

Practice Policies and Procedures:

Welcome to Elocin Recovery and Therapy Services, LLC, office of Nicole L. Rosser PMHNP-BC and associates. Please read the following information carefully, so you have a clear understanding of our policies concerning communication, fees, insurance, confidentiality, etc. This acknowledges we provided you with the opportunity to review our Practice Policies and Procedures as required by federal law. Please take time to review and understand this document.

Professional Services:

At Elocin Recovery and Therapy Services, LLC, we realize how stressful it can be to establish care with a new mental health provider/clinician, especially when discussing your mental wellness. We aim to provide a patient-centered, nonjudgmental environment, where you feel comfortable discussing your concerns. While offering multiple services to our patients, the greatest service you will receive is healthcare with a personalized touch.

As a small practice, we get to know our patients better than larger clinics. We offer a thorough diagnostic evaluation in a comfortable telehealth setting. After your first visit, we share our thoughts regarding your diagnosis, answer your questions, and discuss potential evidence-based treatments. We also offer a variety of follow-up visits to suit your needs. Whether you prefer a 30-minute follow-up visit or a comprehensive 45-minute or 60-minute follow-up and or therapy visit, we can meet your needs. We also offer evening and weekend hours, a service that many mental health offices cannot accommodate.

“Maryland Medicaid will only pay for therapy sessions for up to 45 minutes.”

Services include assessment, diagnosis, ongoing medication management, and supportive and behavioral therapy. We treat a variety of mental health conditions including depression, anxiety, post-traumatic stress disorder, panic disorder, obsessive-compulsive disorder, attention-deficit/hyperactivity disorder, bipolar disorder, and addiction problems.

For interested patients, ongoing therapy is available on a case-by-case basis and is determined at the end of the assessment. Psychotherapy appointments are scheduled weekly or biweekly.

For your convenience, we offer telepsychiatry appointments. Through this videoconferencing service, you attend your psychiatric visit from the comfort of your home. Some insurance companies do not cover telepsychiatry visits.

We do not fill out paperwork, unless you have been a patient for at least 30 days, or you have two sessions.

In some situations, Elocin Recovery and Therapy Services, LLC may not be able to meet your mental health needs, or you feel we are not meeting your needs, we provide you with referrals so that you can obtain care from other mental health professionals.

You will not become a patient at Elocin Recovery and Therapy Services, LLC until you and the provider decide together that this treatment relationship is appropriate.

Consent for Treatment/Treatment Issues:

All treatment is voluntary, and you may choose to stop treatment at any time you wish. If you experience any problem(s) with medication and/or psychotherapy, it is your responsibility to inform your provider of the problem(s).

Office Hours and Appointments:

Business Hours: Office hours are Tuesday-Friday, from 9:00 a.m. to 5:00 p.m. We offer appointments every other Sunday for established patients.

Appointments: Initial/consultation appointments for patients are generally 45-60 minutes. Often, the initial appointment provides enough time to complete the evaluation, but sometimes an evaluation must be divided between two or more appointments. Initiation of treatment may need to be delayed until the evaluation is complete. **Please bring all medication bottles with you to your first appointment.** If available, please bring copies of your past medical and mental health records to your appointment, or upload when booking, including testing or laboratory work. Please have the contact information for your previous mental health providers and physicians, so that we can obtain collateral information if needed.

Follow-up appointment times are shorter in duration. Psychotherapy and short and long follow-up appointments are available when indicated.

Appointments are expected to start on time and end on time. Please be aware if your appointment extends beyond the allotted time, you will be charged for the additional time at the prorated hourly rate.

Appointments provide time with the provider. **An appointment does not guarantee any specific medications, treatments, letters, or forms.**

No Shows/Late Cancellations/Late Arrivals:

We do not overbook appointments. Your appointment time is a reservation for you. If you cannot come to your appointment, please reschedule by contacting the practice or leaving a message during business hours to reschedule. If you contact the office within **forty-eight business hours (excluding weekends and holidays)** of your appointment you may reschedule with no additional cost, and the appointment will be offered to someone else.

For example, if your appointment is on Monday, the cancellation must be made by the same hour on the preceding Friday. Weekend appointments must be canceled by the same hour on the Thursday before the appointment. If an appointment is not canceled or rescheduled more than forty-eight business hours ahead, the standard appointment fee of \$75 will be applied to your account. Stating that you did not receive a reminder **does not** exclude you from a no-show/late cancellation fee.

