

Solace Mental Health and Wellness LLC Consent to Policies and Fees

** indicates a required field*

Please read and consent to Solace Mental Health and Wellness LLC policies. The patient and/or responsible party is responsible for reading all of the information detailed in this form. The patient and/or responsible party is responsible for seeking clarification or understanding as needed by calling Solace Mental Health and Wellness LLC at 410-995-9993, or by consulting with their provider. For the purposes of this form, "Solace" refers to all those associated with the Solace Mental Health and Wellness LLC entity; such as providers and employees. For the purposes of this form, "Provider(s)" refers to all professionals associated with the Solace Mental Health and Wellness LLC who provide services; such as medication management and/or stand-alone psychotherapy services. For the purposes of this form, "responsible party" refers to the parent, legal guardian, or conservator of a minor patient or a patient with a legal guardian.

Informed Consent for Examination and Treatment

Solace Mental Health and Wellness providers offer medication management services and psychotherapy services. Fundamental, supportive, solution-focused therapy techniques are utilized during appointments and are nonequivalent to comprehensive therapy often provided by a psychologist, clinical social worker, or similar. If the provider determines that medicinal treatment is not indicated, or the patient/responsible party prefers nonmedicinal treatment options, psychotherapy may be recommended. By signing this form, the patient or responsible party consents to and authorizes services by Solace, which may include stand-alone psychotherapy services, integrated psychotherapy during medication management services, medication management, laboratory tests, and other appropriate therapies. The signer understands that no promises have been made regarding the results of the treatments by providers. The patient or responsible party understands that they can voluntarily stop treatment at any time, but is aware that abrupt discontinuation of medications can cause uncomfortable side effects. The patient or responsible party agrees to be an active participant in the diagnostic evaluation, treatment planning, and therapies recommended by Solace providers and agreed upon by the patient or responsible party. The signer understands that they (the patient or responsible party) have the right to: *Be informed of and participate in the selection of treatment modalities *Be fully informed about the nature of the treatment, the risks and benefits, and available options *Receive a copy of this consent *Withdraw this consent at any time in writing

Confidentiality

Patient records are confidential and no information concerning the patient will be released without written consent by the patient or responsible party, with few exceptions listed in the HIPAA Notice of Privacy Practices. Exceptions include an indication that clear and imminent danger exists to the patient or others, a court order, disclosure of sexual or physical abuse, neglect of a child under age 18, or elder abuse or neglect. Disclosure of the patient's medical information to other physicians, attorneys, family members, or anyone else must be requested and will require a signed release of information. Please refer to the Solace HIPAA notice for more detailed information regarding patient medical records. Information regarding the patient's treatment will not be released unless there is written consent. For the safety of our patients, staff, and any Solace Mental Health and Wellness LLC visitor, video camera monitoring is present in the main

lobby area of the office and it records all persons entering and exiting the office. This device does not record audio, and the memory card does not store data beyond one week.

