Name: _____ Date of Birth: _____

General Office Policy AGREEMENT

Appointments

Initial consultations are scheduled following a brief conversation by phone by our intake department. Evaluations are 60 Minutes in length and consist of an extensive medical and psychiatric history. Laboratory tests may be part of your workup. With permission, your provider may request collateral information from medical providers, family, or significant others to aid in case formulation and diagnosis. The initial evaluation is considered a consultation, as it is an opportunity for both the patient and provider to decide whether they are a good fit for ongoing care (individuals are responsible for the consultation fee regardless). Should both agree to work together after this consultation, follow-up appointments are either "Medication Checks" (15-30-minutes in length) or 45- 60-minute therapy appointments. We will collaborate to develop a treatment plan that fits your individual needs, which may include therapy, medication management or both. If you have a therapist/prescriber that you would like to continue working with, we will be happy to collaborate with that individual, provided that you sign a release of information. At a minimum, on-going patients are seen every one to three months for medication management and therapy services are based on individual needs ranging from weekly to monthly.

It is critical to keep your scheduled appointments, as it affects your care, operations of the office, and patients who could have used the slot. We understand situations happen where you need to move your appointment, we ask that you kindly call the office at least 48 business hours in advance. Any patient who arrives 10 minutes late for their appointment will only be seen if the schedule allows, this is up to the discretion of the clinician. If the appointment needs to be rescheduled, this will be considered a same-day cancellation.

A pattern of same-day cancellations and no-shows may be subject to fees and/or potential termination from the practice. The first established same-day cancellation or no-show within a calendar year may result in a $100 charge, second time may result in a $150 charge. Any additional times may result in discharge from the practice. One-time emergencies will be considered. For urgent issues, our office will try to make any same-day accommodations, however we cannot guarantee an appointment. For emergencies, please contact your nearest emergency department or contact 9-1-1.

INSURANCE:

Prime Behavioral Health accepts most insurance health policies, however it is the patient's responsibility to confirm coverage, eligibility, and benefits. If changing insurance carriers or to update your insurance information, please notify our office as soon as possible. Prime Behavioral Health providers are in-network for most medical insurance companies. It is the patient's responsibility to obtain any prior authorizations required by the insurance company prior to their first appointment. It is also the patient's responsibility to ensure Prime Behavioral Health has a copy of their current insurance cards and insurance information on file.

Payment of Fees

Our office accepts major credit cards, checks, and HSA/FSA accounts for your convenience. Co-payments are due at the time of the appointment and any denied claims from your health insurance company will be the patient's responsibility. Any patient responsibilities are due to your health insurance coverage and benefits; it is recommended to contact your insurance prior to contacting our office to review any bills. If you are experiencing financial difficulties, we may set up a payment plan for any cost-share responsibilities.

All patients are required to keep an active credit card on file (used for missed appointments, phone appointments, late cancellations, administrative work, letters & family conferences). If a patient misses two appointments, they will be required to prepay via credit card when scheduling. If you are self- paying, payment is due at the time of booking or prior to your appointment

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Missed Appointments/Weather Policy/Cancellations

If you are unable to keep an appointment, please give 48 business hours advanced notice (excluding weekends and holidays), otherwise you will be charged in full for the time that was reserved for you (for example, if your appointment is on a Tuesday at noon, you must cancel by the previous Friday at noon or you will be responsible for the full appointment fee). Insurance companies do not reimburse for missed appointment charges. You may cancel your appointment by calling the office and leaving a message. If you are late for an appointment, you will be seen for the remainder of your reserved time. You will be responsible for the full session fee (this includes initial visits). We do not close due to weather, unless it is a State of Emergency. If you miss a visit and we are unable to reach you by phone, your provider will run your credit card on file for the full fee of the scheduled appt. Signing this form gives permission to do so. Two or more no shows or late cancellations within a calendar year may result in termination of the patient/provider relationship at the provider's discretion.

Office Coverage

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If your provider is out of the office, coverage is available on an emergency basis. For non-emergent issues, you may leave a message for your provider.

Prescription refills will be called in Monday through Friday 9AM-4PM and will be responded to within 48- 72 business hours. ***Covering providers do not refill controlled substances***. Patients are responsible for keeping their appointments and re-scheduling (if they cancel or miss an appointment) several weeks prior to running out of controlled substances. We are not responsible for adverse events due to failure to do so.

Medication Requests and Prescription Refills

Patients may call the office and leave a message for prescription refills on our refill line extension 600. Refills are called in Monday through Friday only, during normal business hours. Please allow 72 business hours for all requests.

Our office takes the prescription of controlled medications very seriously. An initial face-to-face appointment AND an in-office visit every 90 days at a minimum may be required by your provider, the DEA and the state of Massachusetts. We will not make exceptions to local or federal regulations.

- ❖ If you are prescribed a controlled substance, appointments are required for refills.
- ❖ Lost or stolen controlled substance prescriptions will not be replaced under any circumstances. If patients are having withdrawal symptoms due to lost or stolen controlled prescriptions, they are responsible for going immediately to the ER or calling 911 to seek immediate medical attention.

Emergencies

If you have an emergency (such as an allergic reaction to medicine, suicidal thoughts with plan to act, or a suicide attempt) you must call 911 or go to your nearest emergency room. This is a requirement, as we are not available at all times and emergencies require immediate attention. After doing you should call the office to inform any providers caring for you and schedule an appointment. We are not always immediately available this is why you MUST call 911 or go to your nearest emergency room first. If you have any concerns about this policy, you are required to discuss with your provider (at the initial evaluation or if you develop concerns during your course of treatment).

Contacting Your Provider

Patients can contact their providers through our business phone 617-479-4545. E-mails are only used for scheduling and supplying google meets links. We can typically return calls within 48 business hours Monday through Friday. If questions require a lengthy discussion (for example, any medication change), patients will be asked if they would like to schedule an appointment.

Transferring Between Providers in Our Practice

If an active patient of one of our providers wishes to transfer to another provider within the practice, they are to discuss this directly with their active provider. A transfer is dependent on ***BOTH*** the active provider confirming appropriateness to stay in the practice AND the new provider agreeing to accept the patient after reviewing the case with the active provider. ***A patient can transfer within the practice ONE time only***. If a patient's chart was closed with the practice, or their care was terminated by their provider (for example, for breaching a controlled medication contract or if a provider deemed that they did not have the skill-set or resources to safely care for that patient), ***they may NOT re-open their chart with a new provider within the practice.***

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Medical Records

Our providers generally do not release patient evaluations, progress notes or therapy notes. A summary of care will be provided to patients and/or third parties when medical records are requested. There will be administrative fee for all record requests except if they are sent directly to another provider or for disability determination for social security.

Release of Information and Collateral

With a signed release provider may discuss patient data or provide records with other providers and/or third parties. Additionally, providers within Prime Behavioral Health may collaborate on cases without a signed release (for example, if a patient is obtaining care from both a prescriber and a therapist both within our practice, it will be assumed that they can coordinate care, even without a signed release). Additionally, it is assumed that covering providers will also have full access to the patient's chart. Finally, there may be instances where a provider assesses that it is in the medical best interest of the patient to discuss their case with a third party without consent. Examples, include (but are not limited to) if a provider has concerns that at patient is at risk of harming themselves or others, is abusing a medication, is obtaining controlled medications from multiple providers, is having a severe side effect from a medication, or that a patient's medication may have a severe interaction with a medication being prescribed by another provider.

Discharge/Closing Charts

Our providers may "close" or inactivate a patient's chart for a number of reasons including but not limited to: a patient terminating care voluntarily (as when moving or finding a new provider), a patient violating a controlled substance agreement, a patient not following a provider's treatment recommendations, a patient's condition requiring a higher level of care than we are able to provide (as assessed by the provider), a provider assessing that they do not have the skill-set required to adequately treat a patient or their condition, lack of follow up at intervals specified by the provider, or a patient missing or late canceling 3 appointments within a year. If a patient has not been seen for 6 months, Prime will assume they have self-terminated and their chart will be closed unless the patient contacts the office to reestablish care. When a chart is "closed," we are no longer able to prescribe you medications, schedule you for appointments, or assist if you are in crisis. You are responsible for ensuring that you have office visits every 3 months or less (exact timing determined by your provider) exceptions are made on a case-by-case basis and for keeping your address, phone number and e-mail updated with our office. We are not responsible for correspondence or calls not reaching their intended destination if you move, get a new phone number or e-mail address and do not notify us.

If your chart is closed, and you would like to restart care, we cannot guarantee availability or that we can see you back as a patient. It will be based on provider availability and discretion, and you may be required to have an initial 60-minute visit (above fees apply).

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Name: _____ Date of Birth: _____

Additional Policies for Telehealth Appointments

Patients being seen for telehealth appointments (HIPAA Compliant Google Meets visits for example) must review and sign the following consent form.

TELEHEALTH INFORMED CONSENT

Telehealth is healthcare provided by any means other than a face-to-face visit. In telehealth services, medical and mental health information is used for diagnosis, consultation, treatment, therapy, follow-up and education. Health information is exchanged interactively from one site to another through electronic communications. Telephone consultation, videoconferencing, transmission of still images, e-health technologies, email, patient portals and remote patient monitoring are all considered telehealth services.

1. I understand that telehealth involves the communication of my medical and mental health information in an electronic or technology assisted format (phone, videoconferencing and others).
2. I understand that I may opt out of telehealth visits at any time. This will not change my ability to receive future care at Prime Behavioral Health, but may affect my ability to see my current provider.
3. I understand that telehealth services can only be provided to patients, including myself, who are physically located in the state of Massachusetts, at the time of their visits. It is my responsibility to notify Prime Behavioral Health's staff should I no longer be able to have appointments via Telehealth in Massachusetts.
4. I understand that telehealth billing information is collected in the same manner as regular office visits, and visit fees are the same for face-to-face visits and telehealth visits at Prime Behavioral Health.
    a. For Therapy ONLY I understand that if technology fails for a videoconferencing session, the visit will may be moved to a phone appointment, and I will still be responsible for the full visit fee.
5. It is my responsibility to discuss with my insurance company, whether they reimburse for telehealth appointments. Our fees do not change whether a patient's insurance company accepts telehealth as a reimbursable expense, and it is my responsibility to research before making appointments with this office.
6. I understand that all electronic medical communications carry some level of risk. While the likelihood of risks associated with the use of telehealth in a secure environment is reduced, the risks are nonetheless real and important to understand. These risks include, but are not limited to:
    a. It is easier for electronic communication to be forwarded, intercepted, or even changed without my knowledge and despite taking reasonable measures.
    b. Electronic systems that are accessed by employers, friends or others are not secure and should be avoided. It is important for me to use a secure network.
    c. Despite reasonable efforts on the part of my healthcare provider, the transmission of medical information could be disrupted or distorted by technical failures.
    d. Telehealth visits could be "hacked," despite reasonable efforts being made to prevent this from occurring.
7. I agree that information exchanged during my telehealth visit will be maintained by doctors, nurse practitioners, therapists, administrators, and other providers involved in my care.
8. I understand that medical information, is governed by federal and state laws that apply to telehealth.
9. I understand that Skype, FaceTime or similar services may not provide a secure HIPAA-compliant platform, but I willingly and knowingly wish to proceed. If I have questions pertaining to the platform that my provider is using, it is my responsibility to discuss with my provider and/or Rittenhouse Psychiatric Associate's staff, before any telehealth appointments.

By signing here, you acknowledge you have read, understand, and agree to policies on this page:

Patient Name: Signature Date Signed

Name: _____ Date of Birth: _____

10. I understand that I must take reasonable steps to protect myself from unauthorized use of my electronic communications with others.
11. The healthcare provider is not responsible for breaches in confidentiality caused by an independent or third party or by me.
12. I agree that I have verified to my healthcare provider my identity and current location in connection with the telehealth services. I acknowledge that failure to comply with these procedures may result in the termination of my telehealth visit.
13. I understand that I have the responsibility to verify the identity and credentials of the healthcare provider rendering my care via telehealth and to confirm that he or she is my healthcare provider.
14. I understand that electronic communication cannot be used for emergencies or time-sensitive matters.
15. I understand and agree that a medical evaluation via telehealth may limit my healthcare provider's ability to fully diagnose a condition or disease. As a patient, I agree to accept responsibility for following my healthcare provider's recommendations- including further diagnostic testing, such as lab testing or an in-office visit.
16. I understand that electronic communication may be used to communicate highly sensitive medical information, such as treatment for or information related to HIV/AIDS, sexually transmitted diseases, mental health information and addiction treatment (alcohol and drug use, abuse and dependence for example).

By signing here, I certify that I have read and understand the Telehealth Informed Consent agreement and that all of my questions have been answered to my satisfaction. I also agree to electronic communication between all staff at Prime Behavioral Health and myself.

Patient Name: Signature Date Signed

Automatic (Robotic) Text Message, Email and Phone Call Appointment Reminders

Our practice uses an automatic (robotic) text message, email and phone appointment reminder system.
Please indicate below if you would like to opt-in for this service (standard text charges through your carrier will apply).

If you decide to opt-out, the practice will exclude you from this service. If you send a return text to the robotic message, *WE WILL NOT RECEIVE IT*. You can also cancel this service by contacting the office at any time.

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Name: _____ Date of Birth: _____

Prime Behavioral Health Controlled Substance Agreement

During psychiatric and/or substance abuse treatment, there may be times when patients are prescribed a benzodiazepine, stimulant, hypnotic/sedative, or opioid (agonist or partial agonist) medication, if deemed medically appropriate by their provider. The agreement below must be reviewed by all patients to our practice in the event such a prescription is necessary.

1. I agree to take any prescribed medication (including controlled substances) exactly as prescribed. This includes the amount I take, how often I take it, how I take it, and the purpose for which I should take it. My provider will discuss risks and benefits of any medication that I am prescribed. If questions about my medication or how to take my medications arise during treatment, I will reach directly out to my provider to discuss (as opposed to making changes on my own).
2. I will disclose all of my medications, supplements & vitamins to my provider. I am responsible for updating my provider with any changes to this list.
3. I understand that controlled substances have potential for abuse and some people who take them develop substance use problems. I also understand that such medications may cause physiological dependence, tolerance, and withdrawal. These side effects and risks will be described to me in detail by my provider, and if I have any further questions, I am responsible for asking my provider for additional clarification.
4. I understand that my practitioner ***may require drug testing*** while under his/her care. I understand that drug screening results that are inconsistent with my report, medical history, and prescribed medications will be discussed with me to determine the appropriate course of action. Actions may include: referral to a higher level of care (inpatient detoxification/rehabilitation, partial hospitalization programs, intensive outpatient programs), termination of care