



Practice Policies and Informed Consent

Welcome

Welcome to Serotonin Psychiatric Services, LLC. These policies outline the terms and conditions for receiving psychiatric services from Sara Hayden, DNP, PMHNP-BC. Your acknowledgment and agreement are required prior to initiating and continuing care. If you do not agree to these terms, appropriate referrals may be provided.

Clinical Services

You consent to receive a comprehensive psychiatric evaluation and, if clinically appropriate, ongoing treatment. At the conclusion of the evaluation, we will mutually determine whether this practice is an appropriate fit for your ongoing care.

I do not have admitting privileges and am not affiliated with or on staff at any hospital. If I determine that you require a higher level of care or services beyond the scope of this practice, I will make reasonable efforts to recommend an appropriate level of care; however, I cannot provide that care directly and cannot guarantee the availability, receipt, or quality of services provided by others.

This practice does not complete disability paperwork and does not participate in litigation, custody disputes, court proceedings, or other legal matters on behalf of patients. Other letters or forms may be considered only after you have become an established patient, generally after at least three completed appointments, and are completed at my discretion. Please allow at least 7 business days for any approved form or letter request.

Urgent and Emergency Concerns

I do not provide on-call, after-hours, or emergency services. Messages sent by email, voicemail, or patient portal outside of business hours may not be reviewed until the next business day. Do not use email, voicemail, or the patient portal for urgent or emergent concerns.

If you believe that you, your child, or another person is in imminent danger, call 911 immediately or go to the nearest emergency room.

Documentation, Records, and Use of Technology

All communication, clinical treatment, and professional services will be documented in the medical record as required by law and professional standards.

To support accurate and efficient documentation and administrative operations, I may use secure, HIPAA-compliant technology tools, including AI-assisted documentation software, when appropriate. These tools are used to support documentation and workflow efficiency only and do not replace my independent clinical judgment. I remain responsible for reviewing, editing, and finalizing the medical record. Any such tools are used in accordance with applicable privacy and security requirements.

You have the right to request access to your medical records in accordance with applicable law. In limited circumstances where direct release could pose a significant risk of harm, records may instead be released to



another licensed healthcare professional designated by you, or a summary may be provided where permitted by law.

Risks and Benefits of Treatment

Psychiatric treatment and psychotherapy may involve both benefits and risks. Risks may include the experience of uncomfortable emotions, increased awareness of distressing thoughts or memories, side effects of medications, and the possibility that treatment may not produce the desired outcome. Potential benefits may include symptom reduction, improved functioning, enhanced coping skills, better relationships, and improved quality of life. No guarantee can be made regarding the outcome of treatment.

Appointments

Services are provided by appointment only and may be offered either in person or via telehealth, depending on clinical appropriateness, scheduling availability, and mutual agreement.

Limited in-person appointments may be available at the following location:

The Village Maternal Holistic Wellness Center
29520 Canvasback Drive, Building 100
Easton, MD 21601

If your appointment is conducted by telehealth, you are responsible for ensuring that your device, internet connection, and audio/video capabilities are functioning prior to the session. You must attend telehealth visits from a private location that allows you to participate safely and confidentially. You may not attend a telehealth session while in a moving vehicle or while engaging in other activities that interfere with your full attention.

You must be physically located in Maryland at the time of any telehealth appointment. If you are not physically located in Maryland at the time of your telehealth session, the appointment cannot proceed and may be treated as a late cancellation.

If you arrive more than 10 minutes late, your appointment may need to be rescheduled and may be subject to the late cancellation fee of \$75 or no-show policy. If you need to cancel or reschedule an appointment, please provide at least 24 hours' notice to avoid a no-show fee of \$75. True emergencies may be considered for waiver on a case-by-case basis. If you miss an appointment due to sudden illness, injury, or hospitalization, documentation may be required in order to consider a waiver.

Medication Management

If medications are prescribed, enough medication will generally be sent to last until your next scheduled appointment. Refill requests must be submitted at least 5 business days before medications run out. Refills are processed during normal business hours only and will not be provided if you do not have an upcoming appointment scheduled, if clinically inappropriate, or if required monitoring has not been completed.