Information, Policies, and Consent Regarding Minor Patients

Information Related to Minors Aged 16 and Older - Per Maryland State Law A minor who is 16 years old or older has the same capacity as an adult to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by a physician, psychologist, or a clinic [Md. Code Ann., Health-Gen. II § 20-104(a)]. The capacity of a minor to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by a physician, psychologist, or a clinic does not include the capacity to refuse consultation, diagnosis, or treatment for a mental or emotional disorder for which a parent, guardian, or custodian of the minor has given consent. Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor [Md. Code Ann., HealthGen. II § 20-102(f)]. A parent, guardian, custodian, or spouse of the parent is not responsible for the costs of consultation, diagnosis, or treatment for a mental or emotional condition for which a minor may consent unless the parent, guardian, custodian, or spouse of a parent has consented to the care [Md. Code Ann., Health-Gen. § 20-104]. Signed Consent by all Responsible Parties for the Treatment of a Minor -Prior to the treatment of a minor, Solace Mental Health and Wellness LLC requires all parents, legal guardian(s), or other responsible parties, to sign consent and/or submit court documents to Solace Mental Health and Wellness LLC showing the legal custody of a parent to make legal decisions. If the parents share joint legal custody, that generally means that both parents share the right and the responsibility of making decisions regarding the health, education, and welfare of the child, such as authorizing or consenting to treatment by a mental health practitioner. Concerning sole "legal custody," the person who has such custody is the one who must authorize or consent to the treatment of the minor. The sole legal custodian is generally viewed as the individual who has the right and the responsibility to make the decisions related to the health, education, and welfare of the child. -By signing this document, the responsible party(s) are agreeing to the above information and acknowledge that the information provided is accurate. By signing this document, I acknowledge that Solace Mental Health and Wellness LLC has made every effort to ensure that the proper paperwork and/or court documents have been made available to Solace Mental Health and Wellness LLC providers indicating informed consent by the adult parties for the treatment of the minor patient. -The parties understand that payment responsibility and usage of insurance is a contract/agreement between the parents, guardians, or responsible parties. Payment is expected for services rendered regardless of the responsible parties' relationship dynamics. -A parent, guardian, or trusted adult must be available to the provider/clinician at all times during scheduled appointments, whether in-person or telehealth, for any patient aged 0-15. If a parent, guardian, or trusted adult is not available, the appointment will end and will be considered a no-call no-show (the parent and/or responsible party will be subject to the associated fee). A patient aged 16+ may attend appointments without a parent or guardian, with the parent's permission and at the discretion of the provider/clinician. It is the responsibility of the parent(s) and/or legal guardian(s) to ensure that the minor patient (patients under the age of 18) attends scheduled appointments. -The parties understand that if there are concerns related to the treatment plan, all responsible parties must attend appointments (this includes married, divorced, and separated responsible parties). Solace Mental Health and Wellness LLC providers do not participate in mediation-related activities between responsible parties and do not engage in treatment-related decision-making/discussion with non-appointment-attending responsible parties in between scheduled appointments. All responsible parties are encouraged to attend appointments. -By signing this document, the parties are consenting to the treatment of the minor patient by Solace Mental Health and Wellness LLC providers.

Consent to Obtain Medication History

Patient medication history is a list of prescription medicines that have been prescribed for you/the patient. A variety of sources including pharmacies, CRISP prescription drug monitoring programs, and health

insurers, contribute to the collection of this history. An accurate medication history is very important to developing an effective treatment plan and avoiding potentially dangerous medication interactions. The information obtained will be stored in your/the patient's confidential electronic medical record. By signing this form, you are consenting to allow Solace and its providers to access your/the patient's prescription history by all means available.

Appointments Policies

When you/the patient makes an appointment, the scheduled time is reserved for your/the patient's exclusive use. If you/the patient are unable to make the scheduled appointment, your/the patient's clinician needs to know in advance so that they can contact those patients who may be waiting for an appointment. For these reasons, the patient or responsible party must cancel the appointment forty-eight (48) business hours prior to the scheduled appointment time. For example, if your/the patient's appointment is scheduled for Monday at 10 am, you/the patient must call or otherwise notify Solace by Thursday at 10 am. If the appointment is scheduled for Wednesday at 10 am, you/the patient must call prior to Monday at 10 am. Late cancellations made within the 48-hour window will be offered a make-up appointment at a future date, however, there will be a fee charged (refer to the Fee Schedule). The required missed appointment fee must be paid in full prior to rescheduling another appointment. Some Solace providers offer virtual/telehealth services. An appointment scheduled for in-office may be changed to telehealth at the discretion of the provider if the provider is contacted before 9 am on the day of the appointment. A telehealth accommodation cannot be guaranteed if the office or provider is notified after 9 am on the day of the scheduled appointment, and the late cancellation/no-show fee may apply if the appointment is not attended. If you/the patient misses the appointment with no call/no show, a missed appointment fee will be charged (refer to the Fee Schedule). The required missed appointment fee must be paid in full prior to rescheduling the appointment. Any patient/responsible party who disputes a no-show fee can/may be referred to other local mental health offices. Weekend appointments are available for established patients and take place in person. Note that a patient/responsible party arriving more than 10 minutes after the start of the appointment, late-canceling, or no-showing to a weekend appointment, will be unable to schedule a weekend appointment until after 3 attended appointments. The standard fee will apply. We understand that emergencies occur, and Solace Mental Health and Wellness providers and staff are aware that true emergencies occur. Therefore, at the discretion of the provider, one (1) no-show fee may be waived per calendar year, to account for emergency situations. The patient or responsible party is always responsible for calling 48 hours prior to the scheduled appointment time to reschedule and/or cancel. Failure to cancel and/or reschedule as specified prevents patients on a provider's waitlist from accessing treatment. To ensure timely rescheduling, it is advised to cancel an appointment through the patient portal or by calling the office at 410-995-9993. If you cannot reach Solace immediately, please leave a detailed message with the patient's name, date of birth, date and time of the scheduled appointment, and the request to cancel and/or reschedule. Our office will confirm your/the patient's appointment in advance electronically (by text message and/or email). Note that further communication is not available through the text message platform. Patients/responsible parties are responsible for recording their appointment dates and times when the appointments are made. The electronic health record automatically sends electronic appointment reminders by email and text message, and there is a potential for failure of delivery due to uncontrollable factors such as electronic failure, poor cell tower service, potential system incompatibility with certain cell phone and/or email providers, and individual settings that may cause messages to be routed to spam or junk folders. Electronic reminders are meant as a courtesy tool only. Failure to receive a text message and/or email reminder is not considered a valid reason for no-show or appointment nonattendance. In the rare event a telehealth appointment link is not received, the provider or administrative staff will attempt to contact the patient and/or responsible party by phone if the party hasn't presented to the telehealth appointment after 10 minutes. If the patient and/or responsible party are unreachable, the appointment will be considered a no-show. Please note that there is a 10-minute lateness window permitted for scheduled appointments. The patient will have whatever time remains of their appointment with their provider. A patient presenting more than 10 minutes past the scheduled appointment time will incur a missed appointment fee, and the appointment will have to be rescheduled (refer to the Fee Schedule). The required missed appointment fee must be paid in full prior to rescheduling

