



Patient Name: \_\_\_\_\_  
Patient Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

## **Denova Patient Consents**

(Must be signed every year)

### **CONSENT FOR EVALUATION AND/OR TREATMENT**

Welcome to Denova Collaborative Health, LLC (Denova). We want to help you feel better. We may offer you different services, like seeing a primary care provider, talking with a therapist, or getting help from a psychiatry provider.

You are choosing to have treatment for a physical, mental, or behavioral health issue on your own. By doing this, you agree to let the healthcare providers examine you, give you treatments, coordinate care or complete tests that they think are best for you. These providers can include doctors, psychiatrists, nurse practitioners, physician assistants, psychologists, counselors, social workers, and family therapists. It's important to know that there are both good and bad things that can happen during treatment. Healthcare is not an exact science, and you acknowledge that no guarantees have been made as to the result of such examinations, treatments, and/or diagnostic procedures.

You understand that if the patient is a minor under the age of 18, you are consenting to treatment on the minor's behalf. If you share custody of the young person getting treatment, signing this form means you're saying that everyone who has custody knows and agrees to the treatment, you've had a chance to ask questions, and all of them have been answered in a way that makes you feel comfortable. You can change your mind and withdraw your Consent to Treatment at any time.

By signing this form, you agree that you are here because you want to be and that you understand the kind of help we may offer you.

### **NOTICE OF PRIVACY PRACTICES**

At Denova, we know that it is important to keep your information safe. We will not share your information with anyone without asking you first. We will use your information to help you get better. We will use your information to get paid for the services we provide. We will use your information to follow the rules that help us run our medical practice. Your reproductive healthcare information, including services related to contraception, pregnancy, and related treatments, is protected under federal privacy laws. We will not disclose this information without your explicit written consent, except as required by law or in situations necessary to prevent harm. You can find our most current Notice of Privacy Practices on our website: [Microsoft Word - Notice-of-Privacy-Practices-NPP-Denova-12JAN2026.docx](#). You may also request a printed copy to review.

By signing this document, you agree that you have read and understand Denova's privacy practices.

### **TELEHEALTH INFORMED CONSENT**

Telehealth is a way to see a provider without going to their office. You can use your computer or phone to have a video chat with them.

To use telehealth in Arizona, you must be in Arizona at the time of your appointment. You also need to be in a quiet place where you can talk and listen without being interrupted.

Healthcare providers for physical and mental health can offer telehealth services. If you receive reproductive healthcare services via telehealth, your rights to privacy and confidentiality remain the same as in-person care. Our platform complies with federal and state laws to protect your health information, and we will not share details of your reproductive care without your explicit consent, except where required by law. Denova will do what is needed to keep your health information private.

Using telehealth has some risks. For example, the equipment might not work right, or the person helping you might have trouble seeing or hearing you. For therapy, should you need to connect by audio only, your provider will need to confirm your identity by verifying your name, date of birth, and address. There's also a chance that your

private medical information might not be secure. In some cases, the person helping you might not have access to your whole medical history. To avoid these risks, you can decide to get services from us in person instead of using telehealth services.

By signing this document, you agree that you have read and understood the possible risks of using telehealth services.

### **PROFESSIONAL DISCLOSURE STATEMENT AND THE THERAPEUTIC RELATIONSHIP**

Some of our providers are still in training and working to get their licenses. They see our patients under the supervision of a fully licensed provider in accordance with applicable law. This applies to:

- Master's Level Interns
- Licensed Associate Counselors (LAC)
- Master's Level Social Workers (LMSW)
- Associate Marriage and Family Therapists (LAMFT)

Our providers in training may share information about your treatment with their supervisors.

The therapist-patient relationship, while supportive and involves highly personal and vulnerable information, must, for the best interest of the patient, remain professional in nature. This is guided by professional ethics and regulations that your therapist must uphold to ensure quality and appropriate care is provided. To preserve the nature of this professional relationship, your therapist will not connect in a personal way either in person, via phone, electronic communication, or virtually with you. Should you run into your therapist in public, they will not initiate contact to protect your privacy. If you initiate contact, your therapist will keep the interaction brief to respect your privacy and the therapeutic relationship. In addition, to avoid conflicts of interest, inappropriate relationships, and/or compromising confidentiality or privacy, your therapist will not assume roles or connections with you beyond that of therapist-patient as it may skew their ability to provide unbiased, clinically, and ethically appropriate care.

By signing below, you agree to treatment by providers in training and disclosures regarding your treatment to their supervising providers. Additionally, you agree to maintain a therapeutic relationship with your therapist.

