



Practice Policies

Please read and sign below if you agree to all statements

Thank you for choosing Mythical Wellness, PLLC for your health care needs. In an effort to make your transition to our practice as smooth as possible we have the following policies that we request you read and sign annually. We are available to help clarify any of our policies. We strive to provide patients with the highest level of customer service and healthcare. Our entire team appreciates and welcomes your feedback to improve services, address any personal concerns regarding your medical care, or office experience.

Our Mission:

Our primary mission is to provide our patients with the highest quality of health care within the scope of our specialty – Functional Medicine, Hormone Replacement Therapy, Primary Care Medicine, and Nutrition. We pride ourselves in being the area's leader in functional medicine.

Office Hours:

- By Appointment.
- We are closed for all major holidays (available by text, and email for Direct Primary Care members)
- Extended or after-hours appointments can be made by appointment.
- **Call 911 in the event of any life-threatening emergency.**

Inclement Weather:

- In the case of extreme weather, we must close the office so it does not compromise the safety of our staff & patients.
- Patient approved communication methods are utilized to send automated notifications by text/e-mail/portal messages/voice calls.
- Status updates are posted to our Facebook page (Mythical Wellness) or Instagram (@mythical_wellness). We encourage you to like and follow us for updates.

Patient Portal:

- Register for our patient portal through Atlas.md Patients (app)
- This is used to:
 - Communicate with our staff,
 - Send messages,
 - Request refills on your medications,
 - Address any questions you may have.

Messages:

- Patient calls or portal messages are returned as soon as possible.
- Non-urgent calls and messages will be returned within 48 hours.
- Please call our office directly for any urgent issues
- Go to the nearest ER or call 911 for emergencies and/or life-threatening issues.

First Visit:

- New patients are welcome.
- It is recommended to Complete and submit the intake and all other forms sent to you via the practice portal (or email) at least 1-3 days prior to your appointment time.

Controlled Substances:

- Chronic pain management services with controlled substances or narcotics are not provided.
- Any chronic pain needs or other medical conditions requiring long-term controlled substances treatment will be referred to providers who can better manage your healthcare needs.

Appointments:

We value your time and want to give you and your health issues our utmost attention.

- If you arrive more than 15 minutes late for your appointment, you may be asked to reschedule for you to have ample time to get your health concerns addressed.
- Please provide at least 48 hours' notice when canceling or rescheduling an appointment.
- \$50.00 may be charged for missed appointments, or appointments canceled the same day of your appointment.
- Same Day Appointments:
 - At this time, we do not offer "walk-in" appointments.
 - Contacting our office as early as symptoms appear will help us to better accommodate and appointment, whether in person or virtually.
- We will make every effort to see you at your scheduled appointment time.
- We ask for your understanding in the event we are running behind schedule as unforeseen emergencies and complex patients may warrant additional provider time.
- Our staff is committed to keeping you informed of delays and offering our patients options to manage their valuable time.

Patient Dismissal:

We sincerely hope that we never have to part ways with a patient. However, extenuating circumstances may make this necessary. If this occurs, you will be notified by certified mail of this non-negotiable decision.

Financial Arrangements and Insurance:

We are committed to providing you with the best possible care.

- This is a cash-pay only office. Insurance is not accepted for services offered in the office.
- Patient's may use their insurance for other services ordered (labs, imaging, physical therapy, etc.)
- If you have medical insurance, we would like to help you receive your maximum allowable benefits for services we provide; as well as independent services related to prescriptions, laboratory testing, diagnostic imaging, health promotion services & referrals. Mythical Wellness, PLLC can provide patients superbills to submit to their insurance, however, there is no guarantee that you will be reimbursed for care provided by Mythical Wellness, PLLC.
 - Please be familiar with the terms and policies of your insurance plan.
- Payment is due at the time services are rendered.
- Cash, credit card & debit card transactions are accepted.
- We are unable to accept checks at our Practice. There will be a \$50.00 charge on all returned payments.
- Any questions or problems with your insurance should be directed to your individual insurance company.