another appointment. A patient missing more than three (3) appointments in any six (6) month period may be terminated from Solace due to not being an active participant in the treatment plan. Due to confidentiality concerns and the importance of the ability of the provider to provide the best assessment and treatment for you/the patient, please do not bring more than three (3) total persons (including the patient) to the scheduled appointment. By signing this form, you acknowledge and agree to all aspects of the appointment policy.

Contact Outside of Scheduled Appointments

Solace checks emails/patient portal messages and voicemails daily and will respond within three (3) business days. When leaving messages, please include the patient's full name, date of birth, the question or concern, and the preferred callback phone number. If there's an issue that requires discussion with your provider, it is best to schedule an appointment rather than to handle the matter by phone or email. Likewise, if you/the patient are making repeated phone calls or emails, your/the patient's provider may request that you/the patient schedule more frequent appointments. Any patient/responsible party voice message, client portal message, or other forms of communication taking place outside of normal business hours, may not be responded to by the provider/clinician until business hours the following day(s). Correspondence through the portal or by email may generate service codes that may be submitted to the insurance company or billed to the patient and/or responsible party.

Emergencies

Solace does not provide 24-hour emergency coverage, and it may take up to three (3) business days for Solace providers to return calls. Therefore, if you/the patient are experiencing a medical or psychiatric emergency, please call 911 or go to the nearest emergency room. In addition, you/the patient can also call Anne Arundel County Crisis Warmline at 410-768-5522, or the Maryland Youth Crisis Hotline at 1-800-422-0009. Both resources are open 24 hours per day, 7 days per week. Furthermore, a non-comprehensive list of emergency numbers can be found on the Solace website: www.solacementalhealthandwellness.com.

Online Patient Portal

The Solace patient portal is secure and HIPAA compliant. We are able to provide our patients/responsible parties with the convenience of portal message communication for medication refill requests and the self-scheduling of appointments, should they wish. Information sent or received by Solace becomes part of the patient's legal record, even if it is not placed into the patient's chart. Communication through the patient portal is not appropriate for emergency situations, and if you/the patient are experiencing a medical or psychiatric emergency, please call 911 or go to the nearest emergency room. If you/the patient have questions concerning the patient portal, please ask your provider. Correspondence through the portal or by email may generate service codes that may be submitted to the insurance company or billed to the patient and/or responsible party.

Email Correspondence Disclaimer and Waiver

The Solace administrative office and some providers/clinicians (all hereby referred to as "Solace" or "Solace staff") offer email communication for the convenience of the patient and/or responsible party. Communication via email (whether encrypted or unencrypted) is allowable under HIPAA due to a patient's right to access personal health information, as long as safeguards are taken, such as limiting the amount or type of information shared and maintaining confidentiality of email contents. Guidelines for Email

