peoplefirst CLINIC, PLLC

652 Bielenberg Dr, Suite 202
Woodbury, MN 55125-4480

Phone: (651) 317-3902
Fax: (949) 890-4747
info@peoplefirstmn.com

Consent Form

This form covers your consent to care at PeopleFirst. Please read each section. You'll sign once at the end to agree to all of them. Our fees, payments, and cancellation rules are in a separate Financial Policy.

Questions, or need help or an interpreter? Email our business office at info@peoplefirstmn.com before signing.

Patient information

Legal first name		**Legal last name**	
Chosen / preferred name		**Pronouns**	
Date of birth			

1. Consent for services

I consent to mental health services at PeopleFirst Clinic PLLC, which may include:

- Individual, family, and group therapy
- Medication management, which may include therapy during the visit
- Assessments, evaluations, and other care my provider recommends

How care works here

- Therapy means talking about my thoughts, feelings, and behaviors with a licensed therapist. Medication management means a licensed provider prescribes and monitors my medications.
- PeopleFirst is a teaching clinic, so students or interns may provide some of my care. I can say no to care from a student or intern.
- Providers may use an AI scribe, a virtual or in-person scribe, or a medical assistant. I can ask at any time for a scribe or assistant to leave, or for the AI scribe to be turned off. This may affect my care or how much time my provider can spend with me.

Benefits and risks

- Possible benefits include better mental health and well-being.
- Possible risks include emotional discomfort and side effects from medications, lab work, or other tests. I will ask my provider about any concerns or anything I am unsure about.

Medication refills

- Refills require an appointment scheduled in the online system. Please allow up to 3 business days for refill requests.
- I will track my medication supply, let my provider know ahead of time, and check with my pharmacy that no refills are left before asking for one.

My responsibilities

- I will give accurate, complete information about my health and help build my treatment plan.
- I will keep my phone number, email, and address up to date.
- I will be on time. If my provider is running late, I will stay at the clinic or on the telehealth link for 15 minutes past my appointment time, and tell my provider before I leave, so I am not marked as a no-show.

Confidentiality and my right to stop

- My information is kept confidential, except when the law requires sharing it (for example, a serious risk of harm to myself or others).
- I can stop treatment at any time.

2. Telehealth

I consent to telehealth services from PeopleFirst Clinic PLLC.

- Telehealth means care by video, phone, or other remote methods. Care given through the patient portal may be billed as a telehealth service.
- Benefits include convenience and access to care from home or wherever I am. Risks include technical problems, privacy limits, and my provider not being able to fully examine me remotely.
- Sessions use secure platforms, but confidentiality cannot be guaranteed.
- I can stop using telehealth at any time.
- If I don't receive my telehealth link, I will contact the clinic right away. Not getting a link is not a reason to miss my appointment.

3. How we communicate with you

I agree that PeopleFirst may contact me by email, phone, and text message, as the clinic or my provider decides. I understand these methods may not be fully secure and confidentiality cannot be guaranteed.

- **Email:** appointment reminders, billing statements, and general messages
- **Phone:** scheduling, follow-up calls, and time-sensitive matters
- **Text:** appointment reminders and other non-sensitive messages

How to reach us

- **Care and medication requests,** including refills, go through the patient portal so every request is tracked.
- **Admin and billing questions** go to info@peoplefirstmn.com. Our support ticket system makes sure no request is missed.
- **PeopleFirst medication providers don't email or text patients directly,** except when a provider makes a specific exception. Requests like refills are sensitive and need to be tracked, so please use the portal instead of contacting a provider directly.

Please allow up to 3 business days for a response to all requests, including messages, patient portal requests, and refill requests. We read every message and want to get back to you as soon as we can.

We are not an urgent care or emergency department. Messages, email, and the portal aren't checked around the clock. If you are in crisis or need help right away, please call or text 988 (Suicide & Crisis Lifeline), call 911, or go to your nearest emergency room. We care about your safety.

- PeopleFirst providers do not connect with patients on social media. I agree not to friend or message my provider there.
- I can take back this consent at any time by telling the clinic in writing.

4. Medication history and record sharing

I authorize PeopleFirst Clinic PLLC and its providers to get my medication history and medical records, and to share my records through the electronic health record network, as my provider decides is needed for my care.

Why: to treat me safely, avoid drug interactions, keep my care connected, and check how my medications are working.

From where: pharmacies, other health care providers, electronic health record systems, and the Minnesota Prescription Monitoring Program.

What: current and past medications, doses, prescribers, refills, allergies, and other related medical records.

I understand that

- This lasts until I cancel it in writing. Canceling does not undo anything already done.
- Signing is voluntary. Not signing may limit how fully PeopleFirst can care for me.
- Records shared with others may be shared again and may no longer be protected by federal privacy law.
- I can get a copy of this consent.

- If I am signing as a legal representative, I will note my authority with my signature.

5. Notice of Privacy Practices

PeopleFirst's Notice of Privacy Practices explains how my health information may be used and shared, and my rights. In short, my information may be used for my treatment, to get paid for my care, for clinic operations like quality improvement, and in emergencies to prevent harm. I have the right to:

- See and get a copy of my health records
- Ask for limits on how my information is used or shared
- Ask to be contacted in a certain way or at a certain place
- Ask to correct my records
- Get a list of certain disclosures of my information
- Get a paper copy of the full notice at any time

By signing this form, I acknowledge that I have received or been offered the Notice of Privacy Practices.

6. My rights as a patient

I understand that, as a PeopleFirst patient, I have the right to:

- Be treated with dignity and respect, in care that is affirming and inclusive. PeopleFirst will do its best to use my chosen name and pronouns throughout my care.
- Receive care without discrimination based on race, color, national origin, age, disability, sex, sexual orientation, gender identity, gender expression, or any other protected characteristic.
- Be fully informed about my treatment options, benefits, risks, and alternatives, and give my consent freely before any treatment.
- Refuse or stop treatment at any time, and be told what that may mean, without judgment.
- Ask to correct or update my records, including my name and gender marker.
- Share a concern or make a complaint without fear of retaliation, and have it answered in a timely, respectful way.

To share a concern, I can contact Tim Tienter, APRN, CNP, through the business office at info@peoplefirstmn.com or (651) 317-3902, 652 Bielenberg Dr, Suite 202, Woodbury, MN 55125. I can also contact the Minnesota licensing board for my provider, such as the Board of Behavioral Health and Therapy, the Board of Social Work, or the Board of Nursing.

7. Text messages (optional)

☐ I agree to receive text messages from PeopleFirst Clinic PLLC about my appointments and care.

Message frequency varies. Message and data rates may apply. Reply STOP at any time to opt out, or HELP for more information. Agreeing to texts is not required to receive care. No mobile information will be shared with third parties or affiliates for marketing or promotional purposes, and text messaging opt-in data and consent will not be shared with any third parties.

Signature

Signed every year: This form needs to be signed again every year. PeopleFirst will ask me to review and re-sign it about one year after I sign it, and also when the form is updated (usually on January 1).

By signing below, I confirm that I have read, understand, and agree to every section of this Consent Form. It takes effect on the date I sign.

If I type my name below, I am signing this form electronically, and my typed name has the same legal effect as my handwritten signature.

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Signature (patient or legal representative)		**Date**	
Printed name		**Relationship (if not patient)**	

Filling out a paper or PDF copy? Please return it to info@peoplefirstmn.com.