Mind Body
WELLNESS CENTER

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PRACTICE POLICIES

You will be evaluated by a trained and licensed provider. We wish to take this opportunity to welcome you and to state some basic principles we believe essential in establishing a good relationship between us. Please read through this information, asking questions as needed.

1. **INITIAL INTERVIEW:** Your first history and physical is considered an evaluation interview and exam. At the time of this appointment, the following decisions will be made with you:
   - a) If Ketamine is an appropriate treatment option
   - b) Frequency of Ketamine infusion sessions
   - c) Goals of therapy (what you hope to gain from this process.)
2. **APPOINTMENTS:** Each appointment varies in length depending on your chief complaint. Typically, 40 min infusion appointments take just under 2 hours, 4 hour infusions are typically around 5 hours in length. At the end of each appointment you can make arrangement for your next appointment or you may also book all your prescribed appointments at once.
3. **CANCELLATIONS:** If you find that you need to cancel an appointment, please give as much notice as possible so that we can schedule people that are on our waiting list. You will be personally charged for your appointment if not canceled at least 24 hours in advance other than for emergency reasons.
4. **PAYMENTS:** We would greatly appreciate payment in full prior to the start of your appointments. If you do not have a charge card. We will accept cash or money order. Please make money order out to Mind & Body Wellness Center.
5. **INSURANCE:** We currently do not directly participate with insurance plans. Payments for services received through Mind & Body Wellness Center are ultimately your responsibility and must be paid prior to treatment. From our experience no insurance companies are paying for ketamine treatment, due to the FDA “off label” use. If you have heard or know otherwise, please communicate that to us. Thank you.
6. **CONFIDENTIALITY:** All information regarding the specific nature of your treatment is maintained at Mind & Body Wellness Center and is considered confidential within the office unless specified by you in writing. However, each provider at this office reserves the right to use specialty consultation with other medical providers at the office as deemed necessary. We follow HIPAA and maintain confidentiality.

PLEASE CHECK AND INITIAL BOXES

☐ Yes ☐ NO I acknowledge that I have read and understand all of the foregoing statements and that my signature below indicates that I agree to abide by all of the above conditions.

☐ Yes ☐ NO I have received a copy of the Privacy Practices Form.

☐ Yes ☐ NO I consent to the exchange of treatment information between Mind & Body Wellness Center and my primary care or mental health provider.

Physician’s Name/Office and Phone Number: ______________________________

Signed (Patient): ______________________________ Date: ____________________