If you arrive at your appointment more than **10 minutes late**, you will be asked to reschedule so that an appropriate amount of time may be devoted to your care. You will still be **responsible for a no-show or cancellation fee** for the missed session. This fee is not covered by insurance and cannot be submitted for insurance reimbursement.

If you miss an appointment and do not give appropriate notice, the fee is nonrefundable. A canceled appointment without a 48-hour notice is considered a no-show/late cancellation and cannot be rescheduled. Failure to show up for your first appointment may result in an inability to schedule further appointments. Failure to show up for your follow-up appointments (or violation of this cancellation policy) on two or more occasions is grounds for discharge from the clinic. Note that the cancellation fee may be waived in special circumstances, determined on an individual basis (medical emergency- patients will be asked to provide documentation

We will make every effort to provide you with adequate notice if the provider is unavailable for an appointment and will reschedule your appointment in a timely fashion.

Communication and After-Hours Policy:

Electronic Communication:

The preferred method of communication is via email or text message. You will get an expedient and complete response when you state your concern in a message through the portal, text, or email. Please note that all communication will be added to your medical records. Messages received through the portal are checked daily from Monday-Friday, 8:30 a.m. to 5:00 p.m. Messages received after hours, on weekends, or holidays are reviewed on the next business day. Please allow at least 1-2 business days for portal message responses.

Portal communication is not for emergencies or urgent issues. Please **do not** send us a message through the portal that is of an urgent or emergent nature. Please note if you need immediate assistance, are having suicidal or homicidal thoughts, a serious medication reaction, or have any emergency, please call 911 or go to the emergency room.

Please note a fee may be charged for clinical phone calls/portal messages between appointments. This fee is not covered by insurance. This fee does not apply to phone calls or messages related to scheduling, billing, or other non-clinical concerns.

Phone Calls:

Phone hours are Monday to Friday 8:30 a.m. – 5:00 p.m. Brief phone calls of 5 minutes or less are not charged. Longer, more involved calls are charged as outlined in Professional Fees. Please note that all communications will be added to your medical records.

Most routine calls are returned within **48 hours** during the above stated **business hours**. If you have an after-hour concern, please call, and leave a voicemail and your call will be returned when feasible. For emergencies, do not wait for a callback, please immediately go to the emergency room, or call 911. Please note a fee may be applied for after-hours/phone calls.

Please note that we **do not** schedule/cancel appointments after hours, holidays, or weekends. Please check our website for the **holiday schedule**.

If at any time you feel that you require care that includes 24-hour-per-day coverage, ERTS, LLC will provide information for another practice.

Crisis Management:

ERTS, LLC does not provide crisis management or emergency psychiatry services. If you are in crisis, having suicidal, or homicidal thoughts, or have an emergency, please call **911** or go to your nearest emergency room.

Hospitalization:

The physicians at ERTS, LLC do not have admitting privileges. If there is a crisis regarding your safety, you will be directed to the closest hospital emergency room for evaluation and possible admission.

Patient Portal:

The patient portal is used to send questionnaires or other information before your appointment. Please complete any forms/questionnaires at least **24 hours** before being seen or for follow-up appointments. For initial evaluations, **ALL** paperwork/forms/cards on file for copays must be completed within **3 days** after the request is accepted or the appointment will be canceled. The patient portal is not for urgent/emergent messages.

Controlled Substance Policy:

There are some instances in which we prescribe **non-habit-forming** medications. A habit-forming medication is often described as a “controlled substance.” If a controlled substance is prescribed, it will be written for a limited quantity and/or a short duration. If a controlled substance is prescribed, please be aware that a 90-day supply is not provided. If you are on a routine controlled substance, such as the stimulants: Adderall, Concerta, the provider must see you to get a refill per DEA laws. Please allow 72 hours for refill requests for all other medications without an appointment. Please do not wait until you are almost or completely out of your medication due to the provider needing additional time to review your records for proper treatment.

ERTS, LLC does not:

- Prescribe benzodiazepines to patients who are taking daily opiate pain medication.
- Prescribe benzodiazepines to patients who are taking stimulant medication.
- Will not prescribe stimulant medication Adderall or Ritalin unless appropriate diagnostic testing has previously been done and available for review.
- Prescribe controlled substances to patients who use illicit substances.
- Will not replace lost or stolen prescriptions of controlled substances without a police report.
- Prescribe stimulant medications to patients with a history of hypertension unless blood pressure is within normal limits and consistently under control.

