

ACHIEVE WHOLE RECOVERY  
1115 Elkton Drive, suite 300  
Colorado Springs, CO 80907

Office - 719.373.9703

Fax – 719.631.7017 [www.achieveholerecovery.com](http://www.achieveholerecovery.com)

Patient Last Name: \_\_\_\_\_ First: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

PATIENT REGISTRATION FORM

Marital Status \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Ok to call? Y/N \_\_\_\_ Leave message Y/N \_\_\_\_\_

Work Phone \_\_\_\_\_ Ok to call? Y/N \_\_\_\_ Leave message Y/N \_\_\_\_\_

Cell Phone \_\_\_\_\_ Ok to call? Y/N \_\_\_\_ Leave message Y/N \_\_\_\_\_

Email (of adult patient or parent) \_\_\_\_\_ OK to use? Y/N \_\_\_\_\_

Parents names of minor patient, or for adult patient with legal guardian, guardian's name:

\_\_\_\_\_

Financially Responsible Party Name \_\_\_\_\_ SSN \_\_\_\_\_

Address and phone numbers if different from above: \_\_\_\_\_

If patient is child, mother's name \_\_\_\_\_ Address as patient? Y/N \_\_\_\_ If not,

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

If patient is child, father's name \_\_\_\_\_ Address as patient? Y/N \_\_\_\_ If not,

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Patient's Insurance \_\_\_\_\_ Group Number \_\_\_\_\_ ID Number \_\_\_\_\_

Sponsor Name \_\_\_\_\_ Sponsor SSN \_\_\_\_\_ Sponsor DOB \_\_\_\_\_

Sponsor Relationship to Patient: self / parent / spouse / other \_\_\_\_\_

Sponsor Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

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Fees: All payments for services are due at the time of service.

Cash pay rates are as follows:

- First appointment with Induction (2-3 hours): \$450
- First appointment without induction-\$350
- First general psychiatry appointment-\$350
- 15 minute follow-up Psychiatry Medication Management: \$125
- 15 minute follow-up Addiction Medicine Management: \$150
- **Phone calls:** Brief phone calls (usually less than 5 minutes) to cover issues such as scheduling appointments, reactions to new medications, returning my phone call to you, etc., will not be billed. Extended phone calls or multiple phone calls may be billed an average of \$300/hour, and this will be discussed with the patient on a case by case basis.
- **Reports, Consultations, and Other Special Documentation:** In the rare circumstance that my services are needed to prepare specific reports or documentation beyond a routine office appointment, the rate will be \$300/hour. These services, if needed, will be fully discussed with the patient prior to the service being provided.
- **Cancelled appointments with less than 24 hour notice and no-shows will be billed to you at the full rate of the scheduled visit. This includes the first appointment and you may be asked to provide credit information to hold your first appointment.**

**Cancellation policy:** Appointments must be cancelled with at least a 24 hour notice. Cancellations made less than 24 hours or missed appointments without notice (“no-shows”) will be billed at the full rate of the scheduled visit. Late arrivals will be billed at the full rate without extending the scheduled appointment, and another appointment may be required to complete the service.

**Past Due Accounts:** Payment is due at time of service. Accepted methods of payment include cash, check, credit card, and debit card. There will be a \$25 additional charge on all returned checks added to the full service fee plus any bank charges. Failure to make payment will result in late fees and possible suspension or termination of treatment. Accounts receivable more than 90 days will be assessed a \$25 billing fee per month starting with the first month. Past due accounts may be referred to collections and will include the amount owed plus reasonable attorney fees and court costs.

**Collaboration of Care with Other Providers:** Communication with other care providers, including your family doctor, therapist, or other clinicians is strongly recommended for the best possible treatment outcome. Please provide their contact information and your consent to communicate with them. Only essential and pertinent medical will be shared with your providers in accordance with privacy laws. Please talk to me about any concerns.

**Important health information for females – Pregnancy:** All medications pose some danger to the fetus or breast-feeding child. If you are pregnant, feel you may be pregnant, decide to become pregnant, or no longer practice regular birth control, you must notify me as soon as possible so that we can discuss this in advance of a pregnancy. Waiting until you are pregnant may unnecessarily expose the fetus to dangerous medication. Sometimes, the risks of not treating mental illness are greater than the risks of the medication, but treatment will still only be with the consent of the patient, and you will be asked to sign a written consent stating that you understand the risks before treatment is given.

**Expectation of Treatment Compliance:** Repeated cancelled appointments, at least 2 no-shows/cancellations under 24 hours, or not adhering to the treatment plan such as not taking medication as prescribed or not following through with therapeutic recommendations will disrupt the plan for treatment. If it becomes evident that there is

a recurrent pattern of these issues, the first step will be to discuss solutions to see if this is something that can be worked through. If the issues persist after this step, it will be recommended that you seek care with another provider.

**Abuse of Prescription Medications:** Abuse or misuse of medication prescribed by Achieve Whole Recovery to you will not be tolerated. This not only includes taking more medication than prescribed or recommended, but also selling your medication to others, obtaining duplicate prescriptions for controlled substances without our consent, using Narcotics while taking Suboxone, or buying prescription medication “off the street.” At a minimum, if this occurs you will be requested to seek care with another provider, but there may also be risk of legal consequences. Controlled substances will be monitored the Prescription Drug Monitoring Program. Patients prescribed buprenorphine (Suboxone) will be asked to bring in their medication routinely for counts as a part of the anti-diversion monitoring plan. In addition, per federal standards regarding medication-assisted treatment of opioid dependence, Achieve Whole Recovery may perform random drug screens or pill/film counts outside of regularly scheduled appointments for clients that participate in medication assisted treatment. You will be required to come to the office within 72 hours to be in compliance with treatment.

