



## **Practice Policies**

### **Financial Policy:**

Payment for services provided by the Psychiatric Wellness Center is due at the time that services are rendered. If the patient is covered under insurance, payment of any applicable co-payment, co-insurance, or deductible is due at the time of service. Insurance will be billed on your behalf and you will be reimbursed any applicable credits. On occasion, payment may be collected after processing has completed with your insurance. If Psychiatric Wellness Center is not contracted with your insurance, payment for services is due in full at the time that services are rendered. Psychiatric Wellness Center makes every effort to verify your coverage with your insurance. However, you are strongly encouraged to verify your benefits and coverage to ensure you fully understand what is covered. You agree that it is your responsibility to inform the practice of any changes to the insurance plan prior to each of your visits, or you may be responsible for the full fee. Some services may not be covered by health insurance. You agree to be fully responsible for payment for all services that are not covered by your health plan. This may include charges for telephone consultations, written correspondence, or reports in connection with a client's evaluation or treatment, including consultation or correspondence with the client, family members, past or current treatment providers, educational professionals, attorneys, courts, agencies, or others. If these charges are excluded from your coverage by your health plan, they will be your responsibility. There will be a charge of \$50.00, including applicable fees from the financial institution(s) for returned checks or disputed credit card payments. All patients are required to have a credit card on file to initiate or continue care. It is your responsibility to update any expired cards. There will be a charge of \$50.00 for all declined credit cards including expired cards.

### **Professional Services/Fees Not Billed to Insurance:**

Psychiatric Wellness Center may provide, on a case by case basis consultations with family members, past or current medical providers, educational professionals, attorneys, courts, agencies or others. Limited telephone consultation is part of routine patient care and is undertaken without charge. However, when extensive or other than routine telephone consultations, written correspondence or reports are requested or required, a charge for these services will be applied. To comply with federal laws including HIPAA, this office must have a signed authorization from the patient, or responsible party stating who we are authorized to release information too. You can contact our office or visit our website for a copy of the form. If these charges are excluded from your coverage by the health plan, they will be your responsibility. Listed below are the fees for professional services included but not limited to paperwork completion, consultations, court proceedings, holistic care, telepsychiatry (if not covered by insurance):

Nurse Practitioner hourly fee: \$400.00  
Nurse Practitioner 30 minute fee: \$200.00  
Therapist hourly fee: \$200.00  
Therapist 30 minute fee: \$100.00

**Attendance Policy:****Cancellations, Reschedules and Late Cancellations:**

*Cancellations* are defined as canceling an existing appointment and *reschedules* are defined as canceling your existing appointment and scheduling it for an alternative date or alternative time. PWC requires 2 business days to cancel or reschedule appointments. For example if your appointment is at 9AM on Monday, it is required to cancel by 9AM on Thursday. Both cancellations and reschedules are considered as canceling your original appointment date. *Late cancellations* are defined as either canceling or rescheduling less than two business days of your existing appointment. All late cancellations will result in a fee equal to the private pay rate of your appointment and your credit card will be charged. To cancel or reschedule, please email [scheduling@psychiatricwellnesscenter.org](mailto:scheduling@psychiatricwellnesscenter.org) or call 603.714.9646 ex 1, at least two business days before your appointment time.

**No-shows:**

*No-shows* are defined as not attending an existing appointment on the day and time of your appointment and not attending your appointment within 10 minutes of your appointment time. For example, if your appointment is at 2:00 pm on Tuesday and you do not attend your appointment until 2:11pm on Tuesday, this is considered a no-show. **All no-shows will result in a fee equivalent to that of half of the private practice pay rate and your credit card will be charged.**

**Attendance Standing:**

*Good standing attendance* is defined as attending all scheduled appointments within a 90-day period without rescheduling, canceling, late canceling or no-showing more than 3 appointments. *Poor standing attendance* is defined as either rescheduling, canceling, late canceling or no showing more than 3 appointments within a 90-day period. In order to maintain your preferred appointment type, your attendance must be in good standing. If your attendance is in poor standing, you will be notified by the office staff. Poor standing attendance will result in one or all of the following: decreased frequency of appointments, decreased length of appointment time, as needed scheduling only or same day appointments only. Over the next 90-days, your attendance will be reviewed and if it returns to good standing, returning to your preferred appointment type will be considered by the practice manager. If attendance status continues to be in poor standing, you will be notified by the office staff and you will be at risk of discharge from the practice.

**Fees:**

**For any late cancellations or no-shows you will be charged a fee equivalent to that of half of the private practice pay rate equivalent to the existing appointment.** Private pay rates vary on the type of appointment and provider. You can find our current private pay rates on our website. Insurance does not cover these fees. Your credit card will be charged the fee. You may not reschedule an appointment until your fee is paid in full.

