# Advanced Practice Psychiatric Solutions, LLC

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Dear Client and Family:

Welcome to our private practice! There are a few things you need to know about the practice before we get started.

**Expectations on my part:**

1) We expect you to show up for your appointments. If you cannot, we request you give us **24 hours or more notice**. We do understand that we all have emergencies, but if these emergencies happen more often than not, we will need to discuss with you whether our practice is the right place for your treatment.
2) You MUST CONFIRM ALL APPOINTMENTS **24 HOURS** IN ADVANCE, ( VIA TEXT REMINDER, CALL OR E-MAIL TO APPSMENTALHEALTH@GMAIL.COM) **If we do not hear from you we will have to CANCEL YOUR APPOINTMENT. This will COUNT against OUR THREE late CANCELS/ NO SHOW POLICY. ( EXCLUDING OF COURSE AN EMERGENCY)**
3) We expect you to be on time for your appointments. We try to set appointments in such a way so as to not run late, and if you are running late, it sets everyone else behind as well. If you are more than **10 minutes late** for any appointment, you will need to reschedule. Yes, we know we run late from time to time, but that only occurs when we have emergencies. We are trying to prevent us from running even later.
4) We cannot tolerate no-show appointments. If you have 3 no-shows, you will be discharged from the practice. If you no-show on your first appointment, you will have one more chance. A no-show is a cancellation the day of, a situation where you are more than 10 minutes late for an appointment, failure to show up for an appointment, or failure to cancel appointment 24 hours or more before your appointment time. Please note that there will be a **$75 fee for no-show appointments** to be charged at our discretion (medicaid and medicare excluded)
5) Yearly, you will need to complete an Intake form, receipt of Privacy Policies/ Practices, Telehealth Intake, Medications, History, releases for each provider and legal forms, as well as a copy of photo ID, and Front and back of CURRENT Insurance CARDS. If you obtain new Insurance or change your information please let us know PRIOR to your appointment, it is the patient's responsibility to notify the office of any insurance changes 2 weeks before your scheduled appointment. ALL new forms will need to be completed prior to or before your appointment. They can be done in the patient portal at home, printed from the Internet at our website (https://www.appsmentalhealth.com/ ) under " New Patients", " Yearly Update" or in the office if you arrive early to your appointment.

6) We expect our patients to be compliant with medications. This means they must be taken as prescribed. We do not appreciate it when patients or parents take it upon themselves to medicate differently than how we have prescribed. This is a dangerous practice. Please, always contact us to set up an appointment if you feel any changes are needed. This can be up to the prescriber to discharge the patient, immediately, if the practice of noncompliance occurs more than once.
7) 99% of the time, we will not make any medication changes without you coming in for an appointment. We have found, all too often, that misunderstandings or mistakes can and do occur when changes are made over the phone. It is very important for us to see you or your child prior to making medication changes.
8) Please note that all communication through texting, messenger, or any virtual social media platform is NOT HIPAA compliant. Therefore, text at your own risk. Please call the office at 240-970-7300 or email me at appsmentalhealth@gmail.com or message thru the patient portal . USING ENCRYPTED VIRTU FOR ANY EMAIL AND ATTACHMENTS. IF YOU MUST TEXT USE SIGNAL ENCRYPTED APP TO TEXT. We DO NOT GUARANTEE A TEXT RESPONSE OR RECEIPT.
9) Stable patients will need to be seen every 3 months. This may differ depending upon insurance; however, the majority will need at least 3-month appointments.
10) We expect all Suboxone,controlled and benzodiazepine patients to agree to do urine drug screens when requested.
11) We expect all Suboxone,controlled and benzodiazepine patients to agree to random pill counts.
12) All Suboxone,controlled and benzodiazepine patients will be free from other substances, and when not, will work with us on becoming free from them. If found to be taking substances not prescribed, you will return to weekly medication visits and drug screens. You will be referred for therapy for addiction as well.
13) If you are on opioids then you can expect that you will not be prescribed ANY stimulants or benzodiazepines due to that being a dangerous combination of medications.
14) Any patients on narcotics will not and can no longer be prescribed additional controlled substances from this office; and **this office will not prescribe more than one controlled substance at a time benzo and stimulant.**
15) **If you are already on a benzo and a stimulant, a benzo and an opioid, or a stimulant and an opioid, we will seek to get you off of one or the other. If you do not wish to allow this, please seek help elsewhere. We follow the best practices, and will do everything we can to keep you safe.**

**What you can expect from us:**

1) We will attempt to provide 24-hour notice if we need to change your appointment for any reason; please understand that the COVID-19 pandemic or severe inclement weather may impact scheduling. We are trying our best to accommodate our patients during this time and are now utilizing telehealth services when needed.
2) We will supply at least a 24-hour notice if we need to change your appointment for any reason. Unless we have an emergency.

