

Greetings and welcome to Fearless Care LLC. We are privileged to partner in your health journey. You will be emailed a series of intake forms and consents. Please complete each form in its entirety. You will also be invited to the patient portal. The portal is a place for secure data sharing such as messages, lab result comments, concerns, etc.

If you have not received the electronic intake forms and/or portal invitation, please call the office and notify us right ASAP.

**Intake forms and consent forms are required to be completed 24 hours prior to you scheduled appointment time to retain your appointment. If they have not been completed, your appointment will be cancelled.** If you are having difficulty completing them by the link you were sent, you may go to [www.fearlesshealthcare.org](http://www.fearlesshealthcare.org) and navigate to “Practice Forms” under the “More” tab to download, print, complete and upload them.

Please bring your: ID, insurance card (including prescription benefits card, if you have a separate card) and arrive 15 mins early for your appointment.

Please retain this email for your records, our office policies are procedures are included.

We look forward to partnering with you in your health and wellness.

Have a great day!

~Your Fearless Team

**Office Policies and Procedures**

Please carefully read and retain this copy of our policies and procedures. We have set them in place to ensure safety, clear communication, a therapeutic alliance and partnership with our patients so we may help improve the health of as many people in the community as possible.

All appointments must be scheduled by the patient if they are a legal adult (18+) parent, or legal guardian.

Registration paperwork must be completed 24 hours before appt or arrangements to come in 20 mins before scheduled appt time have been made.

If you are 10min + late, you must reschedule your appt. Exceptions can be made on case- by-case basis, please communicate with us so we can try to work with you.

We feel privileged to partner in your health and wellness goals, but there are some reasons that patients may be discharged from our care. The reasons are either due to a disruption in the therapeutic alliance or safety concern. Examples of reasons for discharge include (but are not limited to):

* Patients who have missed 3 appointments without canceling their appointments. Patients who are not being honest about medications/substance use.
* Patients who have disrupted the therapeutic alliance.
* Patients who demonstrate threatening, aggressive, or rude behavior to staff.
* Patients who do not meet their financial obligations

If you are discharged, you will receive a letter in the mail explaining the reason and 90- day refills of current medication, if it is not a controlled substance.

Patients who have regular therapy appointments (weekly or bi-weekly) will be removed from regularly scheduled, recurring appointments if they have too many consecutive cancellations (2+ consecutive cancellations or a pattern of cancellations).

We ask that you communicate any changes in: contact information/demographics, insurance and pharmacy information.

Providers spend most of their day seeing patients, then work on administrative tasks. Please allow 2-3 business days to respond to portal messages and refill requests. It may take 1-2 weeks to complete complex paperwork/letters such as disability, accommodations, etc. Please be responsible for managing your medication. Do not wait until you are out of medication to request refills. If you cancel/miss a scheduled appointment for medication refills, providers will provide a 30-day courtesy refill of most medications (controlled substances are generally excluded) on request.

Mental health medication management appointments occur at more frequent intervals (every 1-2 months) while medications are being initiated and changed, then may be scheduled every 3 months, one desired outcome is achieved. There are some cases in which we may space out appointments at 6 month intervals, but, to ensure safety, must have patients evaluated at least every 6 months for mental health medication management.

In order to best coordinate continuity of care, we will require health/psych records from former providers/prescribers.

We are generally not able to provide crisis/urgent appointments. Please see urgent care, the emergency department, call 911 if you experience a medical/mental health emergency during out of office hours.

We will not provide accommodation letters or disability paperwork for patients unless they are established and active/engaging in regular treatment for at least 6-12 months. We will not provide work or school notes without a visit that corresponds to the reason for the absence or to patients who have an outstanding balance.

We believe in helping shape the next generation of providers through education and frequently have students participating in their clinical rotations at our practice. Patients will be asked permission before students are permitted to observe or provide care beyond obtaining vital signs and asking basic health questions in the intake process. Please let staff know if you would prefer not to have a student participate when you check in.

Providers use AI software to assist with documentation. This software is HIPAA compliant and not personally identifiable data is shared during encounters; however, if you would like to opt out of the use of that technology, please make staff aware ahead of or at the time of your encounter.

The Hampton roads area is large, but there may be a time when you see a staff member in public. We are all friendly and welcoming, but because of respect for your confidentiality (and federal regulations) we will never greet you first. You are welcome to speak to us, but we won’t initiate it or disclose the nature of our relationship in public/outside of healthcare setting/without permission.

**PATIENT RIGHTS AND RESPONSIBILITIES**

We are committed to serving you with compassion, care, and respect. As one of our valued patients, you are entitled to the following:

You have the right:

* To be treated with respect and dignity.
* To know the names and professional status of the person(s) serving you.
* To privacy and confidentiality.
* To receive accurate information about your health-related concerns.
* To know the effectiveness and potential side-effects of all forms of treatment.
* To participate in choosing the form of treatment best suited to your skin.
* To receive education and counseling about treatments.
* To review your medical record with your clinician.
* To amend your records.
* To receive any information about potential services or related services

 You have the responsibility:

* To seek medical attention promptly, and to provide useful feedback.
* To be honest about your medical and social history.
* To be honest about your lifestyle risks and exposures.
* To ask questions about anything you do not understand.
* To follow health advice and instructions.
* To report any significant changes in your health.
* To respect clinic policies.
* To show up to appointments or cancel 24 hours in advance.