



Patient Information

Today's Date: _____

Name: _____

Date of Birth: _____

Email: _____

Phone: _____

Address: _____

Is it OK to leave a detailed voice message or email message? _____

Who referred you to the practice? _____

Primary Care Provider: _____

Emergency Contact name and phone number: _____

Relationship: _____

Preferred pharmacy: _____

Medications/ drug allergies: _____

Food/ environmental allergies: _____

Informed consent for Treatment with Radiance Health and Wellness, LLC

I, _____, do voluntarily consent to care and medical, including routine diagnostic procedure, by Amy Black, NP, as necessary. I consent to telemedicine visits.

I am aware of and understand that the practice of healthcare is not an exact science, and I acknowledge that no guarantees have been made to me as to treatment, examination and/or outcome.

I am aware that I am an active participant in this endeavor and that I share the responsibility for treatment by providing accurate information about my history.

I understand that our work will be kept confidential with the exception of legal limitations on confidentiality. In addition, I am aware that, although Amy Black, NP is clinically an independent practitioner, consultations with associates are at times clinically advisable and my signature below gives her my permission to consult as appropriate. Collaborating associates also provide emergency coverage when Amy Black is out of town, and I understand that an associate providing coverage for her may need access to relevant information to provide the best interim care possible.



I am not a primary care provider. You must have a PCP or specialist managing your healthcare. I can write prescriptions for medications I feel are necessary, but I am not acting as your PCP.

Each procedure and treatment carry both risks and benefits. There may be additional or alternative treatments available. You are encouraged to ask questions if you would like additional information. Your plan will be thoroughly researched and will be customized to your unique health status and your personal goals, no guarantee can be made regarding the outcomes of your treatment or procedure.

Initial consultation/ office visits: The initial appointment is 60-90 minutes with Amy Black discussing your personal health story and your health goals.

Cancellation Policy: When you schedule an appointment, time is reserved especially for you and no one else. You will be asked for a \$50 deposit to reserve your time. Since our appointments are longer than standard office visits, cancellations are significant interruptions to the Clinic. Thus, we require you to give enough notice for cancellations—If the visit is cancelled within 24 hours of the appointment 100% of the office visit charge will apply. The same goes for no-shows.

Communication: I, _____, consent to have my provider, Amy Black, communicate with me, where appropriate via email and/ or text message regarding the following aspects of my medical care and treatment: prescriptions, appointment, billing, and questions. I understand that email and text messages are not a confidential method of communication. I further understand that there is a risk that email communications or text messages between my provider and me may be intercepted by third parties or transmitted to unintended parties. I understand that I also have the option of using the patient portal to communicate with Amy Black.

Amy Black will check the Radiance email multiple times during the week. I will try my best to reply within 48 hours. This is a small clinic, and I am the only provider in the clinic.

Emergencies, after-hours care: I am not available on a 24-hour basis. You must have a primary care doctor with whom you can consult in the event of an emergency or urgent problem. If you have a serious health problem that requires immediate care, you should call your other doctors or call 911 or have someone take you to the nearest emergency room or urgent care center. If you notice an adverse effect from one of the components of your health plan, you should discontinue it immediately and contact me via email amy@radiancerva.com or call the clinic at 804-928-2171.

Billing: We accept cash, checks, credit cards, FSA, and HSA cards. We do not accept insurance, nor do we bill insurance. I can provide you with a superbill which you may submit to your insurance for possible reimbursement.

Prescription medications: Radiance Health and Wellness does not accept health insurance. As a courtesy to patients, I will send your prescriptions for medications to a local pharmacy so that they may be run through your health insurance. It is not uncommon for your insurance company to reject the request for medications. If prior authorization is required, I will try to help with this process within reason. If the prior authorization is denied, or if I must spend more than 10 minutes working on getting the medication approved, I will have to charge a fee of \$25 for my time. There may be an alternative to using your



insurance to get some of these medications and I will suggest this in most cases. The alternative may be using a local specialty pharmacy or a national compounding pharmacy that I trust.

Privacy Policy: I understand that I can request a copy of the Notice of Privacy Practices.

I have read and understand the information in this sheet. My signature below indicates my informed consent and my understanding of the General Office Policies. I also understand that I have the right to revoke this consent in writing and terminate services with Amy Black, NP at any time.

Signature:

Date:

Please print name

Amy Black, NP