3) We will return urgent calls within 24 to 48 BUSINESS hours.
4) We will do our best to refill scripts within 1 to 3 BUSINESS days. HOWEVER, we can guarantee a refill will be sent your pharmacy if patients call **1 week** prior to when you will be out of the prescription. Please check with the pharmacy prior to calling for a refill to be sure they do not have refills for the prescription for which you are calling **. We do NOT respond to ANY refill requests, verbal or FAX from your pharmacy.** All refills must be called in by the patient or patient's guardians **1 week PRIOR.** This allows time for a prior authorization by insurance companies if needed, as well as sufficient time for a pharmacy to order any scripts if needed or blood work.
5) We will work alongside your PCP, Therapist, Teachers, Specialists and any other clinicians who are working with you. All we need is a release of information to do so, yearly. **Please know that we need and will ask for releases for all of your current and past medical and mental health care in order for us to treat you effectively and have continuity of care.** However if you DO NOT have one we would be happy to refer you and as long as you have a scheduled appt we can see you. You must keep scheduled appts please and continue care with a primary care provider. It is also encouraged that you participate in therapy if you are prescribed medication.
6) We will supply letters when requested and given **two weeks notice. You may need an appointment scheduled to complete this paperwork.** This goes for any 504 paperwork, IEP requests, Medication forms, disability paperwork,FMLA, Letters, Forms etc. If you are unable to attend an appointment during which we can do the paperwork together, then there will be charges for the time taken to complete said letter or paperwork. These charges will be $5.00/minute. Since we cannot charge our Medicaid or Medicare clients this fee, we request they schedule an appointment at which we will do the paperwork together.
7) We are CLOSED on Thursdays after 5pm. Any major holiday week we have a modified schedule. Please plan accordingly.
8) Electronic Medical records can be accessed through your patient portal at no cost upon written signed request OR paper medical record requests will be fulfilled; however, there is a fee. If your new provider or current provider needs the records there is no charge if we send them directly to their office after receiving a release and request. For paper records requests going to patients or guardians NOT providers, this LEGALLY can only include our office records only, the fee is as follows:
    a. Search and retrieve records - no fee
    b. Pages 1-20 – $.76/page
    c. Pages 21-60 - $.60/page
    d. Pages 61+ - $0.50/page
    e. If mailed, postage fees will also apply.

This fee will be billed to the person requesting the records.

9) Emergencies: Please note, that due to the fact all providers are sole practitioners and we are a private practice, we are requesting that you contact your **local emergency room** if you have an emergency that cannot wait for a return call within our normal return call timeline (24 to 48 hours). While we do not mind calling for issues, note that <u>any phone call that is over 5 minutes long will be charged at our hourly rate of $200/hour or $5/minute.</u>

10) Court Fees: The rate for all court-involved services is $650.00 per hour, with a four-hour minimum ($2600.00) to be paid in advance of the court date. This includes preparation time, travel, and waiting time.
11) Insurance reports: If your commercial health insurance company is requesting a detailed treatment report, summary and/or treatment plan requests beyond normal expectations, a $50 charge per report will be billed to the patient. This rate may increase depending on the details requested and your specific treatment.

**Billing and payments:**

You will be expected to pay for each session at the time it is held, unless we agree otherwise in writing or unless you have insurance coverage that requires another arrangement. Please discuss with us when financial circumstances make it difficult for you to pay your bill on a weekly basis as large balances may result in straining both you and us personally and in our work together. All balances due after 30 days will be subject to a 1.5% monthly charge. Payment schedules for other professional services will be agreed to when they are requested. Statements and Superbills are provided upon request; however, receipts will be provided following each therapy session.

Should checks be returned by our bank for insufficient funds or any other reason, you will be re-billed for the session and any charges that are applied to us, including a returned check charge and/or redeposit fee. Further, should returned checks continue to be an issue, you may be requested to pay for services in cash.

If your account has not been paid for more than **60 days** and arrangements for payment have not been agreed upon, we have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court which will require us to disclose otherwise confidential information. In most collection situations, the only information we release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

**Using Health Insurance:**

IWe will gladly bill insurance for your treatment. We are currently contracted with Cigna, IBH, Magellan, Quest, UBH, MD Medicaid, Aetna, Carefirst, Johns Hopkins, Medicare, Optima/Sentara, Beacon/Value Options, Optum, United Health Care, Tricare and Health Smart. Please be aware that you will be responsible for any Co-Payments, Co-Insurance Payments and/or un-met deductibles contracted with your health insurance company, at your appointment check in. Payment at the time of services is expected.

