

Welcome to our Office

We would like to offer you a cordial welcome to Wellness Institute of Neurodevelopment. Our mission is to help kids become physically and emotionally healthy adults, working with a multidisciplinary team of experts combining traditional medicine with innovative complementary therapy in a calm and relaxed environment for you and your child.

Our office hours are Monday through Friday from 9:00 am through 6:00 pm. For your convenience our office works by an appointment system and it is our policy to attend to every patient at the exact time the appointment was made. Please read and sign the annex patient/doctor contract.

We would like to notify you in advance that our patient's treatments and evaluations are currently not covered by commercial health insurance plans. We can provide you with codes according to patient treatment and diagnosis for you to submit to your insurance carrier, if needed.

The procedure for an initial visit is as follows:

1. We will activate the electronic record from our offices and provide access to the portal.
2. The system will send an email with subject header: Regarding Patient Login Info. This email contains the link to access the portal as well as the username and temporary password. There, you will be able to access the documents that need to be completed before arriving to your appointment.
3. The documents can be found in the "Welcome Letter" folder located on the left-hand side of the portal.

The documents enclosed are as follows:

- i. Welcome to our Office
 - A. Cancellation & No Show Policy
 - B. HIPAA Law document
 - C. Media Patient Disclosure
 - D. Consent for Electronic Communication
- ii. Informed consent

****Please, write your initials in each page and date and sign in the last page of each document (except Psychosocial History)****

- iii. Psychosocial History

✚ NOTE: It is important that you complete the forms as detailed as possible. Therefore, we recommend that you fill them in the comfort of your home and bring them completed the day of the initial visit. If they are not completed, the appointment may be rescheduled for another date as not to interfere with the time of other patients.

Our personnel is at your disposal to help in any way they can, and answer any questions you may have. Remember to visit our webpage at wellneuro.com for more information.

Cancellation & No Show Policy for Appointments

Our goal is to provide quality medical care in a timely manner. Please remember that careful individual planning and time goes into preparing for your child's appointment. In order to do so we have had to implement an appointment/cancellation policy. The policy enables us to better utilize available appointments for our patients in need of medical care.

We understand that there are times when you must miss an appointment due to emergencies or last-minute situations. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment, due to a seemingly "full" appointment book.

A "no show" is someone who misses an appointment without canceling it within a 24-hour working day in advance. No-shows inconvenience those individuals who need access to medical care in a timely manner. In this case the non-refundable deposit placed to secure your appointment will be used as the cancellation fee.

If it is necessary to cancel your scheduled appointment, we require that you call one working day in advance. Appointments are high in demand, and your early cancellation will give another person the possibility to have access to timely medical care. To cancel an appointment, please call our office 9:00 am through 5:30 pm at 832-703-1090 or through our patient portal.

HIPAA Laws & Regulations

HIPAA is a federal law that establishes new privacy standards for patients, the patient's personal information and information about medical treatment.

Our policy and custom regarding your confidential information:

- We protect the personal information you give us
- We keep strict privacy rules respecting your confidential medical information.
- If a patient needs a copy of his or her medical record, it will be handed over only to the patient or any person authorized by the patient to pick it up. (A copy of your medical record entails an extra charge for costs and materials).
- We are authorized to use and divulge medical information for billing, health insurance request forms, your treatments, our administration's purposes and other cases provided by law.
- Our personnel are trained accordingly and committed to following the rules and procedures that HIPAA law requires.

Important:

In case that it is necessary to send any documents to a health insurance company, we will require from all patients a copy of an updated ID when receiving our services.

Media Patient Disclosure Agreement

I hereby give permission to the Wellness Institute of Neurodevelopment (WIN) to use photo and video material gathered throughout the duration of the patient's treatment under the Franceschi Method to demonstrate the patient's ongoing progress. For security purposes, our office is recording at all times by a HIPPA compliant video system, however this does not include examination rooms. This is to inform you that patient therapies are recorded throughout the office for clinic staff training and to share with parents and/or legal guardians of the patient. Material shall be published or utilized on any social media or online platforms, but solely related to the presentation of the Franceschi Method and the Wellness Institute of Neurodevelopment, and/or for research, training, and educational purposes.

If the participant is a minor, I acknowledge that I am the parent or legal guardian of the child named in this disclosure and have the legal authority to execute his or her consent.

Consent and Authorization for Electronic Communication

E-mail communication supports a fast and easy way to communicate with your healthcare provider for issues that are non-emergent, non-urgent or non-critical. It is not a replacement for the interpersonal contact that is the very basis of the patient-healthcare provider relationship; it can support and strengthen an already established relationship.

The following summarizes the information you need to determine whether you wish to supplement your healthcare experience at our practice by electronically communicating with staff members.

General Considerations

- E-mail communication will be considered and treated with the same degree of privacy and confidentiality as written medical records.
- Standard e-mail services, such as Gmail, AOL, Yahoo, and Hotmail are not secure. This means that the email messages are not encrypted and can be intercepted and read by unauthorized individuals.
- Transmitting e-mail that has protected health information through an e-mail system that is not encrypted does not meet the security guidelines as required by the Health Information Protection and Accountability Act (HIPAA).
- Your E-mail address will not be used for external marketing purposes without your permission. You may receive a group mailing from the practice; however, the recipients e-mail addresses will be hidden.

Provider Responsibilities

- The Provider will try to electronically confirm your e-mail address by requesting a return response to all e-mail messages.

- Your provider may route your e-mail messages to other members of the staff for informational purposes or for hastening a response.
- Designated staff may receive and read your e-mail.
- The provider will make every attempt to respond to your email message within 2 business days. If you do not receive a response from the provider within 2 business days, please contact the office.
- Copies of e-mails sent and received from and to you will be incorporated into your medical record. You are recommended to keep all electronic correspondence for your own files.

Patient Responsibilities

- E-mail messages should not be used for emergencies or time-sensitive situations. In event of a medical emergency, you should contact 911. For emergent or time-sensitive situations, you should contact your healthcare provider through the office.
- E-mail messages should be concise. Please arrange for an office appointment if the issue is too complex or sensitive to discuss via e-mail.
- Please key in your full name and the topic, i.e., medication question, in the subject line. This will serve to identify you as the sender of the e-mail.
- Please acknowledge that you received and read the provider's message by return e-mail to the provider.

I have read and understood the above description of the risks and responsibilities associated with electronic communication with my healthcare provider.

I acknowledge that commonly used e-mail services are not secure and fall outside of the security requirements set forth by the Health Insurance Portability and Accountability Act for the transmission of protected health information.

I have been given the opportunity to discuss electronic communication with my healthcare provider and have had all my questions answered.

In consideration of my desire to use electronic communication as supplement to in-person office visits with my provider, I hereby consent to electronic communication via non-secure e-mail services.

I understand that I may revoke my consent to communicate electronically at any time by notifying The Wellness Institute of Neurodevelopment in writing, but if I do, the revocation will not have any effect on actions my healthcare provider has already taken in reliance on my consent.



WELLNESS INSTITUTE *of* NEURODEVELOPMENT

I acknowledge that I am the parent or legal guardian of the patient named below and have the legal authority to execute consent and agreement to this disclosure.

Name of Parent or Legal Guardian of Patient

Signature

Patient Name

Date

Please “Like” our page on Facebook - Wellness Institute of Neurodevelopment. We hope your visit is an experience like no other!