Prescription Refill Policy Medications:

We have zero-tolerance for errors related to patient prescriptions and medications. Please read the following prescription refill policies carefully and agree to the following:

- I will use the patient portal to make refill requests or speak directly to a member of the office staff during normal business hours.
- I understand that refills should be requested Mon-Thurs, and that refills requested after 4:00 pm on Thursday or anytime on Friday may not be processed until Monday.
- I understand that a follow-up visit may be required to refill my medication.
- I understand that for safety reasons the office does NOT accept auto-generated refill requests from pharmacies, as the doses/medications are often incorrect or discontinued.
- I agree to take all medications as instructed, and will not alter or change the dosage without consulting a medical provider.
- I will keep all follow-up appointments as recommended so that my medications and any relevant lab work can be monitored.

- I will not alter or forge a prescription; this is a felony and will be reported.
- I will not trade, sell, or give away my medication.
- I understand only emergency medications will be called in after-hours.

Laboratory Information & Policies:

- We do not provide testing in house
- For cash labs, they will be drawn at Lab Corp.
- It is your responsibility to be aware of your insurance coverage, policy provisions, exclusions, limitations and authorization requirements.
- Many insurance companies will not pay for tests that they feel are "not medically necessary" even if your provider feels they are; each insurance company has its own definition of "medically necessary".
- Some insurance companies will not pay for "routine" lab tests and will require a medical diagnosis for each and every test that is done.
- Occasionally adding additional appropriate diagnostic codes can be resubmitted by our office to have your labs covered; in such cases, please speak to one of our office staff members to see if any coding can be re-submitted for processing on your behalf.
- In general, questions regarding bills you receive from Laboratory facilities should be directed towards the Lab and/or your insurance carrier. We do not have control of this.
- If you have a secondary insurance, please be certain to communicate this to your primary insurance & the Laboratory so that they can forward the claim to the secondary carrier when indicated.
- If you receive a request for information from your insurance company, please complete and return the request immediately.
- Delay in payment from the insurance company may result in a transfer of responsibility from the insurance company to the patient.

Patient Portal Consent:

Mythical Wellness, PLLC offers secure viewing and communication as a service to patients who wish to view parts of their records and communicate with our staff. Secure messaging can be a valuable communications tool, but it has certain risks. In order to manage these risks, we need to

impose some conditions of participation. This form is intended to show that you have been informed of these risks and the conditions of participation, and that you accept the risks and agree to the conditions of participation.

How the Secure Patient Portal Works:

- A secure web portal is a kind of webpage that uses encryption to keep unauthorized persons from reading communications, information, or attachments.
- Secure messages and information can only be read by someone who knows the right password or pass- phrase to log in to the portal site.
- Because the connection channel between your computer and the Web site uses secure sockets layer technology you can read or view information on your computer, but it is still encrypted in transmission between the Web site and your computer, Protecting Your Private Health Information and Risks.
- This method of communication and viewing prevents unauthorized parties from being able to access or read messages while they are in transmission.
- No transmission system is perfect, and we will do our best to maintain electronic security.
- The secure message must reach the correct email address, and only the correct individual (or someone authorized by that individual) must be able to get access to it.
 - Only you can make sure these two factors are present. We need you to make sure we have your correct email address and are informed if it ever changes.
 - You also need to keep track of who has access to your email account so that only you, or someone you authorize can see the messages you receive from us.
 - If you pick up secure messages from a web site, you need to keep unauthorized individuals from learning your password.
 - If you think someone has learned your password, you should promptly go to the website and change it.

Email & Text Messaging Consent:

- Email and/or text can be used to relay important information (patients may text the provider at (928) 236-5316).
- Patients in our practice may be contacted via email and/or text messaging to remind you of appointments, provide general health reminders & convey information regarding tests such as lab or imaging results.

By signing this form, you agree and consent to receiving appointment reminders and other healthcare communications or information at the email and/or cell phone number I register with Mythical Wellness, PLLC and its staff. I understand that this request to receive emails and/or text messages will apply to all future appointment reminders/health information/feedback/or results unless I request a change or cancellation in writing.