For other insurance companies, we are an out of network provider. If you still wish to use your insurance, we will bill your insurance company upon receiving front and back copies of your insurance card, a release to speak with the said insurance company, and relevant member information to obtain benefit
information (deductible, copayment, coinsurance information, member liability, etc.) Such information will be relayed to you and we will then agree upon a set fee in adherence to your health insurance policy as it relates to outpatient mental health treatment services.

**Insurance Reimbursement:**

If you opt to personally submit receipts for health insurance company reimbursement, we will fill out forms and provide a superbill upon request that you may submit for reimbursement. Submission for reimbursement and specific requirements of your insurance carrier is your responsibility. If you opt for this arrangement, you (not your insurance company) are responsible for full payment of our fees at the time of the service. You will need to contact your insurance company to find out exactly what mental health services/benefits your insurance policy covers. Please note that occasionally, health insurance companies will send reimbursement checks to us. In the event that this should occur, we will cash the check and provide you with the amount of the check. Copies of the check will be provided and your signature will be requested indicating that you have received monies owed to you by your health insurance company that was paid to us.

**Contacting us:**

**Please contact us via the office phone number - (240) 970-7300** . If we are unable to answer the phone, you can leave a message on our voicemail with your name, number, and a brief message as to the nature of your call. We will return calls during our office hours listed below. You can also use your patient portal to send and receive messages. If you are difficult to reach, please leave me times that you will be available. Last but not least, we can be reached at appsmentalhealth@gmail.com . **If there is a crisis or emergency situation, (as we are not a critical/crisis care service), please utilize your local hospital emergency room, Primary Care Physican, Crisis Intervention, and/or Police Department. Mobile crisis can be reached through Hagerstown Police Department Non Emergency number.**

Our schedule will include professional and vacation time throughout the year during which we will be out of the office. This will include major holidays and summer vacations. Typically, sufficient advance notice will be given and we will always have someone covering for me during these times.

Please only use the patient portal or the appsmentalhealth@gmail.com for electronic written communications. The individual providers' have emails to send patient information when needed, but these mailboxes are not regularly monitored.

**OFFICE HOURS:**

Please note office hours are subject to change, and visits are by appointment only.

ALL MAJOR HOLIDAYS CLOSED AND WEEK OF HOLIDAY MODIFIED OFFICE HOURS

Sunday: CLOSED
Monday: 8:00AM-5:00PM
Tuesday: 8:00AM-5:00PM
Wednesday: 8:00AM-5:00PM
Thursday: 8:00AM-5:00PM
Friday: CLOSED
Saturday:CLOSED

**99999 Court Evaluation $650.00/hour**

**We do participate in depositions for court, and if necessary will testify in court for our clients. If an attorney first wants to speak to us, the fee is different, but there is a fee (Lawyer consult fee $400/ hour)**

We have chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and D.C. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care, and assist providers and public health officials in making more informed decisions. You may "opt-out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at www.crisphealth.org. Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers. Notice of Privacy Practices Acknowledgement Page: We participate in the CRISP health information exchange (HIE) to share your medical records with your other health care providers and for other limited reasons. You have rights to limit how your medical information is shared. We encourage you to read our Notice of Privacy Practices and find more information about CRISP medical record sharing policies at www.crisphealth.org .

Patient Name _____ Date of Birth_____

Your signature below indicates that you have **read and understand** the information in this clinician and patient agreement, and agree to abide by **all** terms indicated in the document during our professional relationship. As well as CRISP acknowledgement.

X_____ _____

Client/Responsible Party Signature Printed Name Date

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Client/Responsible Party Signature Printed Name Date

Address for billing and or office correspondence:
(This authorizes me to send identifying information to this address)

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Phone Number(s) for Office Contact

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(This authorizes my office to contact you at this/these number(s). Messages will indicate a first name of the caller and a number for return contacts from you. Please do not include numbers where you prefer not to be contacted or have messages left for you.)

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Email address Cell phone number

Appointment reminders are made in the form of text, email or telephone calls. **Please be advised that NO email or text messaging correspondence is considered confidential and may be recovered by other parties at any time. You may lose your right to confidentiality by corresponding with me by email and by receiving correspondence from me by email.**

**--X----------**

**Your signature above indicates your approval of receiving email and/or cell phone text messaging from me, knowing the limits of confidentiality.**