**KAP Privacy Practices and Payment Policy**

Welcome to our practice! This document contains important information about our professional services and business policies. **Please read it carefully and jot down any questions you might have so that we can discuss them as needed.**

**MEETINGS, CANCELLATIONS, AND NO-SHOWS**

We will work together to determine an appropriate sequence of scheduled appointments to support you in your ketamine assisted psychotherapy. We are very aware that life is complicated and can often get in the way of our best intentions to access support. However, we hold your scheduled appointment time for you alone, and it is very difficult for us to fill your last-minute cancelled session on short notice. Hence, once an appointment is scheduled, we will expect you to attend, or to provide 48 business hours (two days) advance notice of cancellation. If it is possible, we can try to find another time to reschedule our appointment, but please know that our ability to do this is limited.

You will be expected to pay for any sessions cancelled less than 48 business hours before our appointment time. If you cancel more than one session in our planned treatment sequence, we will then have a conversation with you and your referring provider about whether this specialized service is the right choice for you at this time in your life.

We reserve the right to stop providing our services with clients who regularly cancel sessions without notice, and to refer them to more appropriate care. You will not be charged for any sessions we cancel. We will do our best to notify you well in advance about upcoming vacation weeks, or any need to change or cancel an appointment.

**No-shows:** If you do not show or call to your session, we will reach out to you via your preferred contact method to check on your general well-being (and may follow up with any safety procedures as is appropriate).

**PROFESSIONAL FEES**

Here is our current pricing structure:

***Session Type Time Hourly Rate Cost***

Psychological Preparation *2 hours* @ $150 $300

KAP Session *3 hours* @ $200 $600

Medical Preparation

(*Above* d*etermined by the Independent Medical Provider*)

Integration *45-50 minutes* @ $175 $175

 $1,075

**Total 6 hours $1075 for the Initial Journey.** Subsequent KAP sessions, and the number of Integrations sessions can vary.

*A typical course would be:* 1 Psychological Prep session, 6 KAP sessions, and 6 Integration Sessions within a 2-3 week period would cost $4,950.00. This does not include the medical Preparation completed by the outside medical provider.

We will determine together how many journeys are indicated for your whole treatment arc, and may also require additional preparation and integration sessions, which will add to the total cost.

Just like any other professional service providers, we have payment policies that guide smoother transactions between us and our clients. If you have questions or concerns about these policies, let’s discuss them at the outset so that there are no surprises as we begin our work together.

Payment for each preparation session is due at the time of the visit. Payment for the journey and the integration sessions are due 48 hours before the journey. If additional journeys are desired, they are charged at a rate of $775 per session (1 KAP and 1 Integration).

We will refund payments for the journey if we are unable to provide the service. If the journey is canceled by the client, no refunds are available. We will credit the payment for another scheduled time if the cancellation occurs more than 48 hours in advance.

We accept payment by check, or credit card (via **IvyPay**). Any returned checks will be charged a $25 fee.

If you are using a credit card, the most secure and confidential manner of accepting payments is via **IvyPay**, as it is a service designed for health professionals (your bank statements will only say "IVY" and not our names, and it stores payment information in a fully encrypted, PCI compliant environment). The system will send an initial text asking you to register your card information and authorize us to charge your card when you arrive for session.

You will be expected to pay for each session before or at the time of service. We are unable to let clients carry a balance for these sessions. Please inform us if problems arise during our treatment that might impact your ability to make timely payments.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information we release regarding a client’s

treatment is the client’s name, the nature of services provided, and the amount due.

In addition to these appointments, we charge our hourly fees for other professional services you may need on a prorated basis. These may include report writing, telephone conversations lasting longer than ten minutes, attendance at meetings you have authorized with other professionals, preparation of records or treatment summaries, and the time spent performing any other service you may request of

us.

**COURT FEES**

If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time, even if we are called to testify by another party.

When served with a subpoena *duces tecum* for our appearance in person or a deposition subpoena for our appearance, the following fee policies will be in effect. This is the case unless you receive a signed, written amendment from Harford Psychedelic Therapy, Inc. (HPT).

Ourfee for scheduled appearance is **$200.00 /hour** paid in advance; beginning from the time we leave the office to the time we return. There is a **$150.00** preparation fee for court cases. I agree to parking fees my HPT therapist incurs for court, any tolls incurred, as well as reimbursement for mileage at **$.55**/ mile. The minimum charge for court is **$600.00.** The fee is due with the subpoena. If the fee is not paid at that time, arrangements for payment are the duty of the party requesting the appearance. That party will receive a separate communication indicating the fee agreement.

