

# IMPACT PSYCHIATRIC CARE, LLC

## Impact Psychiatric Care's Policies

### Financial Policies Agreement

Payment for services provided by Impact Psychiatric Care, LLC is due at the time services are rendered unless special arrangements have been made in advance. If the patient is covered under insurance, payment of any applicable co-payment, co-insurance, or deductible is due at the time of service. If Impact Psychiatric Care, LLC is not contracted with the insurance, payment for services is due in full at the time services are rendered. Insurance will be billed on your behalf, and you will be reimbursed any applicable credits. Impact Psychiatric Care, LLC 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. 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 \$25.00, including applicable fees from the financial institution(s) for returned checks or disputed credit card payments. Payment is due on or before the next appointment.

### Fees Not Billed to Insurance/Professional Fees

Impact Psychiatric Care, LLC, 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. If these charges are excluded from your coverage by the health plan, they will be your responsibility.

Listed below are the charges:

Return to work/School Forms/Care Facility/Host Home Forms	\$0
Processing Diagnosis List/Med List	\$0
Pharmaceutical Discount Programs	\$0
Letters and Summary of Care	\$25
FMLA/Disability Application Forms (after 6 months of treatment with approval)	\$35
Other forms at discretions of Clinical Director	\$25-\$50
Professional Fees/Consultations:	\$85
10-minute increments Court proceedings and forensic work:	\$680 per hour

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 to. You can contact our office or visit our website for a copy of the form.

### Appointment Cancellation, No-Show, and Late Arrival Policy

Impact Psychiatric Care's policy requires patients to cancel **24 hours in advance of** their appointment to avoid a cancellation fee. If their appointment is on a Monday or following a long weekend, the cancellation should be made on the previous business day. Patients are expected to arrive on time for their scheduled appointments. Patients who arrive more than 10 minutes late, may not be seen and could be charged a late cancellation fee that needs to be paid prior to being rescheduled. **Impact Psychiatric Care, LLC charges a \$50 fee for all late cancellations, no-shows, or arrivals more than 10 minutes late.**

Impact Psychiatric Care, LLC makes every attempt to remain on time for appointments, however, occasionally circumstances arise that may result in an appointment delay. Patients are required to arrive on time for their scheduled appointments and make every effort to have intake forms completed in advance. Intake forms will

719.301.7731 | F 719.434.9730

[www.impactpsychiatriccare.com](http://www.impactpsychiatriccare.com) | [info@impactpsychiatriccare.com](mailto:info@impactpsychiatriccare.com)

# IMPACT PSYCHIATRIC CARE, LLC

be emailed 7 days prior to the appointment. If you do not have access to a computer to fill out the intake forms online, intake forms are made available in the office prior to your appointment.

**Appointment Cancellations** – Must be cancelled 24 hours in advance. Failure could result in a \$50 fee.

- **No-Show** – No-Show appointments could result in a \$50 fee.
- **Late Arrivals** – Patients who arrive 10 minutes or later for their scheduled appointment are considered late arrivals and could be charged a \$50 fee.

## **Discharge Policy**

At the discretion of Impact Psychiatric Care, LLC a patient may be discharged from the Practice and their insurance notified if any of the following guidelines are not followed:

- No show, late arrival or late cancellations for 3 or more appointments
- Patient fails 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 in compliance with 42 CFR 438.56(a)(2)
- The patient or provider moves out of the service area
- *Providers may deviate from this dismissal policy if/when clinically indicated*

## **Confidentiality**

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. 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.

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.

719.301.7731 | F 719.434.9730

[www.impactpsychiatriccare.com](http://www.impactpsychiatriccare.com) | [info@impactpsychiatriccare.com](mailto:info@impactpsychiatriccare.com)

# IMPACT PSYCHIATRIC CARE, LLC

## **Contacting Your Provider**

Providers are not immediately available by office telephone, please call the office at (719.301.7731) and if you leave a message your call will be returned as soon as possible. Calls are generally returned within 2 business days, however, please allow up to 5 business days for prescription refill requests. Always leave a phone number where you can be reached along with any updated contact information. 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 his/her 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.

## **Appointment Confirmations**

Impact Psychiatric Care will attempt to confirm appointments. Unconfirmed appointments may be cancelled.

## **Communication for Appointment Reminders**

Impact Psychiatric Care may need to use your name, phone number, email address ("Contact Information") to contact you with appointment reminders. If this communication is made by phone and you are not available a voice message will be left on your phone. 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: Impact Psychiatric Care, Location of Appointment, Name of Patient, Date & Time of Appointment. You have the right to refuse to give Impact Psychiatric Care your consent to use your telephone number and/or email address for appointment reminders. If you chose to give your consent, you have the right to revoke it, in writing, at any time in the future.

If you consent to communication via email, the email will provide a link that you will use to access the secure patient portal. After clicking on the link, you will be required to log-in and provide your unique username and password. In choosing your email address, please consider privacy implications; for example, any other person that may have access to your email.

Should you agree to communicate via text, email, telephone or any electronic method of communication, Impact Psychiatric Care 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.

## **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 his/her provider. As such, we generally recommend that you hire an independent forensic mental health professional for such services.

By signing the Acknowledgment Agreement, you agree to and understand that you have read the Consent to Treat for Psychiatric Services, which contains information on Impact Psychiatric Care's financial policy, professional fees, cancellation/no-show/late arrival, discharge policies, confidentiality, contracting your provider, confirmation, and Communication for appointment reminders, and Legal, and you agree to abide by its terms during the professional relationship.

Effective Date of this notice: January 1, 2019 | Cindy Larson, Managing Partner, [info@impactpsychiatriccare.com](mailto:info@impactpsychiatriccare.com), 719.301.7731 (upt 224)

719.301.7731 | F 719.434.9730

[www.impactpsychiatriccare.com](http://www.impactpsychiatriccare.com) | [info@impactpsychiatriccare.com](mailto:info@impactpsychiatriccare.com)