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**Informed Consent to Treatment**

**Welcome:** Welcome to Canopy Medical Clinic! We are dedicated to providing the best treatment available. This is an overview of our policies and procedures. If you have any questions regarding information in this document, please contact our clinic staff.

**Non-Discrimination:** Canopy Medical Clinic is committed to an environment in which all individuals are treated with respect and dignity. Canopy Medical Clinic does not condone or engage in any discrimination based on ability, age, culture or subculture, ethnic group, national origin, gender identity, sexual orientation, religion, political beliefs, marital status, or socioeconomic status. We do not condone or engage in sexual harassment. Canopy Medical Clinic’s staff has the responsibility to educate themselves about their own biases towards those of different races, creeds, identities, cultures, mental abilities, orientations, etc, and then to seek out education and consultation to prevent biases from interfering with your healthcare needs.

**Privacy:** As a patient at Canopy, you have certain rights to privacy regarding your health information. These rights are given to you under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Canopy Medical Clinic may use and disclose your health information for the following purposes:

* Treatments (this includes all providers and other health care offices involved in your care).
* Referrals to providers out of Canopy Medical Clinic, PLLC.
* Reporting conditions to public health agencies, law enforcement, etc, as required by law.
* Obtaining payment from third party payers (your insurance company).
* The day-to-day operations of Canopy Medical Clinic.
* Medical staff are mandated reporters by law. If we suspect harm against oneself or someone else, we report this to the appropriate government agency. This also includes reporting information related to child abuse and elder abuse.

You have the right to request restrictions on how your health information is used and disclosed to carry out treatment and payments, but Canopy Medical Clinic is not required to agree to these restrictions. You can revoke this consent, at any time. However, any use or disclosure that occurred prior to the date you revoke this consent is not affected. You have the right to request Canopy Medical Clinic’s full HIPPA policy at any time.

Communication at Canopy Medical Clinic includes the use of phone calls, e-mail, text messages and the use of our Patient Portal. We encourage all patients to be thoughtful on how they are communicating with our clinic and taking necessary precautions against their protected health information. This includes communicating with our clinic in public spaces, using work email, etc.

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**Financial Policy and Assignment of Benefits:** Our financial policy is intended to describe our expectations regarding payment for the services we provide.

* You authorize your insurance carrier(s), including Medicare, Medicaid, or private insurance to issue payments directly to Canopy Medical Clinic, PLLC for medical services to yourself and/or your dependents.
* All co-pays are due at the time of service. If you are uninsured, a 25.00 copay is due at the time of service. We accept cash, check and major credit cards. There is a 25.00 fee assessed for all checks returned unpaid by banks.
* Keep in mind that your insurance policy is a contract between you and your insurance company. We will file your insurance claim if you provide us with the correct information and assign the benefits to Canopy Medical Clinic, PLLC.
* It is your responsibility to inform us in a timely manner of any changes to your billing and insurance information. Please be aware there is a time limit on how long we have to file insurance claims. If we miss the deadline because you did not provide us with the correct information, you will be responsible for payments in full.
* If your insurance company requires a referral or authorization, it is your responsibility to obtain this from your primary care provider. We will be happy to assist you with this process.
* Canopy Medical Clinic participates with many, but not all, insurance plans. It is your responsibility to contact your insurance company to verify we are in your network.
* You are responsible for any and all portions of the charge not covered by your insurance plan.
* If you have an outstanding balance over 90 days old and have failed to make payment arrangements, your account may be turned over to an outside collection agency.

**Patient Responsibilities:**

* You are responsible for keeping your scheduled appointments. If an appointment needs to be cancelled or rescheduled, you are responsible for contacting our clinic 24 hours before your scheduled appointment.
* You are responsible for contacting our clinic with any questions or concerns that you may have. This includes questions regarding your treatment plan, medications, financial information, etc. Please allow 1-3 business days for a response to all messages, emails, patient portal communication, etc
* You are responsible to provide accurate and honest information about your health history, to the best of your ability. Our healthcare treatment decisions are based on the information you provide us.

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**General Healthcare Information:** Canopy Medical Clinic is a specialty clinic. This means we often do not have the resources available to treat emergency medical conditions. If you are having a medical emergency, please seek out care from your nearest emergency center, or call 911. Canopy Medical Clinic does not act as a primary-care clinic. However, we can provide referrals to other specialized clinics to help coordinate your care.

We understand that your preferred name may be different than your legal name. Due to constraints in healthcare software, you may receive communication from Canopy Medical Clinic using your legal name. Your legal name will be used for all prescriptions, insurance claims and mail. We always try our best to address you by your preferred name when possible.

**Cost:** We intend to be transparent about the cost of services at Canopy Medical Clinic, PLLC. The following prices are approximate, as medical coding is based on the complexity of your visit, how long a visit takes, and the follow-up plan for your care. Telehealth visits are charged by the same standards as in-person visits. Depending on your insurance plan, your insurance may cover all, or a portion of these costs.

New Patient/Establish Care Follow-Up Visits   
$215.00 to $300.00 $ 150.00 to $215.00

These estimates do not include the cost of lab work completed at your visit.

Payment plans are available if you need to pay your balance in smaller portions. Please contact our office for payment plan details.

**No-Show Fees**: Effective June 1, 2021, all clients who **fail to show up for their appointment without a 24-hour notice will be charged a 50.00 No-Show fee**. These fees are not covered by insurance.

We understand that emergencies happen that are out of your control. If you should experience extenuating circumstances, please contact our office.

Signature (Legal Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name (Legal):\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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