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## PRACTICE POLICIES

### GENERAL POLICIES

Guidelines for acceptance and participation in the program are the same for everyone regardless of race, color, creed, national origin, age, gender, gender identity, disability, sexual orientation, and/or prior treatment history. When possible, reasonable accommodation will be made to ensure that patients have access to and the opportunity to the same quality and care as other patients without disabilities.

#### As a patient, I understand that:

1. Visits conducted virtually will be treated the same as if I am in the office. I will be fully present and engaged in the session. I will schedule my time to be fully available during my appointment and not attempt to multi-task.
2. For safety, I understand that no visit will be conducted while driving.
3. I will “arrive” at my appointment fully dressed.
4. I will refrain from derogatory or abusive language.
5. I understand that not attending or canceling the appointment within 24 hours is not ideal for my mental well-being and potentially blocks that appointment slot for another individual. Understanding such, I acknowledge that if I have 2 consecutive no-shows and/or less than 24-hour cancellation (or 3 within a 3-month period), that may be grounds for an administrative discharge.

### APPOINTMENTS AND CANCELLATIONS

1. Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee if cancellation is less than 24 hours.
2. The standard meeting time for a **New Patient Psychiatric Evaluation is 50 minutes.**
3. The standard meeting time for an **Existing Patient follow-up is 20 minutes.**



4. Requests to change the number of minutes per session must be discussed with the healthcare provider for the scheduled time.
5. A \$35.00 service charge will be charged for any checks returned for any reason for special handling.
6. Cancellations and re-scheduled sessions will be subject to a full charge if **NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE**. This is necessary because a time commitment is made to you and is held exclusively for you.
7. If you are a few minutes late, You may lose some of that time. **If you are later than 10 minutes, the session must be rescheduled**, and the appointment will be charged as if I canceled or rescheduled in under 24 hours.

### TELEPHONE ACCESSIBILITY

Please leave a message on my voicemail if you need to contact me between sessions. I am often not immediately available; however, I will attempt to return your call within 24 hours. If a true emergency situation arises, please call 988, 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 let them know when we meet so 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 promptly, 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. Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine



Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your provider choose to use information technology for some or all of your treatment, you need to understand that:

1. You can 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. I do understand, that at this time, Advancing Psychiatric Wellness, Nurse Practitioner Services, LLC does not offer in-person sessions. Should I decide to withdraw consent for telehealth services, I will work with my provider to find alternate treatment options.
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.
4. Dissemination of any of your identifiable images or information from the telemedicine interaction with 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 treatment, better continuity of care, and reduction of lost work time and travel costs. Effective treatment is often facilitated when the healthcare provider gathers a multitude of observations, information, and experiences about the client within a session or a series of sessions. The provider may make assessments, diagnoses, and interventions based not only on direct verbal or auditory communications, written reports, and third-person consultations but also on direct visual observations, information, and experiences. When using information technology in services, potential risks include but are not limited to the provider'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 provider not being aware of what they would consider important information, that you may not recognize as significant to present verbally to the provider.

## **TERMINATION**

Ending relationships can be difficult. Therefore, it is important to have a termination process to achieve some closure. The termination's appropriate length depends on the treatment's length and intensity. I may terminate treatment after an appropriate discussion with you and a termination process if I determine that the treatment is not being effectively used or if you default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If treatment is terminated for any reason or you request another provider, I will provide you with a list of qualified Psychiatric Providers to treat you. You may also choose someone on your own or from another referral source.

**Should you fail to schedule an appointment or communicate with me for four consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.**

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.