FRONTIER HEALTH AND WELLNESS

Yearly Patient Information and Policy Update

Please review and sign the following FHW yearly patient update on behalf of itself and contracted providers

- Frontier Health Services – Dr. David Hjellen
- Beyond Barriers – Victoria Swatek (FKA Victoria Hutton), LPC
- BoreTide Behavioral Health – Kelly Moore, PMHNP
- Tina M. DeMure LLC, Tina DeMure, PMHNP

Demographics and Insurance

Check any of the below information that has changed within the last year

- Legal Name
- Contact Email
- Primary Phone Number
- Physical **or** Mailing Address
- Insurance Information
- Preferred Pharmacy
- Child Custody Status
- Marital Status

If you checked any of the boxes above, complete a new *Frontier Health and Wellness Registration Form*

Contact Preferences/Update

May FHW and/or its contracted providers contact you by phone, email, or send a text to you to confirm appointments? Yes No

What is your preferred method of contact? (check) Phone Call Email SMS (messaging rates apply)

You may check one or all of the above options for receiving appointment reminder notifications

Does FHW and/or its contracted providers have your permission to leave confidential information via voicemail regarding you/your child (e.g. appointment dates/time/provider, prescription/medication information, referral information)?

Yes, you do authorize FHW and/or its contracted providers to leave confidential information via voicemail on the number(s) I have provided below

No, you do not authorize any confidential information be left via voicemail on any phone number FHW has on file.

If yes, please confirm the phone number(s) authorized to receive confidential voicemail.

Primary Phone:_______________________ Secondary Phone:_______________________

Please leave blank if you DO NOT WISH to receive confidential voicemails

_____(initial) I understand I have a right to review the following documents from Frontier Health and Wellness (FHW) prior to signing this document. FHW has provided me access to the following documents on behalf of itself and its contracted providers.

- Consent to Treat and Financial Responsibility
- Notice of Privacy Practices
- Telemedicine Consent
- Separation of Responsibilities
- Electronic Communications Policy
- Email Communications Policy
- Medication Policy
- Release of Information (ROI) Updates
- _____ (initial) I have had the opportunity to review and update/rescind any ROI's I have signed and put on file within the last year

Copies of the forms listed above, representing FHW and its contracted providers, are available at the FHW Front Desk and on the FHW website. FHW and its contracted providers reserve the right to change/update any of the above listed forms. I have the right to obtain revised copies of these forms at the FHW Front Desk, by accessing the FHW website, or calling the FHW Office and requesting a revised copy be sent to me.

Contact Options

Phone: 907-222-6606 email: contact@fhwak.com website: www.fhwak.com

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Medical Update

Within the last year have you had any newly:

- Documented medical conditions (Check One) Yes No

  If answered yes, please explain:

  ____

  ____

- Documented allergies (Check One) Yes No

  If answered yes, please list allergy and reaction:

  ____

  ____

- Prescribed medications from any other provider(s) (Check One) Yes No

  If answered yes, please list medication name, dosage, and frequency:

  ____

  ____

Agreement:

______I have read the above document from Frontier Health and Wellness on behalf of its contracted providers.

All my questions and concerns have been answered and addressed by Frontier Health and Wellness staff or my provider prior to signing and submitting this document.

_________________________________ _________________________________

Patient/Guardian Name Child/Adolescent Name (if applicable)

_________________________________ _________________________________

Patient Guardian Signature Date