New Patient Form

Natasha Clark, DNP

Today's Date: _____

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Preferred Pharmacy & Location: _____

Employer/Occupation: _____

Current Therapist: _____

Insurance:

Insurance Company: _____

Policy Number: _____

Group Number: _____

Policy Holder's name and date of birth: _____

Relationship to policy holder (if other than yourself): _____

ALL ANSWERS ARE CONFIDENTIAL

Current Medications:

_____

_____

_____

Previous Medications:

_____

_____

_____

Are you Allergic to Any Medications?

_____

_____

Social History:

Single / In a Relationship / Married / Divorced / Widowed

Non-Smoker (never smoked) / Ex-Smoker / Current Smoker

How many packs per day: _____

Alcohol Consumption: Never / Occasional / Frequent

History of trauma: Physical / Mental / Sexual / Other

Medical History:

(Please Circle the ones that pertain to your health)

Diabetes

High Blood Pressure

Heart Disease / Heart Attack / Heart Surgery

Blood clots

High Cholesterol

Headaches / Migraines

Kidney Disease

Cancer

Asthma/COPD

Stroke/CVA/TIA

Seizures

HIV/AIDS

Liver Disease

Thyroid Disease

Other (please list here):

_____

_____

_____

Pregnancies/deliveries: _____

Family History: (Medical and mental health conditions)

Mother:_____

Father:_____

Siblings:_____

Aunts/Uncles:_____

Grandparents:_____

Children:_____

Natasha Clark, DNP, ARNP, WHNP-BC, PMHNP-BC

New Patient Agreement

I look forward to working with you and hope the care you receive here will improve your life. Please sign below to indicate that you have read the following information and consent to treatment.

Privacy & Confidentiality

___ I have had an opportunity to review the HIPPA policies in this office (Please initial)

My medical information will not be released without my written permission, except in the following situations:

- There is clear and imminent danger to myself or others. In this situation, Dr. Clark may be required to inform the responsible authorities and warn the identified victim.
- When required to do so by law.

Dr Clark is a mandatory reporter and would need to report any situations of suspected physical, emotional, or sexual abuse of a child or dependent adult.

If Dr. Clark must release my medical information for the above reasons, she would notify me as soon as possible

Provider-Patient Relationship

I understand that my medical care with Dr Clark is voluntary and can be discontinued at any time. Dr. Clark has the right to discontinue services immediately if she judges that a therapeutic relationship cannot be maintained or if my conduct is disruptive to the clinic. I will be notified in writing if services are discontinued.

Appointments and Cancellations

Appointment cancellation must occur at least 24 hours prior to a scheduled appointment by calling the Eastwind Healing Center's front desk at 319-337-3313. If I do not call ahead to cancel my appointment, I will be charged $35. This will be billed to me by email through a Square invoice.

Payment

I understand that this office only accepts **Wellmark (Blue Cross Blue Shield)** insurance. I agree to allow Dr Clark to charge my insurance for services rendered at my appointments with her. Co-pays are due at time of service. If I do not have this insurance, the following cash fee schedule applies: $200 for initial 1 hour assessment; $80 for 30 minute follow up medication check; $160 for 1 hour medication check with therapy.

If I request that Dr Clark fill out any paperwork or forms outside of my scheduled appointment, I will be charged a $25 fee that will be billed to me by email through a Square invoice.

Telephone/Email Communication/Emergencies

I understand that email is not a secure form of communication, as confidentiality cannot be guaranteed. Email communication is optional. If I choose to communicate with Dr Clark through this form of communication, I will sign the separate email agreement form.

I understand that phone/email messages will be returned within 48 **business hours**.

I understand that Dr Clark runs a small medical practice without after hour service options. 24 hour access to Dr Clark is not available. I understand that I should keep my primary care provider updated on my psychiatric care so that they may be contacted with medical concerns during times that Dr Clark is not available.

For urgent psychiatric assistance, I may contact the following: Mercy Iowa City Hospital on call RN Line at 319-358-2767 (toll free 800-358-2767) or the Johnson County Crisis Line at 319-351-0140 (online http://jccrisiscenter.org).

I agree that in the case of an emergency, I will call 9-1-1 or report to my nearest emergency room right away.

I have read the above information. I understand that I am encouraged to ask questions and give input regarding my treatment at any time. If there is anything in this form that I do not understand, it is my responsibility to ask for clarification. My signature below demonstrates that I have read, understand, and agree to abide by the terms of this agreement for the duration of my treatment with Dr Clark.

_____ _____

Signature Date

Email Agreement Form- Natasha Clark, DNP, ARNP

Dr. Clark allows patients to communicate with her via email **for non-urgent matters**. If you are having a medical or mental health emergency, always use the resources outlined in the Patient Agreement form that you signed. It is never appropriate to communicate via email in the event of an emergency.

Appropriate use of email communication includes:

- Prescription refill requests
- General, brief medical advice (if having significant concerns, an appointment should be scheduled)
- Lab test results
- Appointment/scheduling changes
- Patient education

Dr. Clark cannot guarantee the privacy or security of any messages being sent via email. There are some risks associated with email communication that you should be aware of:

- Email is not completely secure. If using a work email address, your employer may have access to your emails. Even deleted emails may be stored on a cloud and may still be accessible.
- The sender of an email cannot be confirmed and sometimes email accounts can be hacked. If you ever receive an email from Dr Clark that seems suspicious, please call her at the office.

A copy of email communications will be kept in your medical chart.

Only Dr. Clark is authorized to access the mindfulness.mh@gmail.com email account. She will double check to make sure any emails received match the email on file. If the email address does not match the one on file, Dr. Clark will not respond to the email. Therefore, it is important to notify Dr. Clark when your email address changes.

I have been informed and understand the risks and appropriate uses of email communication. I understand that the confidentiality of my identifiable health information may be compromised when sent through email. I agree to the terms listed above and hereby voluntarily request to use email as one form of communication with Dr. Clark.

_____ _____ _____

Patient's Name Patient's Signature Date

_____

Patient's Email Address