We reserve the right to require random urine drug screens/saliva tests to obtain further refills for any controlled substance.

Please note it is a **felony** to accept a controlled substance prescription from the same/similar class from any other prescriber without the prescriber's consent and notification. This is referred to as "doctor shopping." If you receive controlled substances from another prescriber and do not notify the clinic, you will be terminated from the practice.

Professional Fees:

Fees and copays are collected on the same day as the appointment. If you are unable to pay copays or additional fees before the session, you need to reschedule. If someone else (parent, spouse, domestic partner) is financially responsible or is the insurance carrier, please share this policy, as it explains practices regarding insurance/patient billing and copayments.

Patients that do not have in-network insurance are able to request an invoice to submit to their insurance company for **possible** reimbursement. Insurance reimbursement depends on each patient's policy terms. We are not responsible for filing or ensuring insurance reimbursements for insurance we do not accept. Your insurance plan is a contract between you and the insurance company and does not include the provider. If your insurance company reimburses you for your treatment, they may limit the amount of treatment, for which you may receive reimbursement. **The fees for filling out forms, writing letters, or reports** are out-of-pocket fees that the patient will incur for these services. Please be aware insurance companies generally require basic information about your care if you choose to seek reimbursement. Once this information is provided, it is subject to the privacy policies of the insurance provider. Please check with your insurance before making an appointment to determine the out-of-network benefits that are available.

Insurance Claims:

As a courtesy, ERTS, LLC files insurance claims. Your insurance company, in lieu of reimbursing you, pays the provider or ERTS, LLC for services rendered. At times, your insurance carrier pays less than the bill for services, and you are responsible for payment of **partial, or all** services rendered. It is your responsibility to provide complete insurance information, which is updated at each visit, and for accurate filing of claims. If your insurance reduces the amount they previously paid or rejects your claim, this **does not** relieve the financial obligation you have incurred. Please call your insurance company to verify your benefits, it is your responsibility to know and understand your medical insurance coverage. All services are not a covered benefit in all contracts.

ERTS, LLC is unable to file claims with your insurance unless you provide accurate and complete information about your insurance plan. Please review your policy carefully and be aware of any limitations regarding your benefits which include **copays, primary and/or secondary insurance, and deductibles** before your appointment.

Referrals and Authorizations:

As a specialist, some insurance companies require that before any visit, you must obtain **authorization or referral** from your **primary care physician**. It is your responsibility to know if this is required and if so, obtain a referral. If this is not done 48 hours before your appointment, you will have to reschedule your appointment or pay the **full amount** for potential services on that day. If your insurance company rejects a claim because a valid authorization or referral was not in place, the full cost of the visit is your responsibility.

Payment for Services:

Please note that you are ultimately responsible for **all charges** incurred for your treatment or the treatment for whom you are responsible. If for any reason your insurance, or other third-party payer (divorced spouse or lawyer), does not promptly reimburse ERTS, LLC for services rendered, you are responsible for the charges.

You may pay with a credit/debit/FSA/HSA card at the time of service. Checks are not accepted.

You are required to leave a credit card (confidential) on file that will be billed for services. Your credit card is used to secure payment if there is a no-show/late cancellation/returned fee. A **test transaction** will occur to verify the card on file is active before your appointment. If for any reason the card is rejected, your appointment will be canceled and will not be rescheduled.

You are responsible for fees from credit card companies, collection agencies or banks due to insufficient funds, payment disputes, or non-payment of fees. Please notify us if there is any change in your payment information or if there is a problem with your ability to make payments. As a last resort, overdue accounts will be referred to a collection agency.

Fees are subject to change and reflect the complexity and type of service(s) provided. You will be notified thirty days in advance if there are any fee changes.

