

# Solace Mental Health and Wellness LLC Consent to Policies and Fees

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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 accountable 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 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

Please review the information below as the patient and/or the responsible party of a patient or minor. Solace Mental Health and Wellness LLC employs providers who offer a variety of services. Fundamental, supportive, solution-focused therapy techniques that are utilized during medication management appointments and are non-equivalent to comprehensive therapy often provided by a psychologist, clinical social worker, or similar. If a prescriber 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 and/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

### **Additional Consent for Psychotherapy:**

I understand that psychotherapy is a collaborative process between the patient and the treating clinician that may involve discussion of personal, emotional, behavioral, psychological, and relational concerns. The purpose of psychotherapy is to support emotional well-being,

improve functioning, develop coping strategies, and address identified mental health conditions or stressors. I understand that therapy may include, but is not limited to, supportive therapy, cognitive-behavioral approaches, behavioral interventions, psychoeducation, and other evidence-based modalities as clinically appropriate.

I acknowledge that psychotherapy may involve discussing sensitive or distressing topics and that emotional discomfort may occur as part of the therapeutic process. While psychotherapy is often beneficial, I understand that outcomes cannot be guaranteed, and progress may vary depending on individual factors, participation, and external circumstances. I understand that I may ask questions, decline specific interventions, or withdraw consent for psychotherapy at any time, though doing so may impact treatment outcomes.

I understand that information shared in psychotherapy is generally confidential, with exceptions required by law or professional ethics, including but not limited to situations involving risk of harm to self or others, suspected abuse or neglect of a child, elderly person, or vulnerable adult, or when records are required by court order. By signing below, I voluntarily consent to psychotherapy services.

#### **Additional Consent for Psychiatric Medication Management:**

I understand that psychiatric medication management involves the evaluation, prescription, monitoring, adjustment, and discontinuation of medications used to treat mental health conditions. This process may include diagnostic assessment, review of symptoms, discussion of treatment options, monitoring for effectiveness and side effects, and coordination with other healthcare providers when appropriate.

I understand that all medications carry potential risks, benefits, and side effects, some of which may be serious or unexpected, and that individual responses to medication vary. I acknowledge that the prescribing clinician has explained, or will explain, the purpose of prescribed medications, common and significant risks and side effects, alternative treatment options (including non-medication options), and the risks of declining medication treatment. I understand that no specific outcome or symptom improvement can be guaranteed.

I understand that safe prescribing requires honest communication regarding symptoms, medication adherence, substance use, medical history, and use of other prescribed or over-the-counter medications. I understand that certain medications may require additional monitoring, laboratory testing, in-person visits, prescription monitoring program review, or urine drug screening when clinically indicated or required by law. I understand that failure to comply with recommended monitoring or misuse of prescribed medications may result in modification or discontinuation of treatment. By signing below, I consent to psychiatric medication management services.

#### **Additional Consent for Non-Primary Care Medical Management:**

I understand that non-primary care medical management services provided by this practice are limited in scope and are not intended to replace comprehensive primary care. These services may include targeted medical evaluations, treatment recommendations, or prescription management related to specific concerns, wellness-oriented care, or integrated medical-mental health services, as determined appropriate by the treating clinician.

I understand that the clinician providing non-primary care medical management may not address all preventive care needs, chronic medical conditions, or acute medical emergencies, and that I am encouraged to maintain an ongoing relationship with a primary care provider. I acknowledge that it is my responsibility to seek emergency medical care when needed and to inform the clinician of my relevant medical history, current medications, and any changes in my health status.

I understand that medical recommendations and prescriptions are based on the information available at the time of the visit and that no guarantees can be made regarding outcomes. I understand that I may be referred to a primary care provider or specialist when care needs fall outside the scope of services provided by this practice. By signing below, I voluntarily consent to non-primary care medical management services.

By signing this document, the patient and/or responsible party attests that they have read and understand the above information. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I voluntarily consent to the services described above.

## Confidentiality

Patient records are confidential, and no information concerning the patient will be released without written consent by the patient or responsible party, with a 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. Signage is posted at the premises.

## Information, Policies, and Consent Regarding Minor Patients

### Information Related to Minors Aged 16 and Older - Per Maryland State Law:

Under Maryland law, a minor who is 16 years of age or older has the legal capacity to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by a physician, psychologist, or clinic, to the same extent as an adult. See Md. Code Ann., Health-Gen. § 20-104(a).

This legal capacity includes the ability to authorize care independently; however, it does not include the right to refuse treatment for a mental or emotional disorder when a parent, guardian, or custodian has separately provided valid consent for such treatment, as permitted by law.

Maryland law further provides that, with or without the minor's consent and even over the minor's objection, a health care provider may, but is not required to, disclose information regarding the minor's mental health treatment to a parent, guardian, custodian, or the spouse of a parent when such disclosure is permitted by law and deemed appropriate by the provider. See Md. Code Ann., Health-Gen. § 20-102(f).

With respect to financial responsibility, a parent, guardian, custodian, or spouse of a parent is not automatically responsible for the costs of mental health services to which a minor aged 16 or older has independently consented, unless that adult has also agreed to or authorized the

treatment, or payment responsibility is otherwise imposed by law or by the terms of an applicable insurance policy. See Md. Code Ann., Health–Gen. § 20-104.

