

Holistic Psychiatry CT Consent for Services and Practice Policies

This form is called a Consent for Services (the "Consent"). Your psychiatric nurse practitioner ("Provider") has asked you to read and sign this Consent before you begin treatment. Please review the information. If you have any questions, contact your Provider.

MENTAL HEALTH TREATMENT

We view psychiatric care as a collaborative process. We will work together on equal footing to achieve goals that you will define. We will use tools within the scope of my training and education, which may include therapeutic interventions, nutritional counseling, sleep assessment and counseling, and medication management. This means that you will follow a defined process supported by scientific evidence, where you and your Provider have specific rights and responsibilities. Better outcomes are often associated with a good relationship between a client and their Provider. To foster the best possible relationship, it is important you understand as much about the process before deciding to commit.

Our treatment begins with the intake process. First, you will review your Provider's policies and procedures, talk about fees, identify emergency contacts, and decide if you want health insurance to pay your fees depending on your plan's benefits. Second, if you choose to proceed, you will be scheduled for a psychiatric evaluation. This may take course over one or two hour-long sessions to allow your Provider to gain a full understanding of your symptoms and their biological, psychological, social and historical contexts. Third, you and your provider will discuss recommended treatments, which may or may not include medications. If medication is recommended, you will need to follow up on a regular basis for monitoring. The frequency of these appointments will be decided together. Before any medication is prescribed, you will be counseled about risks and benefits, alternatives, mechanism of action, targeted symptoms, medication administration, common and rare side effects, duration of treatment, expected outcomes, and need for monitoring. You will then decide whether or not to trial this medication; this is called informed consent.

Therapy is always recommended, and your Provider will be happy to collaborate with your outside therapist to ensure continuity of care. Participation in all treatment is voluntary - you can stop at any time. You and your provider may decided collaboratively that it is time to discontinue medication, or you may choose to do so independently even if your Provider advises otherwise. In either situation, your Provider will assist you in providing a plan to safely and effectively taper off of any medications.

TELEHEALTH SERVICES

Most services at Holistic Psychiatry CT are provided via telehealth. To use telehealth, you need an internet connection and a device with a camera for video. Your Provider can explain how to log in and use any features on the telehealth platform. There are some risks and benefits to using telehealth:

Risks

- **Privacy and Confidentiality.** You may be asked to share personal information with the telehealth platform to create an account, such as your name, date of birth, location, and contact information. Your Provider carefully utilizes only technology platforms that have been encrypted and are HIPAA compliant to ensure your PHI is protected.

- **Technology.** At times, you could have problems with your internet, video, or sound. If you have issues during a session, your Provider will reach out to offer another option for meeting.
- **Crisis Management.** It may be difficult for your Provider to provide immediate support during an emergency or crisis. You and your Provider will develop a plan for emergencies or crises, such as choosing a local emergency contact, creating a communication plan, and making a list of local support, emergency, and crisis services.

Benefits

- **Flexibility.** You can attend therapy wherever is convenient for you.
- **Ease of Access.** You can attend telehealth sessions without worrying about traveling, meaning you can schedule less time per session and can attend therapy during inclement weather or illness.

Recommendations

- Make sure that other people cannot hear your conversation or see your screen during sessions. If you are not in a private location, with no other individuals present, at the time of the session, your Provider will ask you to reschedule.
- Do not use video or audio to record your session under any circumstances. If your Provider learns you have taken unauthorized audio or video recordings, your services will be terminated.
- Make sure to let your Provider know if you are not in your usual location before starting any telehealth session.

CONFIDENTIALITY

Your Provider will not disclose your personal information without your permission unless required by law. If your Provider must disclose your personal information without your permission, your Provider will only disclose the minimum necessary to satisfy the obligation. However, there are a few exceptions:

- Your Provider may speak to emergency personnel.
- If you report that another healthcare provider is engaging in inappropriate behavior, your Provider may be required to report this information to the appropriate licensing board. Your Provider will discuss making this report with you first, and will only share the minimum information needed while making a report. If your Provider must share your personal information without getting your permission first, they will only share the minimum information needed.
- If your Provider believes there is a specific, credible threat of harm to someone else, they may be required by law or may make their own decision about whether to warn the other person and notify law enforcement. The term specific, credible threat is defined by state law. Your Provider can explain more if you have questions.
- If your Provider has reason to believe a minor or elderly individual is a victim of abuse or neglect, they are required by law to contact the appropriate authorities.
- If your Provider believes that you are at imminent risk of harming yourself, they may contact law enforcement or other crisis services. However, before contacting emergency or crisis services, your Provider will work with you to discuss other options to keep you safe.

RECORD KEEPING

Your Provider is required to keep records about your treatment. These records help ensure the quality and continuity of your care, as well as provide evidence that the services you receive meet the appropriate standards of care. Your records are maintained in an electronic health record provided by Kareo. Kareo has integrated safety features to protect your personal information, including advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity. Kareo keeps records of all log-ins and actions within the system.