Patient Acknowledgement and Agreement:

I acknowledge that I have read and fully understand this consent form and the Policies and Procedures Regarding the Patient Portal. I understand the risks associated with online communications between Mythical Wellness, PLLC and me, and consent to the conditions outlined herein.

In addition, I agree to follow the instructions set forth herein and including the policies and procedures as set forth in the login screen, as well as any other instructions that my provider may impose to communicate with patients via online communications.

All of my questions have been answered, and I understand and concur with the information provided in the answers.

Having read the above, I agree to abide by the policies set by Mythical Wellness, PLLC. I realize that all charges incurred by me, and my dependents are my financial responsibility and all court fees, attorney fees, or other fees necessary to collect any past due balances are my responsibility. Failure to follow these policies could result in my dismissal from the Practice.

I confirm that the information that I have provided is true and correct. I have signed these policies of my own free will and agree to the following:

- A. Office Policies
- B. Financial Arrangements and Insurance
- C. Prescription Refill Policies
- D. Laboratory Information & Policies
- E. Patient Portal Consent
- F. Email & Text Messaging Consent

Name: _____

Signature: _____ Date: _____

Reviewed by Mythical Staff: _____ Date: _____

Mythical Wellness Staff Signature: _____



Consent to treat

I hereby give Mythical Wellness, PLLC consent to treat me for my healthcare needs.

- ☐ I understand that the treatment may range from lifestyle modification to supplements/medications, aesthetics, hormone replacement, and/or other modalities of treatment.
- ☐ Concerning functional medicine, I understand that the information obtained from an assessment and physical exam are needed in order to develop a personalized program.
- ☐ I also understand and realize that there is a certain level of risk with some treatments and my body response to these various treatments cannot be predicted with complete accuracy.
- ☐ I also understand that every treatment carries with it various risks, side effects, and benefits. I acknowledge that these have been explained to me by Mythical Wellness, PLLC and/or Victoria Angel, FNP-BC have had all my questions answered to my satisfaction.
- ☐ I acknowledge that the alternatives to any proposed treatments have been explained to me.
- ☐ I understand that treatment modalities recommended and/or prescribed to me from Mythical Wellness, PLLC might not be FDA approved or medically necessary and might lack rigorous evidence to support their claims.
- ☐ I, hereby state that to the best of my knowledge I have no medical or physical conditions that I have not disclosed to Mythical Wellness, PLLC.
- ☐ I wish to participate in the assessment and treatment programs provided by Mythical Wellness, PLLC.
- ☐ I also, hereby give my physician/provider permission to release any pertinent medical information to Mythical Wellness, PLLC and its staff.
- ☐ I agree to consult my primary care provider and obtain written medical clearance (if required), prior to participation in any of the above-mentioned programs.
- ☐ I hereby assume the risks of any and all treatment programs as provided by Mythical

Wellness, PLLC

- ☐ I hereby take the following actions for myself and my executors, administrators, heirs, next of kin, successors, and assigns:
- I waive, release and discharge from all claims or liabilities for injury, death or personal injury or damages of any kind, except that which is the result of gross negligence and/or wanton misconduct of persons or entities listed below, which arise out of or relate to my participation with THE FOLLOWING PERSONS OR ENTITIES: any and all staff or employees of Mythical Wellness, PLLC, staff, sponsors, and the officers, representatives, and agents of the above;
 - I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released, or discharged herein; and
 - I INDEMNIFY AND HOLD HARMLESS THE persons mentioned above from any claims made or liabilities assessed against them as a result of my actions.
- ☐ I agree that Mythical Wellness, PLLC (including its organizations, directors, officers, sponsors, employees, agents, successors, and assigns) may, but have no duty to provide me, through medical personnel of their choice, customary medical or training assistance, transportation, and emergency medical services.
- ☐ I HAVE READ THIS WAIVER, RELEASE OF LIABILITY, AND CONSENT TO MEDICAL TREATMENT AND I UNDERSTAND ITS CONTENT.