While minors aged 16 and older may legally consent to mental health treatment, Solace Mental Health and Wellness LLC may, in the exercise of professional clinical judgment, establish reasonable participation, attendance, or communication requirements as a condition of ongoing treatment when such requirements are clinically indicated for patient safety, coordination of care, or therapeutic effectiveness.

No patient with legal capacity to consent will be denied an initial evaluation solely due to refusal of parental participation. However, continued treatment may be modified, limited, or discontinued if the provider determines that the patient's clinical needs cannot be safely, ethically, or effectively met within the outpatient setting without additional involvement, safeguards, or care coordination.

Any such requirements or treatment decisions are based on clinical judgment and safety considerations and are not intended to negate or override a minor's statutory right to consent to mental health treatment under Maryland law.

### **Signed Consent by all Responsible Parties for the Treatment of a Minor:**

\*Before 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) agree 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.

\*The parties understand and acknowledge that while Maryland law permits certain minors aged 16 and older to consent to mental health treatment, Solace Mental Health and Wellness LLC may impose additional participation or attendance requirements as a condition of treatment based on clinical judgment, safety considerations, or practice policy.

By signing this document, the parties are consenting to the treatment of the minor patient and to the above information regarding 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 or 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.

## Telehealth Agreement

### About Telehealth:

For the purposes of the below information, "Provider" refers to any professional (i.e., therapist or prescriber) who is associated with Solace Mental Health and Wellness LLC and provides mental health services. Telehealth availability, frequency, and modality are determined by clinical judgment, regulatory requirements, and operational circumstances. In the event of conflict, safety, legal mandates, and provider discretion take precedence.

\*Advantages of Telehealth: As with in-person visits, telehealth establishes a formal provider-patient relationship. Telehealth reduces access to healthcare barriers by removing travel constraints to a physical office location. Some patients may have physical disabilities or mobility limitations that can make travel difficult. Telehealth allows a person to receive treatment in a private, familiar environment.

\*Limitations of Telehealth: Technical difficulties can take place during the visit. The HIPAA-compliant platform may be subject to exposure or security breaches, as is the risk with any electronic communication. Certain psychiatric conditions may require a higher level of care, and thus may not be sufficiently treated through telehealth. If the provider is unable to view recent vital signs, there may be limitations on treatment options. Laws governing the prescribing of certain controlled substances through telehealth may limit the ability of such medications to be used, due to risk for abuse, addiction, or diversion. However, comparable alternatives can be utilized. If telehealth is not desired by a patient, the patient can seek treatment in a traditional office setting.

### The Client and Provider Agree to the Following:

\*At times, by mutual agreement, the patient and provider may connect for scheduled appointments using telehealth. During exceptional circumstances, such as a pandemic or outbreak of a contagious disease, Solace Mental Health and Wellness LLC may offer telehealth appointments only.

\*The patient and/or responsible party understand that there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. The patient and/or responsible party understand that the provider or the patient can discontinue the telehealth appointment if it is felt that the videoconferencing connections are not adequate for the situation.

\*Confidentiality still applies to telehealth services, and the session will not be recorded by either party.

\*To maintain confidentiality, neither party will share the telehealth appointment link with anyone unauthorized to attend the appointment.

\*The patient and/or responsible party and the provider have agreed to use the Simple Practice, a HIPAA-compliant platform for virtual sessions to ensure that protected health information is secure from unauthorized access. The session will take place over a secure internet connection, rather than public/free Wi-Fi.

\*The patient and/or responsible party and the provider have agreed to conduct the session in a quiet, private space that is free of distraction (including distraction from cellular phones or other devices). The patient and/or responsible party cannot be driving during the appointment, must be fully clothed, and must conduct themselves in a similar way as would an in-person appointment occur.

\*The client must be physically within the state of Maryland during the telehealth appointment, or per current law.

\*It is important to be present on the telehealth platform at the time of the scheduled appointment. If a patient needs to cancel or change the telehealth appointment, the patient and/or responsible party must notify the provider greater than 48 hours in advance. If a patient does not present on the electronic platform for the appointment, is substantially late (greater than 10 minutes from the start of the scheduled appointment), or cancels within the 48-hour timeframe, no-show fees will apply (refer to the Fee Schedule).

\*A safety plan will be discussed that includes noting the closest emergency department and contact person in the event of a medical or psychiatric crisis. In the event of imminent danger, the provider is legally and ethically bound to report information to authorities, family members, or others, to minimize potential harm.

\*The patient will be identified using a minimum of two patient identifiers- name and date of birth. The location and telephone number of the patient will be requested as well, to ensure that the provider is aware of alternative means of treatment should an emergency occur.

\*All copays, coinsurance, and deductibles still apply as if the appointment were an in-office, face-to-face visit. To ensure coverage by your insurance, please contact your insurance company to inquire about telehealth benefits. If insurance does not cover this service, the patient and/or responsible party will be responsible for the cost of the visit.