### **ARTIFICIAL INTELLIGENCE STATEMENT**

This practice at times will use Artificial Intelligence (AI) feature embedded into our Electronic Health Record which records sessions to aid in the clinical documentation of appointments. The recordings are automatically deleted upon completion of the transcription of the note following the appointment, and patient information is not stored other than by the provider within the EHR. Providers are required to review the documentation to ensure accuracy and appropriateness. A separate consent outlining the AI feature will be provided to you, and you will have the option to accept or decline the use of this feature in your treatment and documentation.

### **CONSENT TO OBTAIN PATIENT MEDICATION HISTORY**

A medication history is a list of all the medicines you take. It helps your healthcare provider make sure you are getting the right treatment and not taking any medicines that might be dangerous together.

It is important to tell your healthcare provider about all the medicines you take. Even the ones you can buy without a prescription, like vitamins or herbal supplements. These might not be in your medication history. By signing this form, you agree to let your healthcare provider see your medication history and that they can get it from other healthcare providers, your insurance company, and pharmacies.

### **CONSENT TO COORDINATE CARE WITH YOUR PRIMARY CARE PROVIDER (PCP)**

By providing your Primary Care Provider (PCP) information, you consent to the release of your healthcare information to your provider to coordinate care.

**FINANCIAL POLICY**

Denova checks with your insurance company to see what your benefits are. But the quote they give you is not a promise that your insurance company will pay. You must pay for the services you receive unless you make other arrangements with them beforehand. You also must pay your deductible, copay, and/or coinsurance at the beginning of each visit. If you owe more money after your visit, you will receive a bill. If you have a statement credit, you will get a refund. Even if a healthcare provider refers you to Denova, your insurance company may not cover these services. You are responsible for paying all the charges.

Primary Care wellness exams are preventive-only visits. If additional health concerns are discussed and evaluated during the visit, a separate office visit charge with copay may be applicable.

You can pay with a cashier's check, money order, debit card, or credit card. Debit card and Credit card information may be saved in your file for future use on your account. We will not charge your card on file without your consent. You cannot pay with cash or a personal check. Before you are treated, Denova recommends that you check with your insurance company to see what they will pay for. You can refuse any procedure or treatment if you want to.

From January 1, 2022, a law called the No Surprises Act (NSA) protects people who don't have health insurance or pay their medical bills themselves. If you choose not to use your health insurance or don't plan to pay with it for your treatment at Denova, we can give you an estimate of the amount we might charge you before you receive the treatment.

By signing below, you agree that you know and understand the way Denova handles payments.

**NO SHOW AND LATE CANCELATION POLICY**

When you get care from Denova, you agree to try your best to follow your treatment plan. If you can't make it to an appointment, you need to call Denova at least 24 hours before your appointment. When you call, you can tell us that you want to cancel your appointment. Denova will charge you a fee if you cancel less than 24 hours before your appointment. If you cancel three or more consecutive times without telling Denova ahead of time, Denova may decide not to treat you anymore.

By signing your below, you agree that you understand the policy about missing appointments without telling Denova first.

**PATIENT CODE OF CONDUCT**

Denova will treat you with kindness, respect, and dignity. They will help you feel safe and supported. It is important that you follow your treatment plan to get the best results. If you do not follow the rules, Denova may stop treating you and suggest other places for you to get care.

By signing this document, you agree to the following rules:

- You will follow your treatment plan.
- You will not hurt yourself or others.
- You will not use bad words or shout at yourself or others.
- You will not threaten to hurt anyone.
- You will not come to your appointments after using alcohol or drugs.

**PATIENT RIGHTS**

When you get care from Denova, you have a responsibility to be involved in the decisions about your care. Denova wants you to be a part of your treatment and work together to get better. You have the right to access comprehensive reproductive healthcare services, including but not limited to contraception, pregnancy-related care, and counseling. Our facility follows all applicable federal and state laws, ensuring your right to receive medically necessary reproductive healthcare without discrimination or restriction.

Here are some of the things you can do to be involved in your care:

- Ask questions about your condition and treatment.
- Talk to your healthcare provider about your goals for your care.
- Make sure you understand your treatment plan.
- Give your healthcare provider feedback about your care.
- Be an active participant in your care.

You can find our Patient Rights and Responsibilities on our website: [Patient-Rights-Responsibilities-8.2025.pdf](#) You may also request a printed copy to review.

By signing this document, you agree that you have read and understand your rights as a patient.

### **EMERGENCY PROCEDURES**

If you have an emergency during your visit to Denova, you should follow these steps:

- If it is a medical emergency, you can call 911 or your provider/clinician will call 911 for you and stay with you until help arrives.
- If it is a behavioral health emergency, you or your provider/clinician can call the National Crisis Line at 988 or local crisis services, and your provider/clinician will stay with you until help arrives.
- If you need help outside of normal business hours, you can call our after-hours service team for non-urgent medical questions that may happen at night, on weekends, or holidays.

