

### **Practice Policies**

### Office Hours

Practice hours are Monday through Friday from 9:00 am to 5:00 pm. Individual providers may have different hours available by appointment. For non-urgent telephone calls after hours, you may leave a voice message and every effort will be made to return your call as quickly as possible by the end of the following business day. If you have an emergency after hours please call 911, 207-774-HELP, and/or go to the nearest hospital emergency department.

#### **Initial Evaluation Period**

Your first one to three appointments represent an Initial Evaluation Period. During these first few meetings we gather information and make an assessment. During this period, we have not yet entered into a treatment relationship with you. You or we may determine that, due to your particular condition or circumstances that it is in your best interests to receive treatment with a different provider, in a different setting, or at a different level of care, and accordingly we may refer you elsewhere.

# Billing and Insurance

All payments are due at the time of service. The patient is responsible for payment in full unless the clinician is a participating provider in your insurance plan. If the clinician is a participating provider, your insurance requires us to collect co-payments and/or co-insurance amounts at the time of service. For your convenience, we accept cash, checks and major credit cards. There will be a charge of \$35.00 for each returned check. It is the patient's responsibility to notify us of any changes in address, telephone number(s), and/or insurance coverage. We cannot accept responsibility for any denial of insurance payment due to lapse or change in coverage, and you will then be responsible for payment in full. The patient is responsible for contacting their insurance company (and/or the division that manages their mental health benefits) prior to the first appointment. If pre-authorization is required by your plan and is not obtained, then you could be responsible for the charges. Our practice requires a credit card authorization completed and signed by the patient that we will keep on file and automatically charge all fees, including no-show fees, administrative fees, co-pays, co-insurance, or self-pay fees as outlined in this policies document.

### Scheduling, Cancellations, & Missed Appointments

We urge you to schedule your priorities carefully and remember that few things are more important than your health. Therefore, it should be the rare exception that you are unable to keep a scheduled appointment. When you must cancel an appointment, however, we require that you notify us as early as possible, but not less than 48 hours in advance. Because the appointment time is being reserved for you, any less than 48 hours' notice - or simply not showing up at all for a scheduled appointment ("no-show") - will result in your being charged a no-show fee of \$150. This includes initial first-time appointments. Three consecutive no-shows will be considered non-adherence with treatment, you will be discharged and your file will be closed. \* At the conclusion of a visit, your clinician will indicate when you should next follow up and it is your responsibility to schedule and keep this follow-up appointment. If you do not make it to an appointment, it can be difficult to schedule one quickly at the last minute. If more than three months have



elapsed since your last appointment and we have not heard from you, we cannot continue to be responsible for your care. Your file will be closed and you will be discharged.\*

# **Prescription Refills**

We generally prescribe enough medication to last until your next appointment so if appointments are kept you should not generally need to call for refills. If you do need to call we have a dedicated voice mail box for these requests. When calling for a prescription refill, please have all information ready including the patient's name, medication name, dosing, pharmacy name and location. It is the patient's responsibility to allow ample time for prescriptions to be ordered and filled. Please do not wait until the last minute when you are out of or about to run out of medication and expect us to be able to respond immediately. Generally, we order enough medication to last at least until your next scheduled appointment, so if you are running out before that, it might be because you have missed appointments. Again, it is your responsibility to follow through with appointments and make sure that your medication supplies are adequate. Requests for refills may be left as a voice mail message.

### **Controlled Substances**

If during the course of treatment, you are prescribed controlled substance (including but not limited to benzodiazepines, stimulants, and buprenorphine-containing medications) you understand and agree to use these medications only as prescribed, not to take extra doses, skip doses, or change doses without discussing with your doctor first. You understand and agree that it is your responsibility to keep these medications stored in a safe place to make sure they do not get lost or stolen, and to never share them with anyone else. You understand and agree that if any of these medications are lost or stolen or misused, that early refills or replacements cannot be given. You consent to have random urine toxicology screening tests when your doctor orders them, and to bring your medication to the office for pill or strip counts when asked to do so. You understand and agree that you are responsible for disclosing all of the medications you are prescribed and taking to any and all medical or healthcare professionals who might treat you in any other setting. You agree to sign a separate release of information form to allow your doctor to communicate with any other medical providers, counselors, or therapists you may see if it is deemed necessary in the process of prescribing controlled substance. You agree to adhere to all scheduled appointments. You understand and agree that repeated violations of these requirements may result in your being prescribed a safe tapering regimen of the controlled medication and discharge from this practice.