Out of Pocket Fees are as Follows:

Consultation appointments (10 -15 min) free
Consultation appointment (45-90 min): \$100-150
Short follow-up appointment (25 min): \$150
Long follow-up appointment (40 min): \$175
Extended follow-up appointment (55 min+): \$200
Psychotherapy appointment (55 min): \$175-200
Psychotherapy appointment (45 min): \$165

Phone calls: \$50 per 10 minutes (free for calls under 5 minutes)
Miscellaneous provider services per 10 minutes: \$50
Letters: \$25
FMLA forms: \$50

Please contact ERTS, LLC if you have questions regarding which types of services are billed. Some examples include letter preparation, clinical phone calls, or emails. Services are billed at **\$50 per 10-minute increments**. This amount is not covered by insurance and will not be billed to insurance. Please note that you will not be billed for phone calls/messages related to scheduling, billing, or other non-clinical questions.

If you choose to submit a super bill for reimbursement for treatment from your insurance or if you are using your insurance to pay for treatment, it may be necessary to communicate the details of your care. By signing the contract, you are agreeing to the disclosure of confidential information, where such disclosure is necessary to obtain certification, authorization, payment, and transfer of care, for your treatment. If treatment is covered it may be required to periodically communicate details of your condition and treatment.

All services provided after business hours (outside Monday-Friday, 9:00 a.m. to 5:00 p.m.) are billed at **twice** the standard rate.

Medical Record Requests, Letters, and Forms:

We aim to complete documents in a timely fashion. At times it is necessary to charge a prorated fee for professional services that require extended time, such as report/letter writing, completing forms, telephone conversations (longer than 5 minutes), and requested consultations with professionals.

Medical records requested for personal use, require a charge, and are provided in the form of a treatment summary at the discretion of the provider, and if the patient agrees. **Insurance does not cover these fees.** There are parts of your medical record that could potentially be withheld if it is detrimental to your psychological well-being. Please allow at least **two weeks** for processing records/letters/forms and other requests.

Record Fee:

The cost of handling, copying, and mailing medical records to the patient or the patient's designated representative is as follows: the maximum fee for each request is seventy-five cents (75¢) per page for the first 25 pages, fifty cents (50¢) per page for pages 26 through 100, and twenty-five cents (25¢) for each page above 100 pages, provided that the health care provider imposes a minimum fee of up to ten dollars (\$10.00), inclusive of copying costs for sending medical records to the patient or the patient's designated representative.

Medication Refills/Medication Disclosures:

During your appointment, you will be provided with enough medication until your next recommended visit. When medications are first prescribed, patients are seen more frequently, and then less frequently, once stability is achieved. The frequency is determined at the most recent visit with the provider and even if you are stable on your medication, an evaluation of your progress needs to take place. Medications are **only** refilled for patients who are in **active** treatment. However, if you miss or cancel a scheduled appointment and require a medication refill before your next visit **a charge may apply for this service.**

If you require additional medication before your next appointment, please contact the clinic as soon as possible. Please allow up to **three business days** to process refill requests for **non-controlled** medications and **five business days** for **controlled** substances. Refills are not processed after business hours, on weekends, or on holidays. A refill in advance of an appointment takes time to coordinate and requires documentation.

Before contacting the clinic, **please call the pharmacy** directly to ensure that you do not have any additional refills on file, under a different prescription. We **do not** respond to pharmacy-generated automated refill requests. If you need a refill for your medication and there is not one at the pharmacy, please contact the clinic.

If you cancel or reschedule, it is your responsibility to contact your provider if you need additional medication before your next visit. Medications **will not be given** if you cancel or no-show. Despite the dangers associated with abrupt discontinuation, the provider must provide a clinical evaluation before a refill. Medications may cause **life-threatening withdrawal symptoms** when not taken as prescribed, or if abruptly stopped. It is the responsibility of the patient to make follow-up appointments at the recommended time.

It is imperative that every doctor and pharmacist is aware of every medication you are taking, so you do not harm yourself and do not break the law. This includes over-the-counter medications, vitamins, and supplements.

Typically, the provider at ERTS, LLC does not co-manage psychiatric conditions with other prescribers. It is expected that you **only** receive psychiatric medications through your provider at ERTS, LLC while you are under his or her care. The provider will make exceptions as agreed upon at your visit based on individualized circumstances. If you obtain psychiatric medications through another provider while under the care of ERTS, LLC it is assumed that you transferred your care.

If you fail to schedule and/or you have not been seen for **90 days** your file will be formally closed and the provider will no longer render services of record unless prior plans have been made. The longest interval between visits is **three months**. **Once your chart is closed, you will no longer be considered a patient, and no further care/refills will be provided.**

Laboratory Studies/Additional Testing:

There are times in which laboratory studies will be required, and the cost of laboratory work is not included in the visit. It is your responsibility if this is not covered by your policy. Completion of necessary lab work is required prior to initiating or continuing medication.

