

## **Clarity & Wellness Psychiatry, LLC**

### **Financial Policy Agreement**

Payment for services provided by Clarity & Wellness Psychiatry, LLC is due at the time that services are rendered. If the patient is covered under insurance, payment of any applicable co-payment, co-insurance, or deductible is due at the time of service. If Clarity & Wellness Psychiatry, LLC is not contracted with the insurance, payment for services is due in full at the time that services are rendered. Insurance will be billed on your behalf and you will be reimbursed any applicable credits. Clarity & Wellness makes every effort to verify your coverage with your insurance. However, you are strongly encouraged to verify your benefits and coverage to ensure you fully understand what is covered. You agree that it is your responsibility to inform the practice of any changes to your insurance plan prior to each of your visits, or you may be responsible for the full fee. Some services may not be covered by health insurance. You agree to be fully responsible for payment for all services that are not covered by your health plan. This may include charges for telephone consultations, written correspondence, or reports in connection with a client's evaluation or treatment, including consultation or correspondence with the client, family members, past or current treatment providers, educational professionals, attorneys, courts, agencies, or others. If these charges are excluded from your coverage by your health plan, they will be your responsibility. There will be a charge of \$50.00, including applicable fees from the financial institution(s) for disputed credit card payments. All patients are required to have a credit card on file to initiate or continue care. It is your responsibility to update any expired cards. All outstanding balances are expected to be paid within 45 days. Payment plans can be provided upon request.

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

Clarity & Wellness Psychiatry, LLC may provide, on a case-by-case basis, consultations with family members, past or current medical providers, educational professionals, attorneys, courts, agencies or others. Limited telephone consultation is part of routine patient care and is without charge. However, when extensive or other than routine telephone consultations, written correspondence or reports are requested or required, a charge for these services will be applied. To comply with federal laws including HIPAA, this office must have a signed Release of Information form. You can visit our website for a copy of the form.

Listed below are the fees for professional services included, but not limited to paperwork completion, consultations, court proceedings, telepsychiatry (if not covered by insurance):

Nurse Practitioner hourly fee (minimum one hour): \$250

Clinician hourly fee (minimum one hour): \$150

If these charges are excluded from your coverage by your health plan, they will be your responsibility.

## Medical Records Request

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

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

The appointment policy requires patients to cancel **1 business day in advance** of their appointment to avoid a cancellation fee. Patients are expected to arrive on time for their scheduled appointments. Patients who arrive more than 10 minutes late for a 30-minute appointment and 15 minutes late for a 60-minute appointment, will need to reschedule and will be charged a late cancellation fee. **Clarity & Wellness Psychiatry, LLC charges a \$75.00 fee for all late cancellations, no-shows, or late arrivals.** Clarity & Wellness Psychiatry, LLC makes every attempt to remain on time for appointments, however, occasionally circumstances arise that may result in an appointment delay.

## Discharge Policy

At the discretion of your provider, a patient may be discharged from Clarity & Wellness Psychiatry, LLC and their insurance notified if any of the following guidelines are not followed:

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

## Confidentiality

Confidentiality is protected by the law. Aside from emergency situations, information can only be released about your care with your written permission. A release is not needed for providers of Clarity & Wellness Psychiatry, LLC to consult with other providers within the Practice. If insurance reimbursement is pursued, insurance companies also often require information about diagnosis, treatment, and other important information in the Disclosure of Health Information as a condition of your insurance coverage. Several exceptions to confidentiality do exist that require disclosure by law:

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

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

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

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

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

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

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

### **Contacting Your Provider**

Providers are not immediately available by office telephone, please call the office at 804-621-2443. **Calls are generally returned within 1-2 business days, however, for all prescription refill requests, please leave these requests on our confidential voicemail and allow 3-5 days for these refills. If you have missed your last scheduled appointment, you will need to schedule a follow up appointment for a refill. In some cases, a refill will be given for 30days or enough until your scheduled appointment.** Always leave a phone number where you can be reached along with any updated contact information. **As we are an outpatient practice, we do not service walk-ins or provide crisis services.** If your call is an emergency, please call 911 immediately instead of calling the office. Emergency psychiatric services are provided by all hospitals through their emergency rooms and do not require appointments. Emergency room physicians can contact your provider at any time so please provide them with their contact information. When your provider is unavailable for extended periods of time (i.e., vacation, conferences, etc.), a trusted colleague will provide coverage, if deemed necessary. Please also note that email should never be used for urgent or emergency issues. Per the agreement with your insurance provider, our practice provides on call services 24/7 for nonlife threatening and nonroutine care (please note refill requests and scheduling appointments are considered routine care).

### **Appointment Confirmations**

Clarity & Wellness Psychiatry, LLC will attempt to confirm appointments via email and text upon your consent, Clarity & Wellness Psychiatry, LLC has no control in regards to your phone

or email connection or reliability. Inability or failure to receive a reminder or appointment confirmation via text or email is not a reason for waiver of fees.

### **Communication for Appointment Reminders**

Clarity & Wellness Psychiatry, LLC may need to use your name, phone number, email address to contact you with appointment reminders via phone, text or email. If this communication is made by text, a text message will be left on your phone. If this communication is made by email, a message will be left at your personal email address. Messages will contain: Name of Provider: Clarity & Wellness Psychiatry, LLC, Location of Appointment, Name of Patient, Date & Time of Appointment. You have the right to refuse to give Clarity & Wellness Psychiatry, LLC your consent to use your telephone number and/or email address for appointment reminders. If you chose to give your consent, you have the right to revoke it, in writing, at any time in the future. Should you agree to communicate via email, telephone or any electronic method of communication, Clarity & Wellness Psychiatry, LLC cannot guarantee that those communications will remain confidential. There is a risk that the electronic or telephone communications may be compromised. There is never a 100% guarantee that information will remain confidential when transmitted electronically.

### **Pharmacy:**

Clarity & Wellness Psychiatry, LLC may have access to your prescription history from other providers through the electronic medical record.

### **Legal**

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

### **Recording Sessions**

Patients are not allowed to record sessions or providers/clinicians under any circumstances.

### **Controlled Substances**

Clarity & Wellness does not prescribe controlled substances for certain conditions. Our medication providers will not treat patients who are prescribed controlled substances from another provider. All patients are subject to urine drug testing per discretion of medical provider.

### **Inclement Weather:**

Clarity & Wellness Psychiatry closes for inclement weather per the discretion of the Practice and will offer telehealth sessions if able to given weather circumstances. If the Practice closes for inclement weather, it will be posted on the website. Patients are instructed check the website for updates and will be contacted via phone if their appointment requires rescheduling.

By signing the ***Consent for Treatment/Acknowledgment Agreement Signature Form***, you agree that you have read, agree with and understand this document, which contains information on Clarity & Wellness's financial policy, professional fees, cancellation/no-

show/late arrival, discharge policies, confidentiality, contracting your provider, confirmation and communication for appointment reminders, pharmacy, legal recording sessions, controlled substances, and inclement weather and you agree to abide by its terms during the professional relationship. You also understand and agree that our policies can change at any time and are updated on our website.