Communication: Email is often used for the following: requests for planned medication refills, direct questions about specific medications or side effects, conveying test results, appointment scheduling/rescheduling, appointment summaries, sending/receiving letters/ forms, billing/insurance-related questions, record requests, and general questions/concerns. Email is not to be used for urgent or emergent matters, as it may take up to three business days for Solace staff to respond to emails. Some matters may not be appropriate for discussion via email, and an appointment may be necessary for addressing concerns. The patient and/or responsible party is responsible for reviewing the entire contents of all automatic reply emails sent from Solace staff email accounts, and they are subject to change. When sending emails, review your message to make sure it is clear and that all relevant information is included before sending. If your e-mail requires a response from us, and you have not heard back from us within three (3) business days, call our office to follow up to determine if we received your e-mail. Take precautions to protect the confidentiality of e-mail, such as safeguarding your computer password. Inform us of changes in your email address. How Solace Staff Will Use Email: It is advised that the patient and/or responsible party refrain from sharing any sensitive information via email. Emails sent or received cannot be guaranteed entirely secure. Emails are not stored by the provider and Solace office, however, email contents may be documented as part of the secure medical record. We limit e-mail correspondence to established patients who are adults 18 years or older, or the parents or legal representatives of established patients. Permitted email addresses must be on record for security/confidentiality reasons. We will use e-mail to communicate with you only about non-sensitive and non-urgent issues. Your e-mail messages may be forwarded to another office staff member as necessary for appropriate handling. We will not disclose your e-mails to any other party unless required by state or federal law. Please refer to our HIPAA Notice of Privacy Practices for information as to the permitted uses of your health information and your rights regarding privacy matters. Risks of Email Communication Communication by e-mail has several risks which include, but are not limited to: E-mail can be circulated, forwarded, and stored in paper and electronic files. Backup copies of e-mail may exist even after the sender or the recipient has deleted his/her copy. E-mail can be received by unintended recipients. E-mail can be intercepted, altered, forwarded, or used without authorization or detection. E-mail senders can easily type in the wrong e-mail address. E-mail can be used to introduce viruses into computer systems. The privacy and security of email communication cannot be guaranteed. Privacy and security measures will be taken by the patient/responsible party and the provider. The patient and/or responsible party understand the risk of email communication. I (the patient and/or responsible party) understand that Solace cannot guarantee the security and confidentiality of email communication. Solace will not be responsible for messages that are not received or delivered due to technical failure, or for disclosure of confidential information unless caused by intentional misconduct.

*** Please select your communication preference between Solace staff and the patient and/or responsible party. The patient and/or responsible party may opt out or in to email communication at any time by writing.**

- ☐ Allow all email communications to and from Solace.
- ☐ Allow encrypted email only, from Solace (additional security measures will be required by the patient and/or responsible party for accessing emails sent by Solace staff).
- ☐ Opt out of email communication from Solace (excluding preferences selected within the secure portal related to appointment reminders and billing documents). Communications will take place by secure phone, secure fax, or secure client portal messaging (note that secure client portal messaging is not available for all Solace staff). Any/all emails sent to Solace staff from the patient and/or responsible party will be deleted immediately upon receipt, and no response will be made.

Medication Refills

Prescriptions are written during scheduled appointments with sufficient refills as allowed by law and in accordance with the treatment plan, with enough medication supply to reach the next scheduled appointment. Follow-up appointments enable providers to make assessments about the appropriateness and safety of refilling medications. It is your/the patient's responsibility to schedule an appointment prior to running out of medications (if the follow-up appointment is not made during the scheduled visit). Solace does not respond to pharmacy requests for refills. New medications, changes to medications, increased doses, or additional quantities of medications are not provided outside of scheduled appointments. If an unplanned medication refill is requested outside of a scheduled appointment, a fee will apply (refer to the Fee Schedule). If there is not a follow-up appointment scheduled, refills will not take place outside of a scheduled appointment. A total of one (1) medication refill will be permitted between missed appointments, and the provider may prescribe enough medication supply to reach the next scheduled appointment. It is advised that the missed appointment be rescheduled within 14 days, as regular follow-up appointments are necessary for the prescribing of psychiatric medications. The provider retains the right to prescribe no more than 14 days of medications to patients who have missed regularly scheduled appointments. In the rare event that a refill outside of scheduled appointments is needed, contact your/the patient's provider by client portal, or call the Solace office. Please provide the patient's name, date of birth, the name of the medication, the dosage of the medication, the pharmacy information, and the number of days remaining on the current prescription; the prescription will be filled within three (3) business days. You are encouraged to keep your/the patient's regularly scheduled appointments to avoid running out of medications or incurring a fee. By signing this form, you/the patient acknowledge and agree to the policies related to medication refills.