Confidentiality:

Any confidential information disclosed during treatment, or other confidential information obtained while providing professional services, shall be held in confidence. If the patient permits disclosure of such information or we are required to disclose such information by law. Some examples include, but are not limited to the following:

- child/elder/vulnerable person abuse
- imminent threat of danger to oneself or others
- court order/subpoena
- if a mental illness prevents you from providing for your own basic needs such as food, water, shelter, we are required to disclose information to seek hospitalization.
- if there is reasonable degree of certainty that a patient cannot operate a motor vehicle or heavy machinery due to epilepsy, dementia, traumatic brain injury or any other cognitive dysfunction. [L] [SEP]

Please be aware that the audio or video recording of any session is not permitted, secondary to therapeutic and privacy issues. If an unauthorized recording is made, it is grounds for immediate termination of the therapeutic relationship.

Mental Health Records:

Medical records are required by law. ERTS, LLC currently uses an electronic health record (EHR) to record and store patient information. This EHR system is secure and abides by HIPAA laws/regulations. However, as with all electronic systems, some factors are sometimes outside of our control. We will always strive to ensure your information is kept confidential and compliant with HIPAA regulations. We reserve the right to change electronic health record systems at any time.

Consumer Etiquette:

Disrespectful/abusive behavior or harassment towards office staff or physicians will not be tolerated and patients will be immediately terminated from the practice should this occur.

Fraternization:

It is important that your provider maintains a professional and therapeutic relationship with you and personal, social, and romantic relationships are unacceptable. If you feel there is a strong pre-existing relationship (friend, family, etc.) that may affect your decisions, you should consider seeking care from another provider. If you feel that you do not have any other practical treatment alternatives, this must be discussed and agreed to before engaging in active treatment.

Termination of Treatment:

The provider may terminate treatment with a patient for one of the following reasons:

- Non-payment of your account.
- No show/canceling appointments.
- Non-compliance with treatment recommendations.
- Withdrawal of treatment is necessary due to medical, financial, or legal problems or geographic relocation.
- Lack of attendance and/or motivation prevents further progress toward goal achievement.
- Inappropriate behavior relative to self, staff, or other clients (i.e., threatening and/or intimidating behavior).
- Modification of medications prescribed by your provider is made by the patient without first consulting the provider or a covering physician.
- Obtaining psychiatric medications from another prescriber.
- Failure to comply with the provisions of the policies and procedures as stated in this document.
- Successful completion of the treatment program initially agreed upon, implying that the patient has made significant progress toward meeting treatment goals.
- Patient chooses to terminate treatment.

If you foresee problems in any of these areas, please let your provider know your concerns. If you decide to discontinue treatment, you can do so at any time by phone, or in writing.

If you discontinue treatment without notifying your provider, it is assumed that your therapeutic relationship with him or her is terminated **90 days after the last visit**, unless you have an appointment scheduled for a future date, beyond which ERTS, LLC carries no further responsibility for your care. You may re-enter treatment with your provider if your treatment ended in good standing, and he/she is accepting new patients.

Changes to this Notice:

We reserve the right to change this notice. We reserve the right to make the revised notice effective for medical information we have as well as any information we receive in the future. This agreement shall not be amended except by written instrument executed by both parties hereto. Should any provision of this agreement be declared void or ineffective under any state or federal statute or regulation, or decision of any court or regulatory authority, such declaration shall not invalidate any of the provisions of this agreement that otherwise remain in full force and effect.

Thank you for reading this important information. We look forward to collaborating with you.

Practice Contact Info:

Nicole L Rosser MSN, CRNP, PMHNP-BC
Owner/Provider
14502 Greenview Drive
Laurel, MD 20708
240-571-8824
[**NikkNp@Elocinrecoveryervices.com**](mailto:NikkNp@Elocinrecoveryervices.com)

Adrian Williams, Medical Office Assistant
14502 Greenview Drive
Laurel, MD 20708
240-583-7028
Adrianw@Elocinrecoveryervices.com

Autumn S. France, Office Manager
14502 Greenview Drive
Laurel, MD 20708
240-384-0792
Autumnf@elocinrecoveryervices.com

Fax: 240-722-1007