\*Certain insurers and/or plans may reimburse significantly less for telehealth appointments. Although telehealth may be an offered and covered service by a client's insurer, Solace Mental Health and Wellness LLC reserves the right to refrain from conducting appointments in this manner due to low reimbursement. Should this be the case, the patient is NOT responsible for paying the balance; however, the provider may

elect to refrain from conducting telehealth visits in the future. Telehealth offers quality services comparable to in-person visits, and Solace Mental Health and Wellness LLC does not believe that insurance reimbursement should reflect otherwise.

\*The provider may request that a physical examination be completed by the patient's primary medical provider, and this may include lab work. The provider may require that the patient obtain in-home devices for monitoring certain vital signs.

\*Providers employed by Solace Mental Health and Wellness LLC reserve the right to assess the suitability and appropriateness of telehealth candidates due to the potential limitations of the treatment modality, as described previously.

\*Pursuing treatment via telehealth is a decision made by the individual patient and/or responsible party. A patient and/or responsible party may revoke their decision to participate in treatment via telehealth and may pursue alternate treatment at any time.

\*The patient and/or responsible party understand that they are consenting to behavioral health evaluation and treatment via telehealth. The patient and/or responsible party understand that no results can be guaranteed, despite the provider's best efforts to deliver care.

### **Pediatric Patients and Other Special Considerations:**

\*For pediatric patients, the provider may require that the first appointment/encounter between the patient and the provider must take place in person. Telehealth may be an option for subsequent or follow-up appointments. Governing bodies such as the Drug Enforcement Administration (DEA) may require that patients prescribed controlled substances adhere to certain rules dictating the allowed number of telehealth appointments and/or may require that, prior to any controlled medications being prescribed, an initial in-person appointment must take place.

\*The provider may require that an in-person appointment take place at a minimum once every rolling 3-month period for pediatric patients (under age 18), and once every rolling 6-month period for adult patients (age 18 and older). Failure to adhere to this policy may result in the non-reordering of medications and/or discontinuation of future services.

\*Both the pediatric patient AND the responsible parent/guardian must be seen and available during the telehealth appointment (except when appropriate for a pediatric patient aged 16+).

\*If at any time a patient (adult or pediatric) is perceived as being nonforthcoming or nonparticipatory in the telehealth session, the provider reserves the right to discontinue future telehealth services.

\*If a sooner-than-planned appointment has been requested due to significant deterioration of a patient's condition, the patient and/or responsible party is aware that an in-person appointment will take place, as telehealth is not the appropriate appointment method for such circumstances. Furthermore, telehealth is not appropriate for emergencies/emergencies. If during an appointment, the provider has a concern that an emergency is taking place, the provider will advise that the patient report to the closest emergency department for appropriate evaluation.

\*The provider may refrain from conducting telehealth appointments during non-posted business hours. Examples include evenings after 5 pm and weekends.

I certify that I have read and understand the preceding information about telehealth appointments. By electing to receive care from Solace Mental Health and Wellness LLC providers, I agree to the information detailed in this document. I am authorizing my provider to use telehealth for my evaluation and treatment.

## 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 before 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 before 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 before 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 before rescheduling the appointment. Any patient/responsible party who disputes a no-show fee can/may be referred to other local mental health offices. Patients who wish to pursue alternative care options due to financial policies or scheduling limitations may request referral information for other local providers. Disagreement with a billing charge or fee, by itself, does not result in termination of care.

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 emergencies. The patient or responsible party is always responsible for calling 48 hours before 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 that 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 before 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 providers and/or administrative staff respond to emails, voice messages, and patient portal messages within three (3) business days. Messages may be reviewed administratively without immediate clinical response. 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 outside of scheduled appointments may generate service codes that may be submitted to the insurance company or billed to the patient and/or responsible party.

## Emergencies and Safety Policy

This policy outlines how Solace addresses suicidal ideation, safety concerns, and crises, and clarifies the limits of outpatient care to ensure patient safety and appropriate use of emergency services.

Solace Mental Health and Wellness is a non-urgent, outpatient mental health and wellness practice. Solace provides scheduled, outpatient mental health services, including psychiatric evaluation, medication management, psychotherapy, and integrated wellness services. Solace does not provide 24-hour emergency coverage, and it may take up to three (3) business days for Solace providers to return calls, emails, and portal messages. 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](http://www.solacementalhealthandwellness.com). While Solace does not provide emergency or crisis stabilization services, providers will assess suicide risk and safety concerns during scheduled outpatient encounters and will facilitate emergency intervention, referral, or transfer of care when clinically indicated.

**Solace Does Not Provide:**

- \*Emergency psychiatric care
- \*Crisis stabilization services
- \*24/7 monitoring or on-call crisis response
- \*Inpatient or residential treatment

**Non-Emergency Nature of Services:**

Solace is not an emergency service provider. Appointments are scheduled in advance and occur during designated business hours. Clinical communications outside of scheduled visits (e.g., portal messages, phone calls, emails) are not continuously monitored and should not be used for urgent or emergent concerns.

