Telephonic Communication and E-Mail Policy

FRONTIER HEALTH AND WELLNESS, LLC

On Behalf of its Contracted Providers

Appointment Reminders

FHW provides 3 options for appointment reminders: Text Messaging. Phone Calls and/or Emails. You have the right as a patient to decline these types of contact if you choose.

Please initial next to your preferred method of contact?

_____ (Initial)Phone Call _____ (Initial)Email _____ (Initial) Text

By initialing one of the options above you authorize FHW and/or its Contracted Providers to send a text message, email or make a phone call as an appointment reminder to you on the contact number you have provided. By accepting these terms, you agree that all individuals associated with your account may receive alerts referencing the account guarantor and/or dependents. Text message charges from my cell phone provider may apply. You understand that appointment related reminders are provided as a courtesy (see Consent to Treat and Financial Responsibility form for details).

_____ (Initial) **Text Messaging**. Due to text messages being an impersonal and insecure mode of communication, FHW and its contracted providers do not text for treatment related messages nor do we respond to text messages from patients/guardians. You are agree that you will not text message FHW staff or any of its Contracted Providers.

_____ (Initial) **Confidential Voicemail.** By initialing here you are authorizing FHW and/or its contracted providers to leave confidential information via voicemail regarding you/your child to include but not limited to: scheduling changes, lab information, prescription/refill information, referral information etc.

Online Management

_____ (Initial) **Social Media.** FHW and its Contracted Providers do not communicate with, or contact, any clients through social media platforms, such as Twitter, Instagram and/or Facebook. These types of social contacts can create significant security risks for you and your provider. Any communications with clients online have a high potential to compromise the professional relationship as well as your protected health information. Please do not try to contact FHW staff or its Contracted Providers via social media platforms, it will not be responded to.

_____ (Initial) **Web Searches.** FHW and its Contracted Providers will not use social media web searches to gather information about you/your child (unless you specifically ask us to). FHW is aware that others may choose to gather information about FHW or its Contracted Providers in this manner. If you encounter any confusing or disconcerting information about Contracted Providers or other staff at FHW through web searches, please feel free to discuss this with your provider or FHW administration so that we can address your concerns and avoid any potential impact on treatment.

_____ (Initial) **Reviews**. Although it is commonplace to review business' and/or service providers on various websites, if reviews are written regarding FHW or its Contracted Providers they unfortunately will not be responded to. Mental Health Professionals are legally and ethically bound by privacy laws to maintain the confidentiality of all patients which means not identifying patients by responding to comments/reviews posted online. If you encounter any comments/reviews regarding FHW and/or its Contracted Providers that is confusing or disconcerting, please feel free to discuss this with your provider or FHW administration so that we can address your concerns and avoid any potential impact on treatment. We ask that you please do not comment/review FHW and/or its Contracted Providers while in treatment as this may damage the therapeutic relationship or our ability to provide treatment.

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Billing

_____ (Initial) **Fees for Services**. By initialing here you understand and there is a billing protocol in place for email and phone call communication. It is understood that email does not allow for the degree of precision and effective communication that face-to-face encounters do. **Emails, phone calls, refill requests and associated correspondence are all tasks that require time and resources, as such, they are often billable services.** Insurance coverage of these types of services is inconsistent. Please check with your insurance company to determine what level of coverage you have regarding these types of online, remote, and non-face-to-face services.

_____ (Initial) Third Party Billing Company. FHW uses a fully electronic billing system to provide more efficient and convenient invoicing for our patients. Our third party billing company (BellMed Ex) will manage all patient invoicing electronically via email (unless otherwise specified). The email address listed below will be the point of contact for all patient invoicing and billing statements. It is the patient (guardians) responsibility to check the provided email for billing communications to ensure timely payments.

Acknowledgment

_____ (Initial) **The Right to Revoke Consent:** You understand that at any time you have the right to revoke consent for any of the communication methods chosen for patient reminders. You also have the right to revoke consent for FHW and its contracted providers to use email as a method of communication which may or may not have confidential clinical information regarding your care. Your decision to utilize email is strictly voluntary.

I have read the above Telephonic Communications and E-Mail Policy document from Frontier Health and Wellness. I understand and accept all the terms set forth above. All of my questions and concerns have been answered and addressed by Frontier Health and Wellness or my provider prior to signing and submitting this document.

By signing below, I consent to the use of email communication between myself and contracted providers/staff at Frontier Health and Wellness (FHW). I recognize that there are risks to its use, and despite FHW's and its contracted providers best efforts, they cannot guarantee confidentiality. I understand and accept those risks and the policies for email use outlined in this form. I further agree to follow these policies and agree that should I fail do so, FHW and/or its contracted providers may cease to allow me to use email as a means of communication regarding my care/account. I also understand that I may withdraw my consent to communicate via email at any time by notifying FHW or my provider in writing.

_____
Patient Name (Print)

_____
Guardian Name (if applicable)

_____
Patient/Guardian Signature

_____
Date

_____
Authorized E-Mail Address

_____
Authorized Phone Number

Frontier Health and Wellness Contracted Providers

E. David Hjellen D.O. – Frontier Health Services, Child, Adolescent and Adult Psychiatry
Spencer Augustin D.O., – SRA D.O., LLC dba Alpenglow Behavioral Health, Child, Adolescent and Adult Psychiatry
Keith McCormick, PA-C - Alpenglow Behavioral Health, Child, Adolescent and Adult Psychiatry
Victoria Swatek MS, LPC, CATP – Beyond Barriers Counseling, Child, Adolescent and Adult Clinical Therapy
Olivia Harris, Psychiatric Mental Health NP – Olivia Harris, LLC, Adult Psychiatry