Medication 90-Day Supply Policy

Some health insurance companies or Rx coverage plans convey that coverage/benefits will only be extended for a patient if medications are ordered by the prescriber as a 90-day supply. There are instances/situations where a 90-day supply of medication is appropriate. However, there are instances/situations where a 90-day supply of medication is not appropriate. Solace Mental Health and Wellness prescribers will attempt to work with the patient's pharmacy and/or insurance company to convey if/if not a 90-day supply of medication is appropriate. However, the prescriber is ultimately responsible for his/her prescribing, and best practices and clinical judgments cannot be influenced by third parties (i.e. insurance companies and pharmacies). Although uncommon, a patient/responsible party may need to circumvent insurance benefits to obtain medications if the insurance company does not extend benefits for medications ordered in quantities other than a 90-day supply. When a 90-day supply is ordered by the prescriber, the patient must attend all regularly scheduled appointments per the treatment plan. Missed appointments may result in the declination of further 90-day supply prescriptions.

Office Closings for Holidays, Inclement Weather, Provider Absence

Solace is closed the following holidays: New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Eve, Christmas Day, and New Year's Eve. Patients will be notified if there is a change in appointment status due to inclement weather. Solace uses Anne Arundel County School closing schedules as a guide in the event of inclement weather, however, the office manager(s) ultimately decide whether the physical office will close. In the event that the office is closed, in the majority of cases, in-person appointments will be changed to telehealth/virtual. If your appointment is canceled for any other reason, you will be contacted by Solace. Your provider will ensure that you/the patient have enough medication supply to reach the next scheduled appointment. During extended absences of your provider, coverage will be provided for care continuation. Solace Mental Health and Wellness LLC often uses the "announcements" feature in the client portal to share important information with patients and/or responsible parties. All patients and/or responsible

parties are granted portal access and are responsible for viewing any announcements made by Solace Mental Health and Wellness LLC.

Students / Interns

At Solace Mental Health and Wellness LLC, we believe strongly in the education of student providers and clinicians who seek to work in the mental health field. At times, your provider may have a student present during appointments. The student may request to interact with the patient during the appointment (beyond observation) and permission will always be asked prior to doing so. Should this make the patient and/or responsible party uncomfortable, the student can be asked to step out of the room for the appointment. However, we encourage patients/responsible parties to consider that all providers and clinicians were students at one time and depend on clinical rotations to learn how to treat patients with mental illness in the best way possible. All persons associated with Solace Mental Health and Wellness are bound to and must adhere to all HIPAA regulations.

Digital Consent

HOW IT WORKS

Your clinician/provider/prescriber, hereby referred to as "clinician," may use a digital Note Taker to create an accurate and timely record of your care. Instead of writing notes by hand, the session will be recorded which allows clinicians to give you their undivided attention during your time together. This means better care and more meaningful conversations between you and your clinician.

AUDIO RECORDING

Some states have two-party consent for audio recordings, so it's important for you to know that your voice and conversation with your clinician are recorded to document the appointment.

DATA STORAGE

As soon as the audio is transcribed (usually a few seconds after the appointment ends), the audio recording is permanently deleted.

PRIVACY AND SECURITY

The recording process complies with the Health Insurance Portability and Accountability Act (HIPAA)

VOLUNTARY PARTICIPATION

If you still have any questions or concerns, your clinician would be happy to discuss this with you. You have the right to withdraw your consent at any time (even temporarily).

SIGNATURE

By signing this document, I agree to let my clinician record our appointment audio to document my care.

Forms and Letters

Refer to the Fee Schedule for fees associated with letters or paperwork requested to be completed outside of scheduled appointments. School medication administration forms will be completed during scheduled appointments. One (1) school medication administration form will be completed outside of scheduled appointments, per calendar year, without a fee. Requests for additional forms to be completed outside of scheduled appointments will incur the fee associated with letters and paperwork requested to be completed outside of scheduled appointments. Solace providers do not provide evaluations for the purposes of disability determination unless explicitly agreed upon by your provider. Solace does not provide letters for emotional support animals (ESA) due to concerns of liability. Any provider or clinician can decline to complete any form or letter for a patient and/or responsible party unless the patient has had

consistent treatment with the provider for at least 6 months. A provider or clinician can decline to complete any form that is not appropriate for completion by the provider/clinician based on their licensure and/or scope of practice.

