

Expectations of Care

As a patient of Mindful Care Mental Health (MCMH) you can expect:

- To be treated with respect and consideration.
- Me to strive to meet your individual needs
- Your private health information to be kept confidential unless specifically requested or indicated otherwise by law
- Care in a setting that does not practice discrimination
- To be an active participant in your care, including receiving information about your condition and options for treatment in a timely manner
- To have grievances and concerns addressed appropriately

Office Hours:

Office hours are Monday, Tuesday, Wednesday and Thursday from 8AM to 5PM. New patient appointments will typically last for 60 to 90 minutes, and follow up appointments will generally last between 20 and 30 minutes. Occasionally, clients may require a longer follow-up appointment and this should be scheduled ahead of time, as not to intrude on the next client's appointment time. Intake forms must be completed prior to your first appointment.

Appointments:

MCMH reserves your appointment time for you and will make every effort to start your appointments on time. If something arises and your provider is unable to be at your appointment, she will make every effort to reschedule you as soon as possible. It is expected that you will make every effort to be ready for your appointment on time with the understanding that if you are late, you will be seen for the time remaining in your appointment, but additional time will not be added. If there are fewer than 10 minutes of your appointment time left, you will be asked to reschedule.

There is a fee associate and will be charged for any missed appointments, no-shows or late cancellations. After 3 no-shows, missed appointments, or late cancellations, the professional relationship will be terminated and you will be referred to an alternate practice.

Communication:

Your provider can be reached via email at erinmanzollillo@mindfulcarementalhealth.com or by phone at (720) 688-0529 during regular office hours Monday through Thursday. This is a confidential voicemail checked regularly throughout the day. Please be as specific as possible when providing information in order to better manage your care. Your provider will try to address any issues within 24 hours. Any medication issues may take up to 48 hours.

Billing:

All billing will be handled through Sondermind as the 3rd party billing entity, and as such, any questions or concerns related to billing, insurance changes, fees, etc. should be addressed specifically with Sondermind. (844)-256-8915

After hours/emergency:

If there is an emergency, you will agree to go to the emergency room or call The Colorado Crisis Line at 888-493-TALK, as your provider cannot do emergency assessments over the phone. Prescription refills are not considered an emergency.

Prescription Policies:

Prescriptions will be managed during appointments, and enough refills will be provided to last until the next recommended visit. It is your responsibility to manage your supply of medication as the processing of urgent requests cannot be guaranteed. Any controlled substances (stimulants, sleep, short-acting anti-anxiety meds., etc) need to be monitored closely with frequent visits. Refills for those medications cannot be called in and will require an in-person visit. Your provider does not prescribe pain medications or medications to acutely manage withdrawal. Your provider will also only refill medications that she prescribes. If you are prescribed medications by your provider, you will agree to only get those medications from her and to inform her of any other similar medications you are prescribed by other providers. Your provider can utilize the PDMP at her discretion and any suspicious activity or results can alter your treatment or result in termination from this practice.

Confidentiality:

You can expect that your status as a patient and any accompanying information is confidential unless we explicitly have your written consent. This applies to picking up prescriptions, providing information to schools, faxing information, sharing information with other providers, etc. Information, such as diagnoses, appointments, treatment plans, etc., can be shared with insurance companies that we are billing for you. You are able to request your medical records.

Social Media and Networking

Your provider does not engage in personal social media or networking with patients in order to maintain confidentiality and professional boundaries.

Patient Satisfaction and Grievances:

MCMH works to provide a high-quality, individualized, and effective experience. If you are in any way dissatisfied with your care, please address your concerns directly with your provider. Similarly, if there is a conflict that cannot be resolved and which results in termination of the professional relationship, I will ensure that you have referrals to other prescribers and enough medications to last you one month while you seek out alternative care.

Email Policy:

When requested, this office will communicate some forms of information via email. This medium will be used with an eye towards medical and legal prudence. Email communications will only be used with established patients.

Protected health information [PHI] will be transmitted in a secure format to render the information unusable, unreadable or indecipherable to unauthorized individuals.

<http://csrc.nist.gov/publications/nistpubs/800-66-Rev1/SP-800-66-Revision1.pdf>

When a patient request has been completed, the staff member responsible for completing that task will be responsible for sending a confirmation message to the patient.

As with any form of medical record documentation, unprofessional remarks or comments in email communications are prohibited.

Confidentiality of patient information will be maintained at all times to protect the integrity of patient-identifiable information. When sending patient information via email, the sender is expected to double check all "To" fields before transmitting.

Practitioner Signature

_____ Date _____

Patient Signature

_____ Date _____

Witness (optional)