COMMUNICATION

You decide how to communicate with your Provider outside of your sessions. You have several options:

Texting/Email

Texting and email are not secure methods of communication and should not be used to communicate personal information. You may choose to receive appointment reminders via text message or email. You should carefully consider who may have access to your text messages or emails before choosing to communicate via either method.

Secure Communication

Secure communications are the best way to communicate personal information, though no method is entirely without risk. Your Provider will discuss options available to you. If you decide to be contacted via non-secure methods, your Provider will document this in your record.

Social Media/Review Websites

- If you try to communicate with your Provider via these methods, they will not respond. This includes any form of friend or contact request, @mention, direct message, wall post, and so on. This is to protect your confidentiality and ensure appropriate boundaries in the therapeutic relationship.
- Your provider may publish content on various social media websites or blogs. There is no expectation that you will follow, comment on, or otherwise engage with any content. If you do choose to follow your Provider on any platform, they will not follow you back.
- If you see your Provider on any form of review website, it is not a solicitation for a review. Many such sites scrape business listings and may automatically include your Provider. If you choose to leave a review of your Provider on any website, they will not respond. While you are always free to express yourself in the manner you choose, please be aware of the potential impact on your confidentiality prior to leaving a review. It is often impossible to remove reviews later, and some sites aggregate reviews from several platforms leading to your review appearing other places without your knowledge.
- If you see your provider in a public place, you are welcome to acknowledge them and say hello. However, they will not acknowledge you first in order to safeguard your confidentiality. Please keep any such interactions brief, to maintain your privacy and appropriate boundaries in the therapeutic relationship.

FEES AND PAYMENT FOR SERVICES

Your credit/debit/HSA card will be required to pay for services and other fees. You will be provided with these costs prior to beginning treatment, and should confirm with your insurance if part or all of these fees may be covered. Your card on file, with your authorization, will be charged for all copayments and coinsurance at the time of the appointment. You should also know about the following:

No-Show and Late Cancellation Fees

If you are unable to attend a scheduled session, you must contact your Provider at least 1 business day prior to your session. Otherwise, a \$75 fee will be assessed. If you do not show up without prior contact, including if you contact the Provider after the start time of your session, you will be charged a \$150 fee. Insurance does not cover these fees. There is a 10 minute grace period to show up for appointments.

Balance Accrual

Full payment is due at the time of your session. If you are unable to pay, tell your Provider. Your Provider may offer payment plans or a sliding scale. If not, your Provider may refer you to other services. Any balance due will continue to be due until paid in full. If necessary, your balance may be sent to a collections service.

Administrative Fees

- Your Provider may charge administrative fees for writing a letter or report at your request; consulting with another healthcare provider or other professional outside of normal case management practices; or for preparation, travel, and attendance at a court appearance or school hearing. These fees will be discussed at the time such services are requested by the Patient. Payment is due in advance.

Insurance Benefits

Before starting treatment you should confirm with your insurance company if:

- Your benefits cover the type of treatment you will receive;
- Your benefits cover in-person and telehealth sessions;
- You may be responsible for any portion of the payment; and
- Your Provider is in-network or out-of-network.

Sharing Information with Insurance Companies

If you choose to use insurance benefits to pay for services, you will be required to share personal information with your insurance company. Insurance companies keep personal information confidential unless they must share to act on your behalf, comply with federal or state law, or complete administrative work. If you choose to pay out of pocket, you may request that no information is sent to your insurance company.

Covered and Non-Covered Services

- When your Provider is in-network, they have a contract with your insurance company. Your insurance plan may cover all or part of the cost of treatment. You are responsible for any part of this cost not covered by insurance, such as deductibles, copays, or coinsurance. You may also be responsible for any services not covered by your insurance.

- When your Provider is out-of-network, they do not have a contract with your insurance company. You can still choose to see your Provider; however, all fees will be due at the time of your session to your Provider. Your Provider can provide you with a superbill that you may submit to your insurance company for reimbursement if you have out-of-network coverage. If your insurance company decides that they will not reimburse you, you are still responsible for the full amount. Your provider can submit these forms for you with notice.

Payment Methods

The practice requires that you keep a valid credit, debit or HSA card on file. If you are using an HSA card, you must also have a backup method of payment (ie. a credit or debit card). This card will be charged for the amount due at the time of service and for any fees you may accrue unless other arrangements have been made with the practice ahead of time. It is your responsibility to keep this information up to date, including providing new information if the card information changes or the account has insufficient funds to cover these charges.

COMPLAINTS

If you feel your Provider has engaged in improper or unethical behavior, you can talk to them, or you may contact the licensing board that issued your Provider's license, your insurance company (if applicable), or the US Department of Health and Human Services.