Fee Disclosure for Primary Services Provided

You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost. Under the law, healthcare providers need to give patients who don't have insurance or who are not using insurance an estimate of the bill for medical items and services. • You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees. • Make sure your healthcare provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service. • If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. • Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises. (CPT codes are used for the purpose of submitting for reimbursement to the patient's healthcare insurance provider)

New Pediatric Patient (this service will take place once as the initial encounter, and as-needed thereafter): -Consultation with Family of Pediatric Patient (patient not present), 50 minutes (90846) - \$200

New Patient Psychiatric Evaluation (one of the following services will take place once, and may include add-on codes as indicated): -Office or other outpatient visit for the evaluation and management of a new patient, 30-44 minutes, or by complexity (99203) - \$175 -Office or other outpatient visit for the evaluation and management of a new patient, 45-59 minutes, or by complexity (99204) - \$225 -Office or other outpatient visit for the evaluation and management of a new patient, 60-74 minutes, or by complexity (99205) - \$300

General Psychiatric Evaluation (this service may take place once, and/or as needed for comprehensive re-evaluation of the patient): -Psychiatric Evaluation, 60-75 minutes (90792) - \$350

Follow-up Medication Management Appointments and Codes (these services are delivered as follow-up appointments based on the patient's treatment needs and may include add-on codes as indicated): -Psychopharmacology Follow-up, 15-29 minutes, or by complexity (99213) - \$150 -Psychopharmacology Follow-up, 30-39 minutes, or by complexity (99214) - \$175 -Psychopharmacology Follow-up, 40-54 minutes, or by complexity (99215) - \$200 -Online digital evaluation and management (email or portal communication), 5-10 minutes (99421) - \$50 -Online digital evaluation and management (email or portal communication), 11-20 minutes (99422) - \$75 -Online digital evaluation and management (email or portal communication), 21+ minutes (99423) - \$100

Add-on Codes: -Add-on psychotherapy, 16-37 minutes (90833) - \$125 -Add-on psychotherapy, 38-52 minutes (90836) - \$175 -Add-on psychotherapy 53+ minutes (90838) - \$225 -Prolonged office or other outpatient evaluation and management service, per 15 minutes (99417) - \$75 -Interactive Complexity (90785) - \$35 -Brief Behavioral Assessment/mental health screening (96127) - \$20 -Service provided during evening, weekend, holiday hours (99051) - \$25 -Alcohol/substance abuse screening with brief intervention services (99408) - \$30

Telephone evaluation and management encounter in between scheduled appointments (these services may apply when a patient and/or responsible party requests provider discussion in between scheduled appointments): -5-10 minutes of medical discussion (99441) - \$85 -11-20 minutes of medical discussion (99442) - \$100 -21-30 minutes of medical discussion (99443) - \$150 -Collaboration of care between a provider and other professional (99484) - \$100

Psychotherapy Fees (these are therapy-only codes used when submitting to the insurance companies): -Psychiatric diagnostic evaluation without medical services, 16-90 minutes (90791) - \$175 -Individual psychotherapy, 45 minutes (90834) - \$125 -Individual psychotherapy, 60 minutes (90837) - \$150 -Family psychotherapy without the patient present, 50 minutes (90846) - \$125 -Psychotherapy for crisis, 60 minutes (90839) - \$175

Other Services and Fees (This information serves as notice of additional fees that may incur based on the patient's personal needs and are non-billable to insurance companies) -No-show / Less than 48-hour notice cancellation / Late to Visit Fee - \$100 -Unplanned Medication Refill Fee Outside of Scheduled Appointments - \$25 -Court (Subpoena) Fee - \$500/hour -Paperwork Requests Outside of Scheduled Visits - \$30/each side of page -Medical Records Fee: \$.83/page plus preparation fee of \$250/hour -Pharmacogenetic testing: Coverage varies upon insurance plan

Frequency and Duration of Treatment Depending on your/the patient's treatment needs, services will be provided for a frequency of

one of the following and may fluctuate throughout the duration of treatment: a) Weekly b) Bi-weekly c) Monthly (reserved for patients who have met treatment goals as defined by both patient and provider/clinician) d) As-needed maintenance (reserved for patients who have met treatment goals as defined by both patients and provider/clinician) A patient's treatment plan is an extremely personal experience tailored to the needs of the patient and the presenting concerns. Due to the nature of this unpredictability and Solace Mental Health and Wellness LLC's commitment to meeting and catering to the needs of every patient individually, determining the duration of treatment is ethically impossible. The patient's provider/clinician will continue to review progress and make personalized decisions regarding both the frequency and duration of treatment periodically. Per the Solace Mental Health and Wellness LLC Consent to Policies and Fees, the patient or responsible party can decide at any time to terminate services.