### **Emergencies**

An emergency condition may include, but is not limited to, medication complications, side effects, allergic reactions, suicidal or homicidal thoughts, thoughts of self-harm, or other medical or psychiatric crisis situation.\*\* If you have a true emergency, you should always call 911 and/or proceed to the emergency department of the nearest hospital in addition to calling us. There may be times when, due to vacations or other absences, another clinician from outside of our practice may provide emergency coverage. The name and telephone number or instructions on how to contact the covering clinician(s) will be made available on the recorded telephone announcement of our office. The statewide crisis response line is also available at 207-774-HELP (4357).



### **Telehealth Visits**

Telehealth provides the ability to meet with your provider without traveling to the office to meet in person. While there are clear advantages to telehealth visits it is not a substitute for in person visits and, depending on your individual needs, your provider may discuss the need for you to come to the office for in-person visits at certain intervals (for example, every other or every third visit). In some situations telehealth is not adequate, and it is at the provider's discretion whether or not they are comfortable treating you via telehealth. If your provider feels that you cannot be safely or properly treated via telehealth and you are not able or willing to come for in-person visits then we may refer you elsewhere.

Telehealth is convenient and mobile devices make it possible to have a session just about anywhere. Nonetheless, we ask that you treat your appointment as a serious and important meeting. Please be prepared to sit down, place your device down on a table or desk, and be in a private room where you will not be interrupted or distracted. We cannot hold telehealth sessions if you are driving and will ask you to pull over. We cannot hold telehealth sessions if you are walking, pacing, and holding the device in your hand while it is moving all over.

## Disability

Disability or inability to work due to a mental health condition can be a complicated issue and the determination of disability is a process. <u>Disability is not automatic simply because you have entered treatment</u>. We do not make any promises to complete disability forms or excuse anyone from work unless it is determined that you are truly unable to work and there is a real benefit to you being away from work. Making such a determination usually requires more than a single visit and may also depend on your adherence to treatment recommendations. Completing forms, writing letters, copying and mailing records, etc. are subject to an administrative fee depending upon the time needed to complete.

# Administrative Paperwork, Forms, Copies, Etc.

Because our practice is subject to the financial constraints of reduced fees imposed upon us by managed care and insurance plans, we are forced to charge administrative fees to cover our costs for copying, completing forms, composing or writing letters, faxing or emailing reports, or other similar administrative tasks that may become necessary during the course of your treatment. Fees are based on cost for time, supplies, postage, or others costs.

### **Psychotherapy and Therapeutic Relationships**

The relationship you develop with your clinician will involve trust, sharing of personal and sensitive information, and, at times, a considerable degree of emotional vulnerability. Because of this level of psychological intimacy, it is common and natural for you to sometimes develop strong feelings, either positive or negative, towards your clinician. It is often therapeutic and helpful to discuss these feelings with your clinician if they arise. You must remember, however, that the relationships between you and your clinician(s) are strictly professional. You should not expect to interact socially with your clinician, invite them out, to your home, or to social activities. You should not ask or expect them to relate to you in any way other than in the professional context of your treatment. We treat our patients/clients with the greatest respect and dignity at all times and we expect that you will return this consideration. Any comments, requests, gestures, or overtures directed at the therapist and/or staff that are considered inappropriate will result in immediate discharge from treatment.\*



Unlike some medical treatments in other healthcare fields, where the patient may be in a more passive role with respect to the doctor, psychotherapy works in part because of a relationship between therapist and patient who enter into an alliance to work together toward the goal of improving the patient's well-being and mental health. Therapy should create the safety to take risks and the support to become empowered to change. There can be no guarantees as to the outcome of psychotherapy and much depends on the level of commitment you bring to it. Psychotherapy also has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with the therapist to be a source of strong feelings, some of them painful at times. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.