**Provider Cancellations:**

From time to time your provider may be out for personal reasons. If providers reschedule, this does not count toward your attendance standing and you will not be charged a fee for your appointment.

**Appointment Reminders:**

Out of courtesy, our office sends email and text reminders for all who opt into the reminder system. We do not guarantee that we will call the same day if you fail to attend your appointment. It is your responsibility to know when your appointment is and to attend your appointment on time.

**Scheduling Policy:****Recurring Appointments:**

*Recurring Appointments* are defined as appointments that occur at the same time and day on a weekly, every other week or monthly basis per your treatment plan. Recurring appointments are scheduled in 90-day increments only and can be rescheduled 30 days prior for the next 90-day schedule.

**As Needed Appointments:**

*As Needed Appointments* are defined as appointments that are scheduled per your treatment plan that will vary in frequency, date and time. These appointments can be scheduled up to 3 at a time.

**Reserved Appointments:**

*Reserved Appointments* are defined as a reserved time on the same day that occurs on a weekly, every other week or monthly basis per your treatment plan for an entire one year period. You are guaranteed the same time and day on the weekly, every other week or monthly basis for an entire year. If you do not attend the appointment, if you are over 10 minutes late for the appointment or if you reschedule, cancel or late cancel your reserved appointment, you will be charged a fee equivalent to the practice fee. A completed and signed reserved appointment form is required.

**Appointment Length:**

Intake appointments are 60 minutes. Follow up appointments are either 60 or 30 minutes. If you schedule a 60 minute appointment and request to reduce the time of the appointment after the two business day time frame, you will be charged a fee equivalent to that of half of the private practice pay rate as this is considered a late cancellation. If you schedule a 60 minute appointment and ask to reduce the time during the session, you will also be charged a fee equivalent to that of half of the private practice pay rate. If a patient requests a different time on the same day and an appointment is available with an equivalent time of the original appointment, then there will be no fee. Out of courtesy to all of our patients we ask that you plan accordingly so that we can offer appointment times to other patients especially given the healthcare shortage.

**Appointment Confirmations:**

Psychiatric Wellness Center will attempt to confirm appointments via email and text upon your consent, however, it is your responsibility to know the date, time and how to access your telebehavioral health session. Psychiatric Wellness Center has no control in regards to your phone or email connection or reliability. Inability or failure to receive a reminder or appointment confirmation via text or email is not a reason for waiver of a no show or late fees.

**Communication for Appointment Reminders:**

Psychiatric Wellness Center may need to use your name, phone number, email address ("Contact Information") to contact you with appointment reminders via phone, text or email. If this communication is made by text, a text message will be left on your phone. If this communication is made by email, a message will be left at your email address. Messages will contain: Name of Provider: Psychiatric Wellness Center, Name of Patient, Date & Time of Appointment. You have the right to refuse to give Psychiatric Wellness Center your consent to use your telephone number and/or email address for appointment reminders. If you choose to give your consent, you have the right to revoke it, in writing, at any time in the future. Should you agree to communicate via email, telephone or any electronic method of communication, Psychiatric Wellness Center cannot guarantee that those communications will remain confidential. There is a risk that the electronic or telephone

communications may be compromised. There is never a 100% guarantee that information will remain confidential when transmitted electronically.

**Telebehavioral Health, Private Location and Technical Issues Policy:**

Your provider adheres to best practices and applicable legal standards for the purposes of protecting your privacy during all telebehavioral health sessions. Your provider will always have a working and secure internet and ensure that they are in a private location to protect your privacy. You are responsible for creating a safe and confidential space during sessions. You should use a space that is free of other people including children. It is expected that all patients are in a private location and not in their cars whether parked or moving. ***If you are in your car or in a public place during your appointment, your provider will not be able to meet with you and you will be charged a fee equivalent to that of half of the private practice pay rate.*** You must be physically located in either the state of Massachusetts or New Hampshire only, depending on your provider's state license, during the time of your session. You must be prepared to share your address with your provider at each session. ***If you are located out of NH or MA, the provider will not be able to meet with you and you will be charged a fee equivalent to that of half of the private practice pay rate.*** It is also expected that all patients have a working and secure internet, computer, smartphone or tablet with camera and microphone to be able to access the telebehavioral health platform. ***If you are having technical issues and you are not able to access the telehealth platform, you will be charged a fee equivalent to that of half of the private practice pay rate.*** We encourage all patients to log into the telehealth platform at least 10 - 15 minutes prior to the start of their appointment to ensure reliable internet connection and working equipment. Any fee will be charged to your credit card on file. Patients are not allowed to record sessions or providers under any circumstances.