Insurance Agreement

Solace Mental Health and Wellness LLC is in-network with Aetna, many CareFirst and Blue Cross Blue Shield plans, Cigna, and Johns Hopkins EHP/USFHP, although behavioral health benefits can vary among plans, and not all providers associated with Solace Mental Health and Wellness LLC participate with the aforementioned insurance plans. Some insurance companies are billed through the third-party billing company, Headway. A patient and/or responsible party may be required to establish a Headway account, and complete set-up procedures required by the Headway billing company. Failure to do so will result in the inability of Solace Mental Health and Wellness LLC to submit claims to the insurance company, thus resulting in the patient being billed as self-pay. The patient and/or responsible party authorizes payment of authorized insurance benefits or subsidies made, on behalf of the patient and/or responsible party, payable to Solace Mental Health and Wellness LLC for any services provided to the patient and/or responsible party. By signing this agreement, the patient and/or responsible party authorizes any holder to release to the insurance company medical information about the patient and/or responsible party, needed to determine benefits or the benefits payable for related services, regulatory compliance, state audit, or quality assurance purposes. The patient and/or responsible party agrees that Solace Mental Health and Wellness LLC will submit insurance claims on behalf of the patient and/or responsible party only to insurance companies that Solace Mental Health and Wellness LLC has in-network with/has a contractual agreement with, and that the patient and/or responsible party will be responsible for any deductible, co-payments, co-insurance or any fees that are not covered by the insurance at the time services are rendered. This includes if there are changes to the insurance plan or a lapse in coverage. It is recommended that prior to the patient's first appointment at Solace Mental Health and Wellness LLC, the health insurance company is contacted by the patient or responsible party to verify that Solace Mental Health and Wellness LLC is in-network or out-of-network with the patient's insurance and plan. The patient and/or responsible party is responsible for understanding the patient's insurance benefits including the copays, deductibles, and co-insurance coverages available to the patient, by choosing to work with a mental health provider within the patient's health insurance company's network. Solace Mental Health and Wellness LLC only bills/submits claims to primary insurance companies with which we are in-network. For those patients with secondary insurance or more than one insurance company, a superbill can be provided upon request to the patient and/or responsible party, for their submission to the additional insurance company(s). Payment for services (if self-pay) or insurance copayment, coinsurance, and deductibles are required prior to services being rendered. At any time, the patient or responsible party may request out-of-network billing statements/superbills from Solace Mental Health and Wellness LLC. This statement will include: Dates of Service, Billing Codes, and Diagnostic Codes. The patient or responsible party may choose to submit these statement(s) to the patient's out-of-network insurance company in an effort to request full or partial reimbursement. The reimbursement decision is solely of the patient's out-of-network insurance provider and Solace Mental Health and Wellness LLC in no way guarantees or has authority in the reimbursement decision. <https://reimbursify.com/> is a third-party resource that can assist patients and/or responsible parties in submitting to the insurance company for reimbursement purposes. Question examples to ask your/the patient's insurance company: Is my provider and/or Solace Mental Health and Wellness a covered provider under my plan, and is it in-network, or out-of-network? Do I have a deductible? If so, how much is left to pay before insurance covers services? How much is my copay or coinsurance for which I am responsible? Will I be reimbursed for out-of-network services with my provider and/or Solace Mental

Health and Wellness? What forms do I need to submit to qualify for reimbursement for out-of-network services? Is preauthorization required in order to submit an out-of-network claim? How do I obtain authorization? Diagnoses: Please note that the Diagnostic codes provided here are generic and used to satisfy the requirements of the No Surprises Act. Per your signed consent, you understand that Diagnoses will only be provided for the purposes of the patient or responsible party submitting reimbursement claims to the patient's healthcare insurance provider. Examples include but are not limited to the following: F41.0 Panic disorder (episodic paroxysmal anxiety) F91.3 Oppositional defiant disorder F41.1 Generalized anxiety disorder F43.12 Post-traumatic stress disorder, chronic F90.0 Attention-deficit hyperactivity disorder, predominantly inattentive type F31.81 Bipolar II disorder F32.1 Major depressive disorder, single episode, moderate F12.10 Cannabis abuse, uncomplicated F42.2 Mixed obsessional thoughts and acts F50.81 Binge-eating disorder F84.0 Autistic disorder F43.23 Adjustment disorder with mixed anxiety and depressed mood