You are responsible for maintaining accurate pharmacy information and for keeping all demographic, contact, and emergency contact information current.

Medication changes, new symptoms, side effects, or concerns about effectiveness may require an appointment and generally will not be addressed solely by email or portal message.



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For stimulants or other controlled substances, you must attend follow-up appointments at the frequency required by law and clinical judgment, generally no less often than every two months unless otherwise specified. I may review the Prescription Drug Monitoring Program (PDMP) as part of safe prescribing practices. Early refills and replacement prescriptions for lost, stolen, damaged, or destroyed controlled medications will not be provided.

Benzodiazepines (such as Ativan, Xanax, Klonopin, and similar medications) are not routinely prescribed by this practice. If you are currently taking a benzodiazepine on a regular basis and do not wish to explore alternative treatment approaches, this practice may not be an appropriate fit for your care.

Email and Electronic Communication Consent

I may communicate with patients by email or secure portal for routine, non-urgent matters, including scheduling, administrative needs, educational information, and, when requested or agreed upon, brief treatment summaries or care recommendations. Email may not be a fully secure method of communication and may carry privacy and security risks despite reasonable safeguards. By choosing to communicate by email, you acknowledge and accept these risks. Email should not be used for urgent or emergency concerns. I will use reasonable safeguards, including verifying contact information and limiting information shared to the minimum necessary, but cannot guarantee absolute confidentiality. It is your responsibility to notify me if your email address changes or if you wish to withdraw consent for email communication.

Please allow up to three business days for a response to non-urgent messages, refill requests, voicemails, and scheduling requests.

Confidentiality and Privacy

Your privacy is important and your information will be kept confidential except as permitted or required by law. Examples of circumstances in which information may be disclosed include, but are not limited to:

- If I suspect imminent risk of harm to you, your child, or another person
- If I suspect abuse or neglect of a child, vulnerable adult, or elderly person, consistent with mandatory reporting laws
- If a court orders release of information
- If you initiate a malpractice claim, billing dispute, or other legal action involving your care
- If your insurance company requests information related to claims, coverage, audits, or utilization review
- If you authorize a release of information
- If limited disclosure is necessary to administrative staff, billing services, collection services, or professional consultants involved in the operation of the practice

You acknowledge that telehealth and electronic communications carry some inherent privacy and security risks despite reasonable safeguards. You also acknowledge that you have reviewed or have been provided access to the Notice of Privacy Practices.

Payment and Financial Responsibility



Billing and insurance-related services are processed through either Headway or SimplePractice, depending on your insurance. Self-pay rates are currently \$300 for the initial evaluation and \$150 for follow-up appointments, unless otherwise agreed in writing. Late cancellation and no-show fees are \$75.

You are financially responsible for all charges associated with your care, including charges not paid by insurance, deductibles, copayments, coinsurance, denied claims, and fees resulting from missed appointments or late cancellations, where applicable. If you have an unpaid balance on your account, you may not schedule future appointments.

If you are uninsured or elect not to use insurance, you have the right to receive a Good Faith Estimate of expected charges in accordance with applicable law.

Termination of Treatment

You may be discharged from treatment for failure to comply with these policies, repeated missed appointments, failure to participate in recommended follow-up, threatening or inappropriate behavior, nonpayment, or when the scope of your needs exceeds what can be safely provided in this practice.

When clinically appropriate and legally permitted, limited transition support or a short-term bridge refill may be provided at the provider's discretion to allow time for transfer of care. Nothing in this policy obligates continued treatment when doing so would be clinically inappropriate, unsafe, or outside the scope of this practice.

Acknowledgment and Consent

By signing below, you acknowledge that you have read, understand, and agree to these Practice Policies and Informed Consent terms, including the possible use of secure, HIPAA-compliant AI-assisted documentation tools and consent to routine non-urgent email communication as described above.

Patient Name:	
Signature:	
Date:	
Parent/Guardian Signature (if applicable):	