Name: _____

Signature: _____ Date: _____

Reviewed by Mythical Staff: _____ Date: _____

Mythical Wellness Staff Signature: _____



My Obligations and Representations

Any questions I have regarding this treatment have been answered to my satisfaction. I understand that I will be responsible for administering the supplements and/or medications prescribed to me if I do not have them administered to me in clinic. I also promise to comply with the dosages and frequency of medications prescribed to me.

I certify that I am under the regular care of a primary care provider or a specialist for any other conditions I might have or am found to have. I will consult with my primary care provider or specialist in regards to any other condition I might have. I understand that if I do not have a primary care provider, that I will be encouraged to seek one out. I acknowledge that I am seeking care at Mythical Wellness, PLLC for the specific services Mythical Wellness, PLLC offers. I acknowledge I am not wanting to establish primary care with Mythical Wellness, PLLC and I am here for specialized care including treatment modalities within functional medicine, primary care medicine, hormone replacement, or nutrition.

I have reviewed the mentioned risks and have determined the benefits outweigh the possible risks associated with my proposed treatments and alternative supplements and care with Mythical Wellness, PLLC. I release any claim in court or any type of complaint that could result from treatment with Mythical Wellness, PLLC, Victoria Angel, FNP-BC and any other staff associated with Mythical Wellness, PLLC and will not hold liable any provider or staff of Mythical Wellness, PLLC.

I understand that treatment modalities utilized by Mythical Wellness, PLLC might not be supported by scientific/medical literature and could be seen as experimental or based off anecdotal claims. Many medical providers, including specialists, might see these types of treatments as not medically necessary.

Signature: _____ Date _____

Consent

I hereby authorize Mythical Wellness, PLLC, Victoria Angel, FNP-BC, and additional staff of Mythical Wellness, PLLC to evaluate and treat conditions that I have consented for. I consent to obtaining blood work before my initial evaluation so appropriate treatment can be prescribed. I certify that I am signing this under my free will and am competent to make my own medical decisions.

Print Name: _____

Signature: _____ Date _____

Reviewed by Mythical Staff: _____ Date: _____

Mythical Wellness Staff Signature: _____



Concerning hormone replacement therapy: (If applicable)

Like any other medication, hormone replacement therapy (hrt) carries certain risks and benefits.

Benefits:

- The main benefit of hrt for women is to minimize menopausal symptoms (vaginal dryness, hot flashes, night sweats, etc.) and the main benefit in men is to minimize hypogonadal symptoms.
- Other benefits include better bone density, possible protection from certain cancers, and additional benefits explained to me by Mythical Wellness, PLLC.

Risks:

- heart attack
- stroke
- gall bladder disease
- elevated blood pressure
- skin rashes
- breast tenderness
- headaches
- blood clots
- certain cancers like breast cancer and ovarian cancer.

Possible side effects of the use of testosterone:

- deeper voice
- growth of hair (face and body)
- growth of clitoris
- scalp hair loss
- decreased fertility
- fat redistribution and weight gain/loss
- increased muscle
- mood changes
- increased libido
- oily hair
- acne
- vaginal dryness and cessation of periods

The potential risks of testosterone use:

- increased red blood cells
- sleep apnea
- balding

- increased levels of cholesterol
- liver inflammation
- diabetes
- heart circulation issues
- increased blood pressure

IF THE PERSON PARTICIPATING IN THE ASSESSMENT/TREATMENT IS NOT YET 18 YEARS OLD: AS A PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED INDIVIDUAL, I VERIFY THAT I FULLY AGREE TO, UNDERSTAND, AND ACCEPT ALL PROVISIONS OF THIS WAIVER, RELEASE OF LIABILITY, AND CONSENT TO MEDICAL TREATMENT.

Print Name: _____

Signature: _____ Date _____

Reviewed by Mythical Staff: _____ Date: _____

Mythical Wellness Staff Signature: _____