*** By providing an eSignature, the patient or responsible party is acknowledging that they have contacted the patient's health insurance company and have verified that the patient's insurance plan is either in-network with or is out-of-network with Solace Mental Health and Wellness LLC. I understand that I as the patient or responsible party am responsible for all copayments, coinsurance, and deductibles at the time of service for myself or my dependent. I understand that I am responsible for all portions of fees that the insurance does not pay. I agree to notify the clinician of any changes to my/the patient's insurance policy. I understand that I am responsible for any fees that are not authorized or covered by a new insurance policy. By using my insurance, I understand and consent to share pertinent information with my/the patient's insurance company. This may include but is not limited to: a DSM and/or ICD-10 diagnostic code, psychiatric evaluations, and past medical/surgical history. I have reviewed and understand my/the patient's insurance company's billing and privacy policies. By e-signing this form, I agree to and understand the preceding information to the best of my ability.**

I consent to sharing information provided here.

Credit Card Consent and Consent to Collect Payment

The patient or responsible parties' credit card will be kept on file in a secure, internet-based platform for ease of charge for copays, coinsurance, deductibles, late cancellations/no-show fees, and other applicable charges. The patient or responsible party agrees to update any information regarding the credit card account as necessary. Payment in full will be charged at the time of service and prior to services rendered if you/the patient will not be utilizing insurance (self-pay), or if the client has a known coinsurance, copay, or deductible with their insurance plan. You/the patient have the option of paying by cash at the time of service if the patient or responsible party does not want a credit card billed or on file. In the event that a payment is not received by Solace within thirty days after I receive a statement, I agree to have my credit card charged. Solace does not accept personal checks. Insurance reimbursement is a contract between you/the patient and the insurer, and the patient or responsible party is ultimately responsible for the payment of services. Solace cannot accept responsibility for collecting on a disputed insurance claim. The patient or responsible party agrees to receive billing statements, invoices, and receipts via the patient

portal and/or email address I have provided to this office. In addition, invoices and billing statements will also be available on my patient portal. Solace reserves the right to discontinue services to anyone whose account is greater than 90 days past due, and until the account is paid in full. The adult (parent, legal guardian, or conservator of a minor patient or a patient with a legal guardian) who accompanies a patient to their appointment is responsible for full payment at the time of service; the responsibility of the bill rests with the accompanying adult. After 90 days of nonpayment, Solace Mental Health and Wellness LLC reserves the right to pursue collections activity for failure to pay balances due. Please bring your/the patient's insurance card and personal identification to scheduled appointments.

Right to Terminate Treatment

Although rare, Solace retains the right to terminate provider/patient relationships. However, the initial appointment encounter between the patient and/or responsible party and the Solace provider does not equate to the automatic establishment of a patient/provider relationship. Solace providers are under no obligation to begin prescribing medication(s) or continue prescribing medication(s) that were initiated by other providers. Solace retains the right to terminate provider/patient relationships under the following circumstances: *If you/the patient fail to show up for a scheduled appointment and do not contact your/the patient's provider within 90 days, you/the patient will be considered to have withdrawn/terminated treatment with Solace. You/the patient may re-engage in treatment solely at the discretion of your provider. *When the services offered are no longer therapeutic or when you/the patient may be better served by another professional or a higher level of care. *When there are unpaid balances. *When you/the patient miss more than three (3) scheduled appointments without 48-hour advanced notice, in any 6-month period. *When you/the patient do not engage in the proposed and/or agreed upon treatment plan. *When there is a misuse of prescriptions. *When the patient and/or responsible party disputes a no-show/late cancelation fee. *When the patient, their family members, or significant other becomes verbally or physically hostile/aggressive to Solace providers, staff, or other patients, thus disrupting the workplace. *When weapons (such as firearms and knives) are brought into the office; weapons of any kind are not permitted in Solace facilities under any circumstance.

*** Please provide the name and relationship to the patient of the person who has read, understood, and consented to the information detailed on this form. All persons aged 18 and older must acknowledge the policies on their behalf. I am the:**

- ☐ Patient aged 18 and older:
- ☐ Parent(s) or guardian(s) of a minor under the age of 18:
- ☐ Other responsible party:

* I have read, understand, and consent to the information detailed on this form, as the patient and/or responsible party seeking services for oneself or on behalf of a minor. I will speak with Solace Mental Health and Wellness LLC employees and/or my provider, should I need clarification on any of the above information. I understand that the Solace Mental Health and Wellness LLC Consent to Policies and Fees document is a living, dynamic document that can be updated or changed at any time and that an up-to-date copy is available for review on the Solace Mental Health and Wellness LLC website, www.solacementalhealthandwellness.com.

I consent to sharing information provided here.