**Assessment of Suicidal Ideation:**

As part of routine evaluation and treatment during scheduled appointments, providers may assess for:

- \*Passive suicidal ideation (e.g., thoughts of death without intent)
- \*Active suicidal ideation
- \*History of suicide attempts or self-harm
- \*Protective factors and risk factors

The presence of suicidal thoughts alone does not automatically disqualify a patient from outpatient care. However, clinical judgment is used to determine the appropriateness of continued outpatient treatment.

**Criteria Requiring Higher Level of Care:**

Solace providers may determine that outpatient care is not clinically appropriate when any of the following are present:

- \*Active suicidal ideation with intent and/or plan
- \*Imminent risk of harm to self or others
- \*Inability or unwillingness to engage in safety planning
- \*Repeated crises requiring emergency intervention
- \*Substance use or psychiatric instability that impairs safety
- \*Nonadherence to recommended safety measures

In these situations, a higher level of care is required.

#### **Emergency and Crisis Protocol:**

If a patient is assessed to be at imminent risk, Solace will take appropriate steps, which may include:

- \*Instructing the patient (or guardian) to call 911 immediately
- \*Directing the patient to the nearest emergency department
- \*Contacting emergency services when required by law or clinical necessity
- \*Coordinating with emergency responders or hospitals as appropriate

Solace providers do not manage acute suicidal crises within the outpatient setting.

#### **Patient Responsibilities:**

Patients (and parents/guardians of minors) are responsible for:

- \*Seeking immediate emergency care if suicidal thoughts worsen or become urgent
- \*Contacting 988 (Suicide & Crisis Lifeline) or local emergency services when in crisis
- \*Informing the provider of changes in safety status
- \*Following recommended treatment plans and safety recommendations

Patients should not wait for a scheduled appointment or portal response during a crisis.

**Between-Session Communication:**

\*Portal messages, emails, and phone calls are intended for non-urgent matters only

\*Messages are reviewed during business hours

\*Crisis messages sent through these channels may not be seen immediately

Emergency resources should always be used for urgent safety concerns.

**Referrals and Transitions of Care:**

When outpatient care is no longer appropriate, Solace may:

\*Recommend inpatient hospitalization, partial hospitalization (PHP), or intensive outpatient programs (IOP)

\*Provide referrals to higher-level or specialty services

\*Coordinate care transitions when clinically indicated

Failure to follow recommended higher-level care may result in discharge from the practice.

**Discharge for Safety Reasons:**

Solace reserves the right to discharge a patient when:

\*The patient requires ongoing crisis-level care beyond the outpatient scope

\*Safety risks cannot be adequately managed in an outpatient setting

\*Treatment recommendations necessary for safety are repeatedly declined

Discharge decisions are made to protect patient safety and ensure ethical, appropriate care.

**Acknowledgment and Consent:**

By signing this document (below), I acknowledge that I have read and understand this information. I understand the limitations of outpatient care, my responsibilities related to safety, and the appropriate use of emergency services. I agree to these terms as a condition of receiving services at Solace Mental Health and Wellness.

# Online Patient Portal

The Solace secure client portal is a HIPAA-compliant platform provided as an ancillary communication tool for the limited convenience of patients and legally authorized responsible parties. Use of the portal is optional and is not required to receive clinical services. Use of the portal does not create an expectation of response time, clinical review, or provider availability. The portal does not replace scheduled clinical encounters, direct communication with providers, or established emergency procedures.

## Permitted Use:

The portal may be used for non-urgent clinical and administrative purposes only, including limited staff messaging, medication refill requests, and appointment scheduling or requests, when available. Portal messaging availability and scope are provider-specific and may be modified, restricted, or discontinued at any time based on clinical judgment, patient safety considerations, compliance requirements, professional boundaries, or operational needs. Messages are reviewed during business hours for administrative triage only and may not be reviewed by the treating provider.

All information transmitted through the secure client portal becomes part of the patient's legal medical record.

## Emergency and Safety Limitations:

The secure client portal is not continuously monitored and is not appropriate for urgent, emergent, or safety-critical communications. Patients or responsible parties experiencing emergencies, suicidal ideation, imminent risk, or other acute safety concerns must contact 911, local emergency services, or present to the nearest emergency department.

Submission of content through the portal does not constitute notice to any individual provider and does not establish a duty to review, triage, or respond. Failure to use appropriate emergency channels does not create an obligation for Solace or its providers to identify, monitor, or respond to urgent or safety-related content submitted through the portal.

## Billing and Administrative Use:

Communications sent through the portal or by email may constitute billable services and may result in service codes being submitted to insurance carriers or charges billed directly to the patient and/or responsible party, in accordance with applicable billing policies and payer requirements.

## Minor Patients and Responsible Parties:

For minor patients, portal access is granted only to a parent, legal guardian, or other legally authorized responsible party. The responsible party is solely responsible for maintaining the security, accuracy, and appropriate use of portal credentials.

The practice does not monitor, verify, or regulate portal-credential sharing, cannot determine who is accessing the portal at any given time, and assumes no responsibility for misuse arising from credential sharing or unauthorized access.

All communications submitted through the portal on behalf of a minor become part of the minor patient's legal medical record.