It is important not to send any details about a medical or behavioral health emergency through text messages or other channels that are not secure.

By initialing and signing, you show that you understand Denova's emergency procedures as they have been explained to you.

### **PUBLIC HEALTH REPORTING**

We can tell the government about your health to help with public health things, like when vaccines might cause problems or when there are contagious illnesses. Certain reproductive health conditions, such as sexually transmitted infections (STIs) or complications from pregnancy, may be reportable to public health agencies per federal and state law. However, we will limit disclosures to only the necessary information required by law and will notify you when such a report is made, unless the law prohibits notification.

By signing below, you agree to share your records with ASIIS. Signing is not necessary to receive vaccinations.

### **PHONE AND EMAIL CONTACT CONSENT AND AUTHORIZATION**

You consent to and authorize Denova or any of its automated systems to call or text you, and leave voicemails for you, about any services you get from Denova. The messages may be about bills, appointments, or information about your health. These messages may not be private because texts, voicemail, and email can be intercepted while they are being sent, accidentally sent to the wrong person or seen by anyone who has access to your device.

Denova does not charge any fee to send voicemails or emails, but your phone company might. You do not have to agree to text, voicemail, or email messages. If you do not agree, it will not affect the care you receive. You can notify Denova if I choose to stop the messages. To stop text messages, you can text the word "STOP" to cancel at any time.



Patient Name: \_\_\_\_\_

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Date of Birth: \_\_\_\_\_

By signing this Patient Consent Form, you confirm that you have read and fully understand the information and voluntarily consent to its contents.

<b>Patient Printed Name</b>	<b>Check this box if patient is below the age of 18:</b> <input type="checkbox"/>
<b>Patient Signature</b>	<b>Date</b> (MM/DD/YYYY)

<b>Parent or Legal Representative Signature</b>	<b>Date</b> (MM/DD/YYYY)
<b>Parent or Legal Representative Printed Name</b>	
<b>Relationship if Not Patient</b> <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Health care POA <input type="checkbox"/> Other _____	



## Notice of Health Information Practices

You are receiving this notice because your healthcare provider participates in a non-profit, non-governmental health information exchange (HIE) called Health Current, a Contexture company. It will not cost you anything and can help your doctor, healthcare providers, and health plans better coordinate your care by securely sharing your health information. This Notice explains how the HIE works and will help you understand your rights regarding the HIE under state and federal law.

### How does Health Current help you to get better care?

In a paper-based record system, your health information is mailed or faxed to your doctor, but sometimes these records are lost or don't arrive in time for your appointment. If you allow your health information to be shared through the HIE, your doctors can access it electronically in a secure and timely manner.

**What health information is available through Health Current?** The following types of health information may be available:

- Hospital records
- Medical history
- Medications
- Allergies
- Lab test results
- Radiology reports
- Clinic and doctor visit information
- Health plan enrollment and eligibility
- Other information helpful for your treatment

**Who can view your health information through Health Current and when can it be shared?** People involved in your care will have access to your health information. This may include your doctors, nurses, other healthcare providers, health plan and any organization or person who is working on behalf of your healthcare providers and health plan. They may access your information for treatment, care coordination, care or case management, transition of care planning, payment for your treatment, conducting quality assessment and improvement activities, developing clinical guidelines and protocols, conducting patient safety activities, and population health services. Medical examiners, public health authorities, organ procurement organizations, and others may also access health information for certain approved purposes, such as conducting death investigations, public health investigations and organ, eye or tissue donation and transplantation, as permitted by applicable law.

Health Current may also use your health information as required by law and as necessary to perform services for healthcare providers, health plans and others participating with Health Current.

The Health Current Board of Directors can expand the reasons why healthcare providers and others may access your health information in the future as long as the access is permitted by law. That information is on the Health Current website at [healthcurrent.org/permitted-use](http://healthcurrent.org/permitted-use).

You also may permit others to access your health information by signing an authorization form. They may only access the health information described in the authorization form for the purposes stated on that form.

**Does Health Current receive behavioral health information and if so, who can access it?**

Health Current does receive behavioral health information, including substance abuse treatment records. Federal law gives special confidentiality protection to substance abuse treatment records from some substance abuse treatment programs. Health Current keeps these protected substance abuse treatment records separate from the rest of your health information. Health Current will only share these protected substance abuse treatment records it receives from these programs in two cases. One, medical personnel may access this information in a medical emergency. Two, you may sign a consent form giving your healthcare provider or others access to this information.

