

BRP Policies & Procedures

Brain Revive Psychiatry Policies

Welcome to my practice. Your agreement to the following terms and conditions is required for you/your child to receive professional services from me. If you do not agree, I will be glad to give you referrals to other providers. Our initial intake appointment is only for evaluation purposes and does not establish a physician-patient relationship unless a mutually agreed upon treatment plan is executed and signed by both you and myself.

Clinical services You consent for yourself/your child to receive a comprehensive diagnostic assessment. At the end of the evaluation, we will mutually decide if we will continue treatment together.

If there is a potential of any physical danger to you, your child, or others, you will call 911 immediately or go to the closest emergency room. To reach me outside of standard business hours, follow the instructions on my voicemail.

Note I do not have admitting privileges, nor am I affiliated with or on staff at any hospital. Should I deem more intensive services are needed than I can provide, I will do my best to ensure safety and obtain the appropriate level of care, but I cannot provide that care directly and cannot guarantee the receipt or quality of care that others provide.

All communication and clinical treatment will be documented in the patient chart. Both the law and the standards of the profession require such. You are entitled to receive a copy of these records unless I believe that seeing them would be emotionally damaging. If this is the case, I will be happy to provide the records to an appropriate mental health professional of your choice or to prepare an appropriate summary instead. Because client records are professional documents, they can be misinterpreted and can be upsetting. If you wish to see the records, it is best to review them with me so that we can discuss their content.

If you or your child is seeing me for medication management only:

- You will contact your/your child's therapist first for any emergency or crisis, unless it may be medication related
- You will inform me if you/your child are/am considering stopping therapy, or have actually stopped
- You/your child will see me in person based on DEA regulations for controlled substances

Risks and benefits of psychotherapy: Psychotherapy has both benefits and risks. Possible risks include the experience of uncomfortable feelings (such as sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness) or the recall of unpleasant events. Potential benefits include a reduction in feelings of distress, better relationships, better problem-solving and coping skills, and resolution of specific problems. Given the nature of psychotherapy, it remains an inexact science and no guarantees can be made regarding the outcome.

Confidentiality

There is no guarantee of confidentiality under the following conditions:

- If I suspect you/your child are/is in imminent danger of harm to self or others, or a child or elderly person is being abused or neglected (as I am a mandated reporter)
- If a court orders a release of information
- If you initiate a malpractice lawsuit, or a billing dispute with a financial institution
- If your insurance company requests to review your/your child's case
- If you pay by credit card, my name will appear on your credit card statement
- If you do not pay your bill, your balance due statement (including diagnostic and procedural codes) may be sent to a collections agency or other responsible party
- Between me and my administrative staff, or colleagues with whom I consult professionally

You confirm you have reviewed my HIPAA privacy practices

here: www.brainrevivepsychiatry.com

Payment

out-of-network

\$350.00 new patient intake assessment

\$175.00 follow/up medication management

\$50/form to fill out necessary forms or paperwork (FMLA, ESA, etc..)

\$200/hour for any appearance on your behalf to defend diagnoses of your healthcare

for in-network providers

For in-network services, I will submit claims on your behalf as a courtesy, but there is no guarantee that your insurance will pay. You are responsible for full payment, whether your insurance company ends up paying partially, or not at all, for services rendered.

You agree to pay for any time spent in your or your child's care outside of session time on a prorated basis (unless otherwise detailed below). Unfortunately, insurance companies typically do not reimburse for this. Some examples include but are not limited to:

- No shows/rescheduling with less than 48 business hours' notice will be \$100.00. For example, if you or your child's appointment is on Monday at 4pm, you will communicate your cancellation no later than Saturday at 4pm; if an appointment is on Tuesday at 10am, you will communicate no later than the Sunday before at 10am. For
- *NEW PATIENT* appointments— there will be a \$100 fee assessed for intake paperwork not being returned in a timely manner (24 hours prior to scheduled appointment) additionally resulting in the appointment having to be cancelled. This is necessary because a time commitment is made to you and is held exclusively for you.
- Phone calls, messages in the patient portal, voicemails, letters, video sessions and texts between me and: you, your child, or other physicians, therapists, teachers, family members, insurance companies, etc.

- Prescription refills outside of session time
- Time spent obtaining prior authorizations
- Coordination of care for emergencies, hospitalization, intensive outpatient, residential treatment, rehabilitation, etc.
- All forms (insurance, worker's compensation, school, employer; doctor's notes, letters, or reports) and chart reviews not filled out in session
- Testimony in court, at depositions, administrative hearings, board reviews, and all time required for preparation and travel, whether requested by you or ordered by a court, board, government agency or other legal authority.

You are financially responsible for all charges, whether or not:

- Insurance pays for any services
- We decide to proceed with treatment
- Treatment is successful, for which there cannot be any guarantee

Telephone Accessibility

If you need to contact me between sessions, please leave a message on my voice mail. I am often not immediately available; however, I will attempt to return your call within 24 hours. Please note that Face- to-face sessions are highly preferable to video visits. However, if you are out of town, sick or need additional support, video visit sessions are available. If a true emergency arises, please call 911 or any local emergency room.

Social Media and Telecommunication

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.) I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Electronic Communication

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

If you and I chose to use information technology for some or all of the treatment, you need to understand that:

(1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

(2) All existing confidentiality protections are equally applicable.

(3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.

Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.

(5) There are potential risks, consequences, and benefits of telemedicine.

Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

Minors

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents' what information is appropriate for them to receive and which issues are more appropriately kept confidential.

Termination

Ending relationships can be difficult. Therefore, it is important to have a termination process to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or

if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to keep an appointment for three consecutive time slot (cancellation), unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

You affirm you are an authorized user of the credit card whose number and expiration date supplied, and you do authorize its use for all fees incurred.

******ALL MEDICATION REFILLS WILL BE GIVEN AT FOLLOW-UP APPOINTMENTS******

******PLEASE NOTE THAT THE PROVIDER/PATIENT RELATIONSHIP WILL AUTOMATICALLY BE TERMINATE WITH OUT NOTICE IF THE FOLLOW-UP APPOINTMENT IS CANCELLED AND 90 DAYS HAVE LAPSED BETWEEN PROVIDER/PATIENT COMMUNICATION******

By typing your signature below, you confirm you have read the above and agree to these terms and conditions.