# Groups

If as part of your treatment you participate in one or more therapeutic groups you understand and agree to all of the following: (1) Therapeutic groups are intended to provide a form of psychotherapy in which a clinician leads or "facilitates" the group process which members of the group also contribute to listening, supporting, and giving feedback to other members. In this way, everything in the previous paragraph titled "Psychotherapy and Therapeutic Relationships" also applies to group therapy with the addition of the fact that ALL group members as well as the facilitator are mutually entering into a "therapeutic alliance" together; (2) All group members are expected to be respectful and courteous toward one another at all times and insensitive, aggressive, or abusive language or behavior towards others in the group cannot be tolerated and may result in dismissal from the group; (3) All group members are expected to maintain complete confidentiality and never to disclose any information that can in any way identify another group member or disclose anything any group members talks about in group with anyone outside of the group; (4) Because the group is a therapeutic setting it will involve trust, sharing of personal and sensitive information, and, at times, a considerable degree of emotional vulnerability. Because of this level of psychological intimacy, it is not uncommon for people to sometimes develop strong feelings, either positive or negative, towards fellow group members or the facilitator. It is often therapeutic and helpful to discuss these feelings with your clinician if they arise. Also, for these reasons, socializing or contact between group members outside of the group is generally not recommended as it may create confusion about the nature of relationships and potentially interfere with the therapeutic function of the group.

## E-mail and Text Messaging

Secure, confidential messages can only be sent through the patient portal (OnPatient). Ordinary email and text messaging should be used only for non-clinical and non-private messages at your own risk since these services are subject to the many vulnerabilities of the internet outside of our control and privacy and security cannot be guaranteed. NEVER use ANY of these methods of electronic commutation (including patient portal - Onpatient) to report any emergency. We cannot be responsible for responding to an emergency in a timely and appropriate fashion if it is communicated by electronic message. Instead, always call by telephone/voice in the event of an emergency. \*\* If you have a true emergency, you



should always call 911 and/or proceed to the emergency department of the nearest hospital in addition to calling us.

## **Public Encounters**

There may be times when you happen to see your clinician in a public place such as a supermarket, shopping mall, theater, etc. In order to respect your privacy, we will not greet you or make any public acknowledgement of your association with us. Please do not interpret this as coldness or indifference, but rather as respect for your privacy. If you choose to initiate an interaction by saying hello, then your clinician will take that as your giving permission to respond appropriately, but will never discuss clinical material in a public place.

### Notes, Letters & Emails

If you choose to write notes, letters, or emails to your clinician during the course of your treatment, they will become part of your clinical record. Your clinician has scheduled time for you during regular sessions and cannot promise they will have additional time available to read lengthy material in between sessions. Any important, clinically relevant material should be shared with your clinician verbally during scheduled sessions. Written notes and letters must NEVER be used to communicate an emergency. We cannot be responsible for responding to an emergency in a timely and appropriate fashion if it is communicated in the form of a written letter or note. Instead, ALWAYS call by telephone for this kind of situation.

### Gifts

Your relationship with your clinician is strictly a professional one. Bringing gifts or personal greeting cards is generally not appropriate and is discouraged. Please do not be offended if your clinician cannot accept these items.

## **Dress**

We encourage individuality and want you to dress however you want. We do request, however, that for in-person and telehealth sessions you wear proper clothing that keeps you covered appropriately. Your provider will discuss this with you if there are any concerns.

# Confidentiality

Please refer to our separate Privacy Policies document for full details regarding use and disclosure of protected health information in accordance with HIPAA laws. In the event that a friend, family member, spouse, significant other, or anyone else contacts us, we cannot and will not identify you as a patient/client, nor discuss anything about you, unless you have given prior written consent. If you wish to have a family member or significant other informed of your treatment and/or progress, we ask that you designate one individual as the contact person rather than have us attempt to communicate with several different people, as this gets cumbersome and confusing for all involved. In the event of an emergency such as dangerousness to self, others, or property, protecting you and/or others from harm always takes precedence and, by law, confidentiality may be broken (See separate Privacy Policies).



We reserve the right to change any of these Policies and will post any changes at our office and on our website. These policies are effective in their entirety as of January 1, 2018.

\*We will attempt to contact you by telephone and/or mail and provide you with resources to find a new provider. We will be available to you for emergencies and prescription refills for a limited time until you can obtain an appointment with a new provider.

\*\*Please note that when you become a patient, you are making a contract with your therapist and/or psychiatrist to immediately report any thoughts, feelings or impulses you may have to harm yourself or someone else. You will do your part to contact us BEFORE acting on any such thought, feeling, or impulse. We are here to help, but we must rely on you to be honest and forthcoming about such issues at all times.

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