and Discover.

## **GIFT CERTIFICATES**

Giving a gift certificate is convenient and since you choose the denomination, they are right for any budget. Gift Certificates are non-refundable and cannot be used to pay for no-show/cancellation fees.

## **GENERAL POLICIES**

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A credit card is required to secure all appointments. All prices, policies and services are subject to change without notice. Scheduling an appointment is your acceptance of these policies. All sales are final.

## **PAPERWORK/ FMLA**

We are not obligated to fill out FMLA forms on the first visit, since the patient is not established within the practice. Forms will be considered for established patients, but this is not a guarantee. Forms will be decided by the clinical provider on a case-to-case decision.

<p style="text-align: center;">PRIVACY POLICY Luxury Psychiatry and Medical Spa ("LP") Notice of Privacy Practices</p>
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**Luxury Psychiatry and Medical Spa Notice of Privacy Practices, Your Information, Your Rights, Our Responsibilities.** THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. Luxury Psychiatry and Medical Spa ("LP," "we," or "us") is committed to providing you with the highest quality of care, in an environment that protects your privacy and the confidentiality of your health information. To that end, this notice explains our privacy practices, as well as your rights, regarding your health information. This section explains your rights and how to exercise them. Specifically, you have the right to the following:

- You can ask to see or obtain an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we will tell you why in writing, usually within 60 days of your request.
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to these requests. For example, we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes," unless a law requires us to share that information.
- You can ask us for a list (accounting) of the instances we have shared your health information for six years prior to the date you ask, with whom we shared it, and why.
- We will include all the disclosures except for those about treatment, payment, or health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting per year for free, but may charge a reasonable, cost-based fee if you ask for another one within 12 months.
- You can ask for a paper copy of this privacy notice at any time, even if you have agreed to receive the notice electronically.
- We will provide you with a paper copy promptly.

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- If you have given someone health care power of attorney or if someone is your legal guardian, that person (your “personal representative”) can exercise your rights and make choices about your health information. If someone has been appointed to act for you, a copy of the document appointing that person must be provided to us. We will make reasonable efforts to ensure the person has this authority and can act for you before we take any action.
- Protecting your confidential information is important to us. If you feel we have violated your rights, please contact us using the information at the end of this Notice.
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, DC 20201, by calling 1.877.696.6775, or by visiting [hhs.gov/ocr/privacy/hipaa/complaints/](https://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for filing a complaint either to LP or to the Office for Civil Rights. Please ask us how to accomplish any of the above items by contacting us using the information at the end of this Notice. You may have to complete a form and submit your request in writing. For example, to obtain a copy, amend or restrict your medical records, or to receive a listing of disclosures, you must fill out a form.
- You can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:
  - Share information with your family, close friends or others involved in your care.
  - Share information in a disaster relief situation.
  - Include your information in a hospital directory. If you are not able to tell us your preference (for example, if you are unconscious), we may go ahead and share your information, if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to your health or safety. We never share your information for the following reasons, unless you give us written authorization: Marketing purposes, Sale of your information, Most, but not all, sharing of psychotherapy notes in the case of fundraising.

### **How LP May Use and Share Your Health Information:**

- LP may, without your written permission, use your health information within LP and share or disclose your health information to others outside LP in the following ways: For treatment, payment, and healthcare operations.
- LP may use your health information and share it with other professionals who are treating you. For example, a physician treating you for an injury may ask another physician about your overall health condition. Note, however, that we may ask for your written permission if certain kinds of information are being disclosed (such as mental health information).
- LP may keep your information electronically using Valant and other electronic medical record systems.

### **Luxury Psychiatry Privacy Practices Payment:**

- LP may use and share your health information to bill and receive payment from health plans or other entities. For example, we may send health information about you to your health insurance plan, so it will pay for your services. We may also disclose your information to other providers for their payment activities.

### **Healthcare Operations:**

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LP may use and disclose your health information to run our organization, improve your care, and contact you when necessary. For example, we use health information to manage your treatment and services, including to contact you to remind you that you have an appointment for medical care. We may also disclose information to clinicians, residents and fellows, medical/nursing students, and other authorized personnel for educational and learning purposes.

**LP may disclose your health information without your written permission:**

- With some limited exceptions, to you or someone who has the legal right to act on your behalf (your personal representative).
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.
- When required by law.

**Other purposes for which LP is allowed or required to use or disclose your health information:**

- LP may use or disclose your health information to others without your written permission in other ways — usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: [hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html). Examples include:
  - a. To help with public health and safety issues such as: Preventing disease, Helping with product recalls, Reporting adverse reactions to medications, Reporting suspected abuse, neglect or domestic violence, Preventing or reducing a serious threat to anyone's health or safety.
  - b. For research: LP's mission includes supporting discovery of new knowledge and treatments that benefit all patients. Your medical information may be used for research purposes in accordance with state and federal laws.
  - c. For medical examination: LP may share health information with a coroner, medical examiner or funeral director when an individual dies.
  - d. To address workers' compensation, law enforcement, and other government requests (ex: military, national security, and presidential protective services),
  - e. To respond to lawsuits and legal actions: LP may disclose health information about you in response to a court or administrative order, or non-sensitive information in response to a subpoena, if there is a qualified protective order or satisfactory assurances.
  - f. To business associates: LP may disclose your health information to our "business associates" — individuals or companies that provide services to LP. For example, a business associate would include the company that administers the billing claims for LP, a software vendor Health Nautica, a telehealth or other digital health solutions company, and other service providers. LP requires that business associates keep your information safe.
- Sensitive health information. Some types of health information are particularly sensitive, and the law, with limited exceptions, may require that we obtain your written permission or in some instances, a court order, to use or disclose that information. Sensitive health information includes information dealing with mental health and developmental disabilities, HIV/AIDS, alcohol and drug abuse treatment, genetic testing and genetic counseling. Prior to receiving care from LP, a patient signs, where required by law, a consent to allow LP to use

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and disclose sensitive health information in the same way that the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") allows us to use and share non-sensitive health information for treatment, payment and healthcare operations as described in this Notice. For example, LP may use and share sensitive health information in order to better coordinate care for LP patients.

- Information used in certain disciplinary proceedings. State law may require your written permission if certain health information is to be used in various review and disciplinary proceedings by state health oversight boards (such as the Department of Professional Regulation).
- Information used in certain litigation proceedings. State law may require your written permission for certain providers to disclose information in certain legal proceedings.
- Disclosures to certain registries. Some laws require your written permission if we disclose your health information to certain state-sponsored registries. LP is committed to following all state and federal legal requirements.
- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and offer you a written copy of it.
- We will not use or share your information other than as described here unless you tell us we can do so in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### **Changes to This Notice:**

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request.

- Independent contractors (including physicians, nurses, physician assistants, or medical trainees) are legally separate entities and responsible for their own acts
- Notice Updated on: 06/27/2022

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_