**Provider Review and Discretion:**

The secure client portal is not intended for unsolicited clinical disclosures, sensitive third-party content, or safety-critical information. Providers are not obligated to review, respond to, or incorporate into clinical care any content that is non-clinical, inappropriate, excessive, outside the intended scope of portal use, or submitted in violation of this policy.

Provider discretion is exercised in accordance with professional standards, patient safety considerations, and the scope of care. Patients and responsible parties remain responsible for communicating urgent, safety-related, or clinically significant concerns through appropriate and timely channels.

**Prohibited Use and Enforcement:**

Use of the portal to upload, transmit, or store content that is obscene, threatening, harassing, abusive, or otherwise inappropriate or that compromises patient safety, professional boundaries, or the integrity of the medical record constitutes a material violation of practice policy.

Solace Mental Health and Wellness LLC reserves the right, in its sole discretion, to restrict, suspend, or revoke portal access and/or to terminate the patient-provider relationship in response to portal misuse or policy violations. Enforcement actions are based on conduct and policy compliance, not clinical need, diagnosis, or protected status.

Except where continued treatment would itself pose an immediate clinical, ethical, or legal risk, Solace will provide reasonable transition-of-care measures consistent with Maryland law and applicable professional standards.

**Confidentiality and Legal Compliance:**

Nothing in this policy limits or waives confidentiality protections required under HIPAA or Maryland law. However, confidentiality requirements do not preclude the practice from taking appropriate administrative, clinical, risk-management, or safety-related actions, which may include administrative review, chart correction, access restriction, reporting where legally required, or termination of the treatment relationship.

## 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. While email systems themselves do not serve as permanent storage, relevant clinical or administrative content from emails may be summarized or documented in the patient's 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 email 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.

By engaging in treatment at Solace Mental Health and Wellness LLC, the patient and/or responsible party understands and agrees that Solace staff may utilize email communications when necessary. The patient and/or responsible party may opt out of email communication at any time by writing.

## 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 before 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 no 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. A prescriber is not obligated to issue a refill when doing so would be clinically unsafe or inconsistent with safety policies. By signing this form, you/the patient, acknowledge and agree to the policies related to medication refills.

## Pharmacy Inventory & Prescription Transfer Policy

Solace Mental Health and Wellness prescribers make clinically appropriate prescribing decisions and transmit prescriptions to the patient's designated pharmacy. Solace Mental Health and Wellness and its prescribers are not responsible for pharmacy inventory availability, supply chain limitations, backorders, or pharmacy-specific dispensing policies. The purpose of this policy is to clarify the respective responsibilities of prescribers, pharmacies, and patients related to medication availability, while ensuring continuity of care through reasonable prescription transfer accommodations. This policy applies to all prescribing clinicians at Solace Mental Health and Wellness and to all prescriptions issued, including but not limited to controlled and non-controlled medications. By signing this document (below), the patient and/or responsible party understands and agrees to all components of the policy outlined below.

### Pharmacy Inventory Responsibility:

Medication availability is determined solely by the dispensing pharmacy.

Solace Mental Health and Wellness prescribers do not control, monitor, or guarantee medication stock levels.

Pharmacy shortages, manufacturer backorders, insurance restrictions, or pharmacy refusal to dispense are outside the control of Solace Mental Health and Wellness.

### Patient Responsibility:

Patients and/or responsible parties are responsible for confirming medication availability with their selected pharmacy.

Patients are encouraged to contact their pharmacy prior to running out of medication, particularly for medications known to have intermittent shortages.

**Prescription Transfers:**

Upon patient request, and when clinically and legally permissible, prescribers will send a prescription to an alternate pharmacy of the patient's choosing.

Patients must provide the full name, location, and contact information of the alternate pharmacy.

Prescription transfers are subject to applicable federal and state laws, including restrictions related to controlled substances.

**Timing & Processing:**

Prescription transfers are processed during normal business hours, and up to three business days may be required for transfers to be processed.

Repeated requests to send prescriptions to multiple pharmacies due to stock issues may result in delays.

**Controlled Substances:**

For controlled medications, prescribers may be limited in their ability to resend or transfer prescriptions due to regulatory requirements.

Patients are encouraged to verify controlled substance availability before requesting prescription transmission whenever possible.

**Clinical Judgment & Safety:**

Prescribers retain full clinical discretion and may decline to resend or modify prescriptions if doing so would be clinically inappropriate, unsafe, or non-compliant with regulatory standards.

**Disclaimer:**

This policy does not alter the prescriber-patient relationship or the clinical obligations of the provider but clarifies operational and logistical boundaries related to pharmacy inventory management. Any change to a previously agreed-upon treatment plan, including changes requested due to pharmacy availability issues, insurance coverage, prior authorization delays, or medication access concerns, requires a scheduled appointment. Treatment changes cannot be made outside of a clinical visit, as appropriate assessment, documentation, and medical decision-making are required to ensure safe and effective care.

## Medication 90-Day Supply Policy

Some health insurance companies or prescription 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 for the patient. 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 utilize self-pay options outside 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.