**Mutual Respect Policy:**

As a trauma informed practice we have a zero tolerance policy regarding violence, aggression and disrespect toward staff or patients. This includes yelling at staff/providers, cursing, threatening or showing discrimination regarding: race, gender or sex. Any violation of this policy will result in immediate termination of services.

**Discharge Policy:**

At the discretion of Psychiatric Wellness Center, a patient may be discharged from the Practice if any of the following guidelines are not followed:

- Patient's failure to follow the recommended treatment plan or medical instructions including the Controlled Substance Agreement, if applicable.
- Patient fails to meet financial responsibilities
- The provider cannot provide the level of care necessary to meet the patient's needs
- The member and/or member's family is abusive to the provider and/or staff.
- The patient or provider moves out of the service area
- The provider determines the patient does not meet criteria to receive telebehavioral health services

**Confidentiality Policy:**

Confidentiality is a basis of mental health treatment and is protected by the law. Aside from emergency situations, information can only be released about your care with your written permission. A release is not needed for providers of Psychiatric Wellness Center to consult with other providers within the Practice. If insurance reimbursement is pursued, insurance

companies also often require information about diagnosis, treatment, and other important information in the Disclosure of Health Information as a condition of your insurance coverage. Several exceptions to confidentiality do exist that require disclosure by law:

(1) danger to self – if there is threat to harm yourself, we are required to seek hospitalization for the client, or to contact family members or others who can help provide protection;

(2) danger to others – if there is threat of serious bodily harm to others, we are required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization;

(3) grave disability or impairment – if due to mental illness, you are unable to meet your basic needs, such as clothing, food/water, medical care, and shelter, we may have to disclose information in order to access services to provide for your basic needs;

(4) suspicion of child, elder, or dependent abuse – if there is an indication of abuse to a child, an elderly person, or a disabled person, even if it is about a party other than yourself, we must file a report with the appropriate state agency;

(5) certain judicial proceedings – if you are involved in judicial proceedings, you have the right to prevent us from providing any information about your treatment. However, in some circumstances in which your emotional condition is an important element, a judge may require testimony through a court order. Although these situations can be rare, we will make every effort to discuss the proceedings accordingly.

(6) in the event of a national emergency such as a global pandemic, terrorism, wartime or any other catastrophic event, Psychiatric Wellness Center will follow the Governor's Orders of each state of the patients' residence to ensure continuation of health care for reasonable amount of time.

\* We also reserve the right to consult with other professionals when appropriate. In these circumstances, your identity will not be revealed, and only important clinical information will be discussed. Please note that such consultants are also legally bound to keep this information confidential.

### **Contacting Your Provider:**

Providers are not immediately available by office telephone, please call the office at 603-714-9646 or email [medical@psychiatricwellnesscenter.org](mailto:medical@psychiatricwellnesscenter.org). **Calls are generally returned within 2 business days, however, for all prescription refill requests you are required to make an appointment as they are filled in session only.** Always leave a phone number where you can be reached along with any updated contact information. **As we are an outpatient practice we do not provide crisis services.** If your call is an emergency, please call 911 immediately instead of calling the office.

Emergency psychiatric services are provided by all hospitals through their emergency rooms and do not require appointments. Emergency room physicians can contact your provider at any time so please provide them with their contact information. When your provider is unavailable for extended periods of time (i.e., vacation, conferences, etc.), a trusted colleague will provide coverage, if deemed necessary. Please also note that email should never be used for urgent or emergency issues.

**Pharmacy and Controlled Substances Policy:**

Psychiatric Wellness Center may have access to your prescription history from other providers through the electronic medical record. For all prescription refill requests you are required to make an appointment as they are filled in session only. At Psychiatric Wellness Center, we do not prescribe controlled substances. Our medication providers will not treat patients who are prescribed controlled substances from another provider. All patients are subject to urine drug testing per discretion of the medical provider.

**Legal:**

Legal matters requiring the testimony of a mental health professional can arise. This, however, can be damaging to the relationship between a patient and their provider. As such, we generally recommend that you hire an independent forensic mental health professional for such services.

**Record Request Policy:**

To request records from the Psychiatric Wellness Center for yourself, another provider or entity we require that you complete the "Authorization to Release Medical Records from Psychiatric Wellness Center" form in entirety. Incomplete forms will not be processed and will delay your request. The cost is a \$15.00 minimum processing fee and 25 cents per page to fax or copy your record and additional cost for required certified mail (postage and handling included in invoice paid prior to receipt). **We do NOT email records.** Processing is 8-10 business days for most circumstances. Please be aware, although you may have signed a release for communication, if you are requesting that we send records, you will need to complete the above process each time you request records to yourself or to be sent to any provider or entity, which includes primary care or change of psychiatric provider upon termination.