

Vitality Lifestyle Medicine Policies

1. **CARD ON FILE:** We require patients to keep an active, authorized debit/credit or HSA/FSA card on file which may be used to pay any missed copays or balance due after your insurance is processed. Balances are due upon office receipt of ERA or EOB from your insurance after they have processed the claim.
2. **NO SHOW / CANCELLATION / LATE RESCHEDULING:** A fee of \$50 will be applied to your card on file if you cancel or reschedule your appointment with less than a 24 hour notice.
3. **BILLING:**
 - a. I hereby instruct and direct my Health Insurance Company to pay Integrative Health Providers, LLC DBA Vitality Lifestyle Medicine Trey Bennett, NP and associates for the professional or medical expense benefits allowable, and otherwise payable under my current insurance policy as payment toward the total charges for the professional services rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY, This payment will not exceed my indebtedness to the above assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment. I recognize that all insurance coverage is subject to deductible except for annual wellness visits under most policies.
 - b. I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.
 - c. I authorize the provider to initiate a complaint to the Insurance Commissioner for any reason on my behalf.
 - d. Providers reserve the right to require your account is current before continuing care.
4. **PRIVACY IN COMMUNICATIONS:** Unless otherwise specified, we use phone, text, and secure email to communicate with patients. If you prefer we do not use any of the above methods, please specify.
5. **COMMUNICATIONS:** Once you are a patient, the best ways to get in touch with us are the following:
 - a. Non-urgent scheduling & rescheduling: expect a reply in 1-2 business days
 - i. Reply to automated text messages (or text: 424-372-8787) - our Electronic Health Record (EHR) shared inbox.
 - ii. Call the KC Chiro / VLM shared front desk: 913-353-4703, option 2, then 1.
 - b. Email vitality@vlmkc.com expect a reply within 1-2 business days
6. **PROTECTED HEALTH INFORMATION CONSENT:**
 - a. We want you to know how your Protected Health Information (PHI) is going to be used, and your rights concerning those records. Before we will begin any health care operations, we must require you to read and sign this consent form stating that you understand and agree with how your records will be used. If you would like to have a more detailed account of our policies and procedures concerning the privacy of your PHI, we encourage you to read the HIPAA NOTICE that is available to you at the front desk before signing this consent.
 - b. The patient understands and agrees to allow this office to use their Protected Health Information (PHI) for the purpose of treatment, payment, healthcare operations, and coordination of care. As an example, the patient agrees to allow this office to submit requested PHI to the Health Insurance Company (or companies) provided to us by the patient for the purpose of payment. Be assured that this office will limit the release of all PHI the minimum needed for what the insurance companies require for payment.
 - c. The patient has the right to examine and obtain a copy of his or her own health records at any time and request corrections. The patient may request to know what disclosures have been made and submit in writing any further restrictions on the use of their PHI. Our office is not obligated to agree to those restrictions.
 - d. A patient's written consent need only be obtained one time for all subsequent care given the patient in this office.
 - e. The patient may provide a written request to revoke consent at any time during care.

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- f. This would not affect the use of those records for the care given prior to the written request to revoke consent but would apply to any care given after the request has been presented.
 - g. For your security and right to privacy, all staff has been trained in patient record privacy and a privacy official has been designated to enforce those procedures in our office. We have taken all precautions that are known by this office to assure that your records are not readily available to those who do not need them.
 - h. Patients have the right to file a formal complaint with our privacy official about any possible violations of these policies and procedures.
 - i. If the patient refuses to sign this consent for the purpose of treatment, payment and health care operations, the provider has the right to refuse to give care.
7. **LIFESTYLE MEDICINE CONSENT TO TREAT:**
- a. You have the right as a patient to be informed about your condition and the recommended diagnostics and treatments to be used so that you can make an informed decision. At this point in your care, the treatment of choice has been selected to be Lifestyle Medicine. This consent is intended to obtain your permission to proceed with evaluation to identify a personalized treatment plan for your condition.
 - b. By signing below, you acknowledge that Integrative Health Providers, LLC (DBA Vitality Lifestyle Medicine) intends to treat your condition(s) with Lifestyle Medicine to improve your overall health. Integrative Health Providers, LLC (DBA Vitality Lifestyle Medicine) reserves the right to refer you to the prescriber for any medication adjustments which may be necessary during your care as your health improves. Diagnosis and treatment may include Diagnostic Testing, Physical Examination, and Nutrition Guidance and Counseling among other therapies.
 - c. You have the right to discuss the treatment plan with your provider concerning the purpose, potential risks, and benefits of any tests or treatments ordered for you. We encourage you to ask questions to gain a better understanding of your treatment plan.
 - d. This consent will remain fully effective until it is revoked in writing. Although, you have the right to discontinue services at any time.
 - e. I voluntarily request Integrative Health Providers, LLC (DBA Vitality Lifestyle Medicine) and associated providers to perform reasonable and necessary examinations, testing, and treatment for the condition(s) that I am seeking care for.
8. **SCOPE OF CARE:** Practitioners reserve the right to refer you to Acute Care or a Specialist as necessary for your health care.
- a. If you are experiencing a potential life-threatening symptom such as chest pain, difficulty breathing, uncontrolled bleeding, loss of consciousness, allergic reaction (face, lip, or tongue swelling), stroke symptoms (sudden numbness or weakness in face, arm, or leg; confusion, trouble speaking, or difficulty understanding speech), severe abdominal pain, or any other symptom that you believe risks life or limb.
 - b. If the complexity of your symptom or condition requires evaluation by a specialist, we will initiate a referral based on medical necessity.
 - c. Providers reserve the right to require a visit before providing: referral, prescription, or refill(s).
9. **IN CASE OF EMERGENCY OR HOSPITALIZATION:**
- a. Once you have received care for an acute condition, please notify us immediately so we can ensure appropriate follow-up and care coordination.