## Controlled Substances Agreement

Certain medications are identified as controlled substances by the United States Drug Enforcement Administration (DEA). These medications are controlled for various reasons, including but not limited to a risk of dependency, abuse, and/or diversion to unauthorized parties. At Solace Mental Health and Wellness LLC, providers make treatment decisions based on evidence-based practices. Controlled substance medications have appropriate uses in psychiatry. While Solace Mental Health and Wellness LLC providers do prescribe controlled substances, there are policies in place to ensure that treatment is monitored closely. If at any time the patient's provider determines that these medications are no longer appropriate, and/or the following policies are not followed, the controlled substance can be discontinued.

\*Solace Mental Health and Wellness LLC providers are under no obligation to continue prescribing controlled substances as prescribed by another provider, and are not under any obligation to initiate prescriptions for controlled substance medications.

\*Certain controlled medications are not intended for long-term use. For example, benzodiazepines are not recommended for use beyond 4-6 weeks.

\*Regular appointment attendance with the patient's provider is required. Furthermore, the provider may require that the patient participate in routine psychotherapy depending on the patient's individual circumstances, or due to the need for symptom control with controlled medications.

\*The patient's provider will explain the risks and side effects associated with the controlled medication. By signing this document, the patient or responsible party is acknowledging the risks and side effects associated with the given medication.

\*The patient or responsible party must provide a list of all current medications as prescribed by other providers, and the patient or responsible party agrees to update the provider as to any changes to medications (such as dose and frequency), as well as the addition of any medication(s). The use of cannabis by a person with a cannabis card, as well as prescribed methadone, must be reported to the prescriber. The patient's provider needs this information for safe prescribing.

\*To support safe prescribing and monitoring, patients are expected to receive controlled substance prescriptions for psychiatric conditions from a single primary prescriber whenever possible. This policy does not apply to emergency care, hospitalizations, cross-coverage arrangements, or coordinated treatment with other licensed providers when clinically appropriate. The prescribing provider retains full clinical discretion to evaluate safety, prescribing continuity, and treatment appropriateness on a case-by-case basis.

\*The patient or responsible party agrees that the patient will take the controlled medication as prescribed, meaning the patient agrees to take the medication at the dose and frequency as ordered by the patient's provider.

\*The patient agrees to avoid illicit substances and alcohol as discussed with the patient's provider. A noncomprehensive list of substances that may be taken illicitly includes but is not limited to: cannabis/marijuana (excluding lawful medical cannabis when disclosed and reviewed with the prescriber), LSD, PCP, fentanyl, amphetamines, cocaine, heroin, benzodiazepines, synthetics, hallucinogens, inhalants, and barbiturates. Use of these substances in conjunction with the controlled substance can result in a fatal interaction. If the prescriber becomes aware of the use of illicit substances, the controlled substance may be safely discontinued.

\*The patient or responsible party agrees not to abruptly stop the controlled medication for any reason, including by taking more than prescribed, or running out. Certain controlled medications can have serious withdrawal symptoms when discontinued suddenly.

\*Controlled medications prescribed by the patient's Solace Mental Health and Wellness LLC provider, and/or any other prescriber, must be filled at a single pharmacy of the patient's or the responsible parties' choosing.

\*All medications, including controlled substances, must be stored safely to prevent theft or accidental ingestion by another party. In the event of theft, the patient or responsible party must furnish a police report. Refills and subsequent prescribing of the controlled medication(s) after a theft are at the sole discretion of the prescriber. Furthermore, controlled medications are not to be shared with others, and the patient agrees not to accept controlled medications from another person.

\*The patient or responsible party is responsible for the medication supply and the refilling of the controlled medication on time. If the patient runs out of medication early, by missing an appointment, or by taking more than prescribed, extra doses will not be prescribed. The patient will have to wait until the next prescription is due or go to the nearest emergency room.

\*The patient or responsible party agrees to screening policies, which typically include random laboratory drug screenings. Laboratory testing may be required upon initiation of a controlled substance, and such screenings/laboratory tests are required as part of the office policies/standard of care. Further refills/prescriptions will be tied to the completion of the requested screening, to be completed in the allotted time frame given to the patient or responsible party by the patient's provider.

\*By signing this form, the patient or responsible party acknowledges and agrees that the provider has the authority to share information related to the prescribing of controlled substances with other health professionals involved in the care of the patient. The patient or responsible party acknowledges and agrees that the Solace Mental Health and Wellness LLC provider has the authority to receive information related to the prescribing of controlled substance medications, as provided by other prescribers involved in the patient's care.

\*If the patient's provider determines that the medication is causing the patient more harm than the relief that it is intended to provide, the provider may discontinue the medication safely.

When electing to receive treatment at Solace Mental Health and Wellness LLC, the patient or responsible party understands that they may lose the right to treatment if they breach any part of this agreement. By signing this document, the patient or responsible party acknowledges that it was discussed with the provider. The patient or responsible party was allowed to ask questions. The patient or responsible party affirms understanding and acceptance of the aforementioned terms by signing this document.

## Prior Authorization & Appeals Policy

### Purpose:

This policy outlines the practice's procedures, limitations, and patient responsibilities related to prior authorizations (PAs) and insurance appeals, including appeals letters submitted in response to coverage denials.