**How is your health information protected?**

Federal and state laws, such as HIPAA, protect the confidentiality of your health information. Your information is shared using secure transmission. Health Current has security measures in place to prevent someone who is not authorized from having access. Each person has a username and password, and the system records all access to your information.

**Your Rights Regarding Secure Electronic Information Sharing** You have the right to:

1. Ask for a copy of your health information that is available through Health Current. To make this request, complete the Health Information Request Form and return it to your healthcare provider.
2. Request to have any information in the HIE corrected. If any information in the HIE is incorrect, you can ask your healthcare provider to correct the information.
3. Ask for a list of people who have viewed your information through Health Current. To make this request, complete the Health Information Request Form and return it to your healthcare provider. Please let your healthcare provider know if you think someone has viewed your information who should not have.

**You have the right under article 27, section 2 of the Arizona Constitution and Arizona Revised Statutes title 36, section 3802 to keep your health information from being shared electronically through Health Current:**

1. Except as otherwise provided by state or federal law, you may “opt out” of having your information shared through Health Current. To opt out, ask your healthcare provider for the Opt Out Form. Your information will not be available for sharing through Health Current within 30 days of Health Current receiving your Opt Out Form from your healthcare provider.  
**Caution:** If you opt out, your health information will NOT be available to your healthcare providers—even in an emergency.
2. If you opt out today, you can change your mind at any time by completing an Opt Back In Form and returning it to your healthcare provider.
3. If you do nothing today and allow your health information to be shared through Health Current, you may opt out in the future.

**IF YOU DO NOTHING, YOUR INFORMATION MAY BE SECURELY SHARED THROUGH HEALTH CURRENT.**

## Notice of Health Information Practices

Contexture is a nonprofit that helps doctors and care teams securely share health information to improve care through a Health Information Exchange (HIE). Learn more about Contexture and the HIE at [contexture.org](https://contexture.org).

This Notice explains how your health information may be shared through Contexture's HIE, and the rights you have.

### What health information is shared?

Your health information may be shared through the HIE. This includes information that identifies you and relates to your health care that is collected, created or received by a health care provider or health plan. For example:

- Hospital records
- Medical history
- Medications
- Allergies
- Lab test results
- Radiology reports
- Clinic and doctor visit information
- Health plan enrollment and eligibility
- Other information helpful for your treatment

### Who can view your health information and why?

Your information may be shared for the following purposes and with the following types of people:

- **Treatment, payment, and health care operations.** Your doctors, health plans, and their trusted partners—like accountable care organizations (ACOs), clinically integrated networks (CINs), and quality improvement groups—may access your information to coordinate your care, manage benefits, improve quality, and support population health.
- **Public health, medical examiner, and organ donation activities.** Public health agencies, medical examiners, coroners, and organ procurement organizations may access your information for approved purposes like disease tracking, death investigations, and organ or tissue donation, as allowed by law.

Contexture may also share your information as required or allowed by law or with your written permission (for example, if you authorize a life or disability insurer to access your records). We may also exchange information for the same purposes described above through trusted national networks that follow strict privacy and security rules.

For more details, see our HIE Permitted Purposes Policy in the HIE Participant Manual located in our resource page on <https://contexture.org>

### What about sensitive health information?

Participants in the HIE are responsible for sharing your health information with Contexture only if they have permission to do so under the laws that apply to them. Contexture's policies limit sharing of certain sensitive records.

For substance use disorder (SUD) records protected by federal law (42 CFR Part 2), Contexture will share them only:

- if you have given written consent, or
- in the event of a medical emergency, or
- as otherwise permitted by Part 2.

If it's not possible to separate SUD records from other data, we apply the stricter privacy protections to all of it.

### Your rights

You have the following rights regarding your individually identifiable health information in the HIE:

- **Opt out.** You can choose not to have your information shared through the HIE. (In limited situations, your information may still be shared if required by law.) To opt out, ask your doctor or other health care provider for an Opt-Out Form.
  - If you opt out, your information will not be shared through the HIE—including in an emergency—unless a law requires the sharing. You can opt back in at any time.
  - **If you do nothing, your information may be securely shared through the HIE.**
  - **Arizona residents' right to opt out is protected by Article XXVII, Section 2 of the state constitution.**
- **Request a copy.** You can ask your doctor or other health care provider for a copy of your health information shared through the HIE.
- **Request a correction.** If something is wrong, you can ask your doctor or other health care provider to correct it and send the update to the HIE.
- **Request an accounting of disclosures.** You can ask your doctor or other health care provider for a list of who has viewed your information through the HIE.