

## Serotonin Psychiatric Services Policies

Welcome to Serotonin Psychiatric Services, LLC. Your agreement to the following terms and conditions is required for you/your child to receive professional services from me, Sara Hayden, DNP, CRNP-PMH. If you do not agree, I will be glad to give you referrals to other providers.

### **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, please send me a message through the patient portal. Please note, I do not provide on call or emergency services, and may not be available outside of normal business hours.

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.

Please note that I do not fill out disability paperwork, and I will not participate in any litigation or court proceedings on your behalf. If you need or anticipate needing any of these services, please consider seeking out another provider. Any other forms or letters needed may be requested during an appointment after becoming an established patient (at least two appointments attended). Please allow at least 7 days for a return on any requests.

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.

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.

### **Appointments**

My services are provided by appointment only, and availability varies by day. All appointments are conducted through telehealth, and you must ensure that your equipment is functioning prior to your session. If you are unable to join the telehealth session, you will be asked to reschedule and may be subject to late cancellation fees.

If you need to cancel or reschedule your appointment, please give at least 24 hours notice so not to be charged a no show fee. I understand that emergencies happen, and the no show fee may be waived in cases of true emergencies and when communicated promptly. If you do miss an appointment due to sudden injury or hospitalization, you must provide proof in order to be considered for a waiver of the no show fee. If I am unable to attend your appointment, you will be contacted as soon as possible to reschedule.

Please treat your appointment as you would any in-person appointment by giving your provider your undivided attention and not engaging in any other activities, such as driving.

Due to national licensing requirements, you must be physically located in Maryland at the time of all appointments. If you are not physically located in MD, you must reschedule your appointment and will be responsible for the late cancellation fees.

### **Medications**

If you are prescribed medications, I will send enough to your preferred pharmacy to get you to your next scheduled appointment. If you need a refill prior to your next appointment, refill requests must be sent at least 5 days prior to medications run out to allow adequate time for refills to be sent. Refills will not be sent if you do not have an upcoming appointment scheduled.

If you are prescribed a psychostimulant or other controlled substances, you must have an appointment at least every two months. If it has been more than two months since your last appointment, you will need to schedule an appointment before a refill is sent. Please carefully manage your medications as replacement or early refills will not be sent, even in cases of lost or stolen medications.

Benzodiazepines (Ativan, Xanax, Klonopin, etc.) will not be prescribed by this provider. This class of medication is not indicated for anything other than short-term management of anxiety while a therapeutic dose of a non-benzo is being established, along with active engagement in therapy. If you are on a benzo and do not want to explore other alternatives, you may wish to consider finding another provider.

### **Communication**

The patient portal should be used for scheduling/ rescheduling appointments, reviewing and signing questionnaires/ consent forms, and sharing documents with your provider. The portal should not be used to discuss emergent concerns or to request medication adjustments. If you have concerns regarding symptoms or medications, you should contact the office to request a sooner appointment. Please allow at least three business days for a response to non-emergent voicemails, messages sent through the portal, medication refill requests, and schedule requests.

### **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 may 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.

### **Payment**

You agree to pay professional fees as follows:

All billing is done through Headway, which will be sent to you in a separate email.

Self-pay rates are \$300 for initial evaluation and \$150 per follow up session, also paid through Headway.

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

### **Termination of Treatment**

You may be discharged from treatment for failure to comply with these policies, for exhibiting aggressive behaviors, and for noncompliance with appointments and treatment. You may be subject to termination if you "no show" two consecutive appointments or three appointments in a calendar year. You must remain in active treatment for ongoing care to include medication refills.

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

Signature (required) \*