The fee is required for our scheduling the day or any fraction of the day. The fee is due whether or not we are actually called on that day. The fee is due even if the appearance is cancelled by anyone other than HPT for any reason at any time. These are our usual and customary fee arrangements. **If the court appearance must occur on a date where this therapist is scheduled to be out of town, the fee automatically doubles.**

Further required attendances will be charged at additional daily rates under the same circumstances. These terms are not negotiable.

**INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health benefits policy or insurance plan, it will normally provide some coverage for mental health treatment.

The administration of ketamine for mental health concerns is currently not covered by insurance companies, as this is still considered an off-label use. However, you may be able to seek some reimbursement for the preparatory and integration sessions (as sometimes those can be billed as psychotherapy services).

We do not currently participate in or bill to any insurance networks. If your plan covers out-of-network mental health services, we can provide you with a billing statement (often known as a “superbill” or invoice) to submit for reimbursement to your insurance company. Payment must be provided to us **directly** at the time of service.

We can fill out forms and provide you with whatever assistance needed in helping you receive the benefits to which you are entitled; however, it is very important that you find out exactly what mental health services your insurance policy covers. Carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan

administrator.

**CONTACTING US**

When we schedule your Psychological Preparation appointment, we will collect your name, telephone number, email address, and birthdate so that we can provide you access to the Electronic Health Record. You register yourself and you will be able to complete any forms requested prior to the initial appointment. These forms must be complete 24 hours prior to the first appointment. You may also message your provider at that time. Contacting your provider is best don’t through the Electronic Health Record because this portal is the most private and secure way for us to

communicate with each other.

For small administrative matters, such as confirming or changing appointment times, it is best to use the EHR messaging platform. We check this portal each day, and generally receive and return messages within 24 hours, with the exceptions of weekends and holidays.

Emergency phone consultations of ten minutes or less are normally free. However, if we spend more than ten minutes a week on the phone, if you leave more than ten minutes worth of phone messages in a week, or if we spend more than ten minutes reading and responding to emails, we will bill you on a prorated basis for that time.

For acute emergencies in which you need to talk to someone right away, please access 24-hour psychiatric services by dialing 911, contacting the National Suicide Hotline by dialing 988, contacting the Harford County Kleins Family Crisis Center at 1-800-639-8783.

It is important that you maintain your relationship with the therapist who referred you to our service. After your integration session with us, we expect that you will continue receiving therapy from your referring provider.

**PROFESSIONAL RECORDS**

The laws and standards of our profession require that we keep treatment records. You are entitled to receive a copy of these records unless we believe that seeing them would be emotionally damaging, in which case we will be happy to send them electronically to a mental health professional of your choice should you need us to coordinate your care.

You must make the request in writing; we will respond to you within 5 working days, and will provide copies of your records within 30 days. Sending electronic records is free. For paper records, You will be charged an appropriate fee for any time spent in preparing information requests, and if you request copies of your file, we will charge you not more than $.50 for each page.

Typically, a copy of your records will be provided, or, if it is deemed more appropriate, a summary of your records can be prepared for you. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. We recommend that you review them with us so that we can discuss the contents.

By law, your records will be kept for 7 years following termination of treatment. After 7 years, they will be destroyed in a manner that preserves your confidentiality.

**COMPLAINTS**

If you believe that Harford Psychedelic Therapy, Inc. violated your privacy rights, you have the right to complain to me or to the Secretary of the U.S. Department of Health and Human Services (DHHS) at 200 Independence Avenue, S. W., Washington, D.C. 20201 or by calling (202) 619-025. You may file a written complaint with me at the address below. An individual must file a complaint within 180 days of when he/she knew or should have known that the act or omission occurred, unless the time limit is waived by the Secretary of DHHS. Harford Psychedelic Therapy, Inc., will not retaliate against you if you choose to file a complaint.

Contact Address:

Jonathan Drumgoole, LCPC

Harford Psychedelic Therapy, Inc.

1212 Churchville Road, Suite 201

Bel Air, MD 21014

**CONFIDENTIALITY**

THIS NOTICE GIVES YOU INFORMATION REQUIRED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) that prescribes legal duties and privacy practices to protect the privacy of your individual identifiable health information; this is, Protected Health Information (PHI), as that term is defined in the HIPAA under A Information.

THE EFFECTIVE DATE OF THIS NOTICE IS April 1, 2014. Drumgoole Counseling Services, Inc. is required to follow the terms of this Notice until it is replaced. Drumgoole Counseling Services, Inc. may make changes to the terms of this Notice at any time.

**Upon your request, we will provide you with a copy of the current Notice.** Drumgoole Counseling

Services, Inc. reserves the right to make the changes apply to your Information maintained in our files before and after the effective date of the new Notice. The following is a general description of how Federal and State law permits us to use and disclose your Information.