**Photo Copies and Electronic Signatures:** A photo copy of any signed form will be considered as an original copy. An electronic signature will be considered the same as a signature by hand.

**Doctor’s Absences and After-Hours Calls:** Our administrative assistant will list any upcoming vacations or other absences to help you in planning follow-up appointments or medication refills. Phone calls will be returned within 24 hours except when the office is closed. As noted above, brief telephone calls are not charged, however repeated phone calls and extended calls may result in fees. After-hours calls are managed by a call-service, and messages left by patients forwarded the next business day, and our staff will respond to all messages by phone call with that business day. If your call is of an emergent nature ANYTIME, please go to your nearest emergency room or call emergency services (911). **Please do not delay medical care by waiting for our return call - delays in response can be beyond our control.**

**Medication and Refills:** If you are taking medication, you agree to take medication only as prescribed and not to ingest any alcohol or illicit drugs. Medication refills should be called into your pharmacy at least five days before running out. Refill requests made on weekends or holidays might not be accommodated until the office reopens during the normal business week. You are responsible for monitoring your supply.

**Privacy, Confidentiality and Safety:** Personal information shared with us during our sessions is confidential and not shared with anyone without a signed release of information, except under specific legal and safety concerns as defined by laws. If there is an indication of child abuse, risk of danger to self, or risk of danger to others, we are legally bound to report the concerns to the appropriate authorities. As noted above, communication with your other care providers including your family doctor, therapist, or other clinicians is strongly recommended for the best possible treatment outcome. Please provide their contact information and your consent to communicate with them. Only essential and pertinent medical will be shared with your providers in accordance with privacy laws. Your signed consent is necessary for us to be able to communicate with them.

### **Consent for Treatment**

I consent to and authorize the attending physician, physician’s assistant, and/or nurse practitioner to perform healthcare examinations, treatment, and diagnostic testing as deemed medically necessary in their professional judgment.

### **Consent for Treatment with Buprenorphine (if applicable)**

*Buprenorphine (the active partial opioid agonist in Suboxone) is a medication approved by the Food and Drug Administration for the treatment of people with opioid dependence. Buprenorphine can be used for detoxification or maintenance therapy. Maintenance therapy can continue as long as medically necessary.*

*Buprenorphine itself is an opioid, but it is not as strong an opioid as heroin or morphine. Buprenorphine treatment can result in physical dependence of the opiate type. Buprenorphine withdrawal is generally less intense than with heroin or methadone. If buprenorphine is suddenly discontinued, some patients have no withdrawal symptoms; others have symptoms such as muscle aches, stomach cramps, or diarrhea lasting several days. To minimize the possibility of opioid withdrawal, buprenorphine should be discontinued gradually, usually over several weeks or more.*

*I understand that I am dependent on opiates and I should be in as much withdrawal as possible when I take the first dose of buprenorphine. If I am not in withdrawal, buprenorphine may cause significant opioid withdrawal and physical discomfort. For that reason, I agree to take the first dose in the doctor's office and remain in the office for observation for up to 3 hours. Within a few days, I will have a prescription for buprenorphine that will be filled in a pharmacy.*

*Some patients find that it takes several days to get used to the transition from the opioid they have been using to buprenorphine. During that time, any use of other opioids may cause an increase in symptoms. After I am stabilized on buprenorphine, I understand that other opioids will have less effect. Attempts to override the buprenorphine by taking more opioids could result in an opioid overdose. I agree to not take any other medication without discussing it first with my doctor.*

*Combining buprenorphine with alcohol or some other medications may also be hazardous. The combination of buprenorphine with medication such as Xanax, Valium, Librium, Ativan, or other sedatives or tranquilizers has resulted in deaths. I agree not to take such medications with buprenorphine.*

***(For those prescribed Suboxone, Zubsolv, or similar products.)*** *The form of buprenorphine I will be taking is a combination of buprenorphine with a short-acting opiate blocker (naloxone). If the tablet were dissolved and injected by someone taking heroin or another strong opioid, it could cause severe opiate withdrawal.*

*Buprenorphine tablets or the buprenorphine films must be held under the tongue until it dissolves completely. Buprenorphine is then absorbed over the next 30-120 minutes from the tissue under the tongue. Buprenorphine will not be absorbed from the stomach if it is swallowed. Buprenorphine can cost \$10+ a day just for the medication. If I have medical insurance, I will need to find out whether or not Buprenorphine is a benefit.*

*Buprenorphine is a controlled substance, in accordance with state law, "the patient's prescription information will be loaded into the Prescription Drug Monitoring Program [by the issuing pharmacy] and may be queried by authorized individuals."*

1. I have read and understand my responsibilities as outlined by the policies of Achieve Whole Recovery's office as outlined on [www.achieviewholerecovery.com](http://www.achieviewholerecovery.com).
2. I acknowledge receipt of the HIPAA Notice of Privacy Practices.
3. I have read and understand the above information.
4. I agree to the terms of the office payment and cancellation policies

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PATIENT SIGNATURE/ DATE

\*\*\*IF YOU ARE NOT PARTICIPATING IN SUBOXONE TREATMENT, PLEASE INITIAL BELOW TO INDICATE THAT YOUR CONSENT VIA THIS FORM DOES NOT IMPLY TREATMENT IN OUR SUBOXONE PROGRAM

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PATIENT INITIALS