### Definitions:

**Prior Authorization (PA):** A determination by an insurance plan that approval must be obtained before a medication, service, or procedure is covered.

**Appeal:** A formal request for reconsideration submitted to an insurance plan following a denial of coverage.

**Appeals Letter:** Clinical documentation or a letter prepared by the provider explaining medical necessity, submitted as part of an appeal.

### Scope:

This policy applies to all patients receiving care through the practice, including medication management, psychotherapy, integrated services, and telehealth services.

### Policy Statement:

#### 1. Insurance-Driven Determinations

Prior authorization and appeal requirements are established solely by the patient's insurance plan. The practice does not determine coverage criteria, timelines, or final decisions. The practice becomes aware of the need for prior authorization through pharmacy notification or patient notification.

#### 2. Prior Authorization Submission

When clinically appropriate, the provider may submit required clinical documentation to support a prior authorization request. Submission of documentation does not guarantee approval.

#### 3. Appeals and Appeals Letters

If a prior authorization or coverage request is denied, the provider may, at their clinical discretion, submit an appeal or appeals letter when:

- \*The requested service or medication is deemed medically necessary; and
- \*The appeal aligns with evidence-based practice and insurer criteria.

Appeals are not automatic and are not guaranteed for every denial.

The practice is not obligated to submit multiple appeals or external review requests.

Appeals letters reflect the provider's independent clinical judgment and may not mirror patient preferences or insurance language requirements.

#### 4. Processing Timelines

Insurance processing times for prior authorizations and appeals vary and may take several days to several weeks or longer.

Delays caused by insurers are outside the control of the practice.

#### 5. Patient Responsibility

Patients and/or responsible parties are responsible for:

- \*Understanding their insurance coverage and benefit limitations
- \*Monitoring insurance correspondence and determinations
- \*Paying for services or medications that are denied, not authorized, or not covered

#### 6. Alternative Treatment Options

If a prior authorization or appeal is denied, the provider may discuss:

- \*Clinically appropriate alternative treatments
- \*Self-pay options
- \*Patient-initiated appeals or insurer-directed processes

#### 7. No Guarantee of Coverage

Approval of a prior authorization or submission of an appeal does not guarantee payment or continued coverage. Insurance plans may reverse or rescind prior determinations.

### **Prior Authorization & Appeals Consent:**

By signing this document (below), I acknowledge and agree to the following:

I understand that my insurance plan may require prior authorization for certain medications, services, or procedures.

I understand that prior authorization and appeal requirements are determined by my insurance company, not by my provider or this practice, and that the provider or practice becomes aware of the need for a prior authorization completion through pharmacy or patient communication.

I understand that approval is not guaranteed, even when documentation or appeals letters are submitted.

I understand that appeals are submitted at the provider's clinical discretion and are not automatic.

I understand that the practice is not required to submit multiple appeals or pursue external review processes.

I understand that delays or denials by my insurance company may impact my treatment timeline.

I understand that I am financially responsible for services or medications that are denied or not covered.

I authorize the practice to submit clinical documentation, prior authorization requests, and appeals letters to my insurance company as deemed clinically appropriate.

I understand that any change to a previously agreed-upon treatment plan, including changes requested due to pharmacy availability issues, insurance coverage, prior authorization delays, or medication access concerns, requires a scheduled appointment; treatment changes cannot be made outside of a clinical visit, as appropriate assessment, documentation, and medical decision-making are required to ensure safe and effective care.

## **Office Closings for Holidays, Inclement Weather, Provider Absence**

Solace is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, 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. If 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/all 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 before 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: Maryland is a two-party consent state for audio recording. By signing this consent, the patient authorizes the recording of sessions for clinical documentation purposes when a digital note-taking system is used. Consent for audio recording will be reaffirmed verbally at the start of each recorded session. Patients may withdraw or pause consent at any time without penalty.

\*Data storage: As soon as the audio is transcribed (usually a few seconds after the appointment ends), the audio recording is permanently deleted in accordance with HIPAA and applicable data-retention standards. Audio data may be temporarily processed by HIPAA-compliant third-party vendors acting as business associates.

\*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 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 Services Provided

### Fees and Good Faith Estimate:

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" explaining how much your medical care will cost. 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](http://www.cms.gov/nosurprises). CPT codes (shown below) are used for the purpose of submitting for reimbursement to the patient's healthcare insurance provider.

The fees below represent the fees a self-pay patient or a patient with out-of-network health insurance will be responsible for. Call the office at 410-995-9993 to find out if the patient qualifies for a self-pay discount or sliding scale plan. Please note that the fee schedule is subject to change annually. A 90-day notice will be given before changes to the fee schedule.

### New Patient Evaluation (psychiatric prescribers and non-primary care medical prescribers):

- Initial psychiatric evaluation or evaluation of returning patient, 60-75 minutes (90792)- \$350
- Office or other outpatient visit for the evaluation and management of a new patient, 30-44 minutes, or by complexity, minimal (99203) - \$175
- Office or other outpatient visit for the evaluation and management of a new patient, 45-59 minutes, or by complexity, moderate (99204) - \$225

- Office or other outpatient visit for the evaluation and management of a new patient, 60-74 minutes, or by complexity, high (99205) - \$300

**Follow-up Medication Management Visit (psychiatric prescribers and non-primary care medical prescribers):**

- Follow-up, 15-29 minutes or minimal complexity (99213)- \$150
- Follow-up, 30-39 minutes or moderate complexity (99214)- \$175
- Follow-up, 40-54 minutes or high complexity (99215)- \$200

**Common Add-on Procedures (use varies by specialty):**

- 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, and holiday hours (99050/99051) - \$25
- Alcohol/substance abuse screening with brief intervention services (99408) - \$30

**Telephone evaluation and management encounter between scheduled appointments (psychiatric prescribers and non-primary care medical prescribers):**

- 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

**Digital evaluation and management encounter in between scheduled appointments:**

- 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

**Psychotherapy Services:**

- 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) - \$200
- Psychotherapy for a crisis, 60 minutes (90839) - \$175

**Other Services and Fees Non-Billable to Health Insurance:**

- No-show/Less than 48-hour notice cancellation 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 the page
- Medical Records Fee: Maryland standard rate
- Pharmacogenetic testing: Coverage varies depending on the insurance plan
- Cosmetic Medication Evaluation & Prescription (e.g., bimatoprost, tretinoin)- \$100

**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'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.

#### **Information about add-on codes:**

When clinically appropriate, your provider may use add-on billing codes to accurately reflect the care provided.

These add-on codes are used when medically necessary, are separately documented, and are billed in compliance with Centers for Medicare & Medicaid Services (CMS) guidelines and applicable insurance requirements. Add-on codes are used only when supported by the services provided during the appointment. Add-on services may affect deductible amounts or cost-sharing amounts due by the patient and/or responsible party. Refer to the above fee schedule for a list of commonly used add-on codes.

When clinically appropriate, your prescriber may deliver both medication management and therapy during the same visit. In these cases, insurance allows the use of approved add-on billing codes to accurately reflect the services provided. Psychotherapy can take place with the patient and/or caregiver, and may include, but is not limited to:

- \*Therapeutic discussion addressing emotional or behavioral concerns
- \*Skill-based interventions (such as coping strategies, behavioral planning, or emotional regulation)
- \*Supportive, cognitive-behavioral, insight-oriented, or solution-focused therapy
- \*Safety planning or structured therapeutic guidance
- \*Extensive psychoeducation regarding diagnoses and treatment

By signing this consent, you acknowledge that psychotherapy or other clinically indicated add-on services may be provided during psychotherapy or medication management appointments. You understand that the use of add-on services may impact deductible or cost-sharing obligations, and that any such amounts are the responsibility of the patient and/or responsible party.

## **Insurance Agreement**

Solace Mental Health and Wellness LLC is in-network with major commercial health insurance plans, although behavioral health benefits can vary among plans, and not all providers associated with Solace Mental Health and Wellness LLC may participate with the patient's insurance. 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 setup 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. It is the patient and/or responsible party's responsibility to provide updated insurance information to Solace Mental Health and Wellness staff prior to services being rendered. The patient and/or responsible party may be responsible for self-pay rates if accurate, updated insurance information is not provided prior to services rendered. This includes if changes to the insurance plan were not conveyed to Solace, or if there is 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 be 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 statements 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 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 to submit an out-of-network claim? How do I obtain authorization?

When a patient and/or responsible party elects to engage in a treatment at Solace Mental Health and Wellness LLC, 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.

## 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 before services are 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. If 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 collection activities for failure to pay balances due. Please bring your/the patient's insurance card and personal identification to scheduled appointments. Note that Solace Mental Health and Wellness LLC reserves the right to suspend or discontinue non-urgent services for accounts that are greater than ninety (90) days past due. Financial policies do not supersede patient safety obligations. Decisions regarding continuation, modification, or termination of care will consider clinical stability, medication safety, and ethical responsibilities. When services are discontinued for financial reasons, reasonable transition-of-care measures will be provided as clinically appropriate and consistent with Maryland law.

## Right to Terminate Treatment

Although rare, Solace retains the right to terminate provider/patient relationships. Discharge decisions may be based on safety, clinical appropriateness, ethical considerations, policy violations, or inability to provide effective outpatient care, and may be implemented when continuation of treatment is not clinically or operationally feasible. Note that 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. Although uncommon, Solace retains the right to terminate provider/patient relationships under the following circumstances:

\*If you/the patient fails to show up for a scheduled appointment and do not contact the patient's provider within 90 days, you/the patient will be considered to have withdrawn/terminated treatment with Solace (administrative discharge). You/the patient may re-engage in treatment solely at the discretion of the 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 misses more than three (3) scheduled appointments without a 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 cancellation 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.

By engaging in services at Solace Mental Health and Wellness LLC, I acknowledge that 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 acknowledge and understand that nothing in this document is intended to limit or replace the independent clinical judgment of Solace providers or their ethical and legal obligations under Maryland law. I understand and acknowledge that clinical judgment, safety, and ethical obligations govern all services. 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](http://www.solacementalhealthandwellness.com).