**Purposes for which Harford Psychedelic Therapy, Inc. May Use or Disclose Your Mental**

**Health Information with your Consent**

Harford Psychedelic Therapy, Inc. may request your consent for the use and/or disclosure of your Information for treatment, payment or health care operations as described below:

• Treatment. Harford Psychedelic Therapy, Inc. with use and disclose your Information to provide, coordinate, or manage your mental health care and any related services. Harford Psychedelic Therapy, Inc. may disclose your Information to physicians, therapists, other mental health providers, or other health care providers who are treating you or assisting in your diagnosis, treatment, or recovery.

• Payment. Your Information will be used and disclosed, as needed, to obtain payment for your

mental health care services. This may include certain activities that your health insurance plan

undertakes before it approves or pays for the mental health care services we recommend for you,

such as making a determination of eligibility or coverage for insurance benefits, reviewing

services provided to you for medical necessity, and utilization review activities. If more than

one, third party payer is responsible for payment for your health care, Harford Psychedelic Therapy, Inc. may disclose your Information to more than one health plan and those health plans may share your Information with each other. Your Information may also be used and disclosed as needed to obtain payment for mental health care services rendered to you by other providers.

• Mental Health Care Operations. Harford Psychedelic Therapy, Inc., may use or disclose, as needed, your Information in order to support my delivery of mental health care services. Harford Psychedelic Therapy, Inc. may call you by name in the waiting room area. Harford Psychedelic Therapy, Inc. may use or disclose your Information, as necessary, to contact you to schedule an appointment (via phone or email) or remind you of your appointment.

• Harford Psychedelic Therapy, Inc. may share your Information with third party Business Associates who perform various administrative services. For example, those within Harford Psychedelic Therapy, Inc., or with whom Harford Psychedelic Therapy, Inc. contracts, who perform billing services, transcription services, record retention, or other professional consultants. Whenever an arrangement between a Business Associate and me involves the use or disclosure of your Information, we will have a written contract that contains terms that will protect the privacy of your Information.

• Health Care Services. Your Information may be used and disclosed to contact you and to give

you information about treatment alternatives or other health benefits and services that may be of

interest to you.

**Uses and Disclosures With Your Verbal Consent**

Your Information may be disclosed to a family member, friend, or other person designated by you or as designated by the law, if you verbally agree.

**Uses and Disclosures with Your Written Authorization**

Except as provided below, your Information will not be used for any non-routine purposes unless

you give your written authorization to do so. If you give written authorization to use or disclose

your Information for a purpose that is not described in this Notice, then, with certain exception,

you may revoke it in writing at any time. Your revocation will be effective for the Information

Harford Psychedelic Therapy, Inc. maintains, unless Harford Psychedelic Therapy, Inc. has taken action in reliance on your authorization.

**Uses and Disclosures Without Your Consent**

As required by law;

• To comply with legal proceedings, such as a court or administrative order or subpoena;

• To law enforcement officials for limited law enforcement purposes;

• To a coroner, medical examiner, or funeral director about a deceased person;

• To avert a serious threat to your health or safety or the health or safety of others;

• To a governmental agency authorized to oversee the mental health care system or government

programs;

• To federal officials for lawful intelligence, counterintelligence, and other national security

purposes; and

• To public mental health authorities for public health purposes.

Your Rights

*You may make a written request to me to do one or more of the following concerning your*

*Information*:

• Put additional restrictions on use and disclosure of your Information.

• Communicate with you in confidence about your Information by a different means than

Harford Psychedelic Therapy, Inc. is currently doing.

• See and get copies of your Information.

• Receive a list of disclosures of your Information that Harford Psychedelic Therapy, Inc.

has made for certain purposes for six (6) years prior to your request (after April 14, 2003), with

certain exceptions permitted by law, which includes exceptions for disclosure made directly to

you or made pursuant to your authorization.

If you want to exercise any of these rights or require further information about privacy practices,

please contact me at the address below. In certain instances, Harford Psychedelic Therapy, Inc. is not required to agree to your request. Harford Psychedelic Therapy, Inc. will give

you the necessary information and forms for you to complete and return to request your

Information. Harford Psychedelic Therapy, Inc. is permitted, by law, to charge you a fee

for copying any documents requested in accordance with your rights as listed above. (Fee $.50

per page.)

**KAP Privacy Practices and Payment Policy Receipt**

*By signing the KAP Privacy Practices and Payment Policy Receipt, you indicate that you have read the information in the KAP Privacy Practices and Payment Policy document and agree to abide by its terms during our professional relationship.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Patient Name Date

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Patient Signature