Sage Mountain Health

1341 Harrison ave, suite 15, Butte MT 59701

INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT

Welcome to Sage Mountain Health, LLC. I am very pleased that you have selected me to be your physician, and I am sincerely looking forward to working with you. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your treatment. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of treatment at any time.

Background Information

The following information regarding my educational background and experience as a physician is an ethical requirement of my profession. If you have any questions, please feel free to ask.

I completed a fellowship in Addiction Medicine at the University of Florida. I received my medical degree from the Medical College of New York and completed residency in General Surgery St Barnabas Hospital, in Bronx, New York. I was in surgical practice in Montana, for more than 12 years and retired from surgery in 2019. I came out for retirement to enter a fellowship in Addiction Medicine at medical school the Florida Universty, which is the best fellowship of addiction Medicine in the nation.

Confidentiality & Records

Your communications with me will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a locked, secure location. Additionally, I will always keep everything you say to me completely confidential, with following exceptions: (1) you direct me to tell someone else and you will sign a “Release of Information” form; (2) I determine that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) I am ordered by a judge to disclose information. In the latter case, my license does provide me with the ability to uphold what is legally termed “privileged communication.” Privileged communication is your right as a client to have a confidential relationship with a physician. The state has a very good track record in respecting your legal right. If for some reason a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but I will do everything in my power to keep what you say confidential.

Structure and Cost of Sessions

For a ninety-minute initial evaluation my fee is $450, which you can apply for remibursment to your insurance. Follow-up medication management visits are thirty minutes for $150.
Exception can be made on a case to case basis.

I do not accept insurance even if an insurance company claims I am on their "panel" or "provider list". You are responsible for the payment of all charges for services provided. It is your responsibility to find out your insurance company's policies and the file for insurance reimbursement if you wish. I will be glad to provide you with a statement for your insurance company and assist you with a statement for your insurance company and to assist you with any questions you may have in this area. The fee for each session will be due at the conclusion of the session. Cash, credit cards, debit cards, HAS, and FSA cards are acceptable for payment, and I will provide you with a receipt of payment.
A fee may apply for medication prior authorizations, disability forms, report preparation, letter writing, or extended telephone conversations. Fees may be subject to change. If my fees are to increase, I will provide you a thirty-day notice to alert you to the change.

Appointment Information

If you are unable to physically come in for an appointment due to extenuating circumstances you may have a phone appointment which is charged at the regular office visit rate. Insurance companies typically do not reimburse for phone sessions.

Cancellation Policy

In the event that you are unable to keep an appointment, please notify me at least one business day in advance.

Medication and Refill Policy

Patients are given medication refills at each visit and should have enough medication prescribed to last until their scheduled follow-up appointment. If you must move an appointment, please try to move your appointment up so you do not run low on medication. **Medication refills and changes should be done in person at your appointment**. If there is any issue with your medication, please call the office, pharmacist and automatic pharmacy requests are not filed.

Emergency Procedures and Contact Information

My practice is an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. In an EMERGENCY, call 911 or go to the nearest emergency care facility. If you have an urgent (non-emergency) office number, voicemail is the best way to reach me. When leaving a message, please state your name clearly, your phone number, reason for calling and let me know contact time.
Please note that I may be with a client, but will make every effort to address your issue as soon as possible. **If there is an urgent issue after business hours or on weekends/holidays, call the office number and leave a message. I will get back to you as soon as possible.** For non-urgent matters, please allow 24 business hours for a response. Messages left late in the day or on weekends may not be returned until the next business day. Again, if you have a mental health EMERGENCY, I encourage you not to wait for a call back, but to do one or more of the following:

*Go to an AA/NA meeting
*Call your sponsor
*Call Ridgeview Institute at 770-434-4567
*Call st James Hospital at
*Call Lifeline at (800) 273-8255 (National Crisis Line)
*Call 911
*Go to the emergency room of your choice

Technology Statement

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. Is it of utmost importance to me that I maintain your confidentiality, respect your boundaries, and ascertain that your relationship with me remains therapeutic and professional. Therefore, I've developed the following policies:

Cell phones: It is important for you to know that cell phones may not be completely secure or confidential. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you. If this is a problem, please feel free to discuss this with me.

Text Messaging and Email: Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. I realize that many people prefer to text and/or email because it is a quick way to convey information. **However, please know that it is my policy to utilize these means of communication strictly for appointment confirmations.** Therefore, please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality. If you do, please know that I will not respond. You have your clinical record that addresses anything related to your treatment.

If you are in crisis, please do not communicate this to me via text or email because I may not

Faxing Medical Records:

If you authorize me (in writing) via a "Release of Information" form to send your medical records or any form of protected health information to another entity for any reason, I may need to fax that information to the authorized entity. It is my responsibility to let you know that Has been faxed may also remain in the hard drive of my fax machine. When my fax machine needs to be replaced, I will destroy the hard drive in a manner that makes future access to information on the device inaccessible.

Electronic Transfer of PHI for Certain Credit Card Transactions:

I utilize "TSYS", as the company that processes credit card information. This company is HIPPA compliant. They may send the credit care-holder an email receipt indication that you used that credit card at my facility, the date you used it, and the amount that was charged. In order to maintain your confidentiality, this email notification is only sent upon your request at the time the card is run. Additionally, please be aware that the transaction will also appear on your credit card bill. The name on the charge will appear as Sage Mountain Health.

Your Responsibility for Confidentiality & Telemedicine

Please communicate only through devices that you know are secure as described above. It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers and hackers could either overhear your communications or have access to the technology with which you are interacting. Additionally, you agree not to record any Telemedicine sessions.

Our Agreement to Enter into a Therapeutic Relationship

I am sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask.
Please print, date, and sign your name below indicating that you have read and understand the contents of this "Information, Authorization, and Consent to Treatment" form **as well as the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices"** provided to you separately. Your signature also indicated that you agree to the policies of your relationship with me, and you are authorizing me to begin treatment with you.

_____ _____
Client Name (Please Print) Date

_____
Client Signature
If Applicable:

_____ _____
Parent's or Legal Guardian's Name (Please Print) Date

_____
Parent's or Legal Guardian's Signature

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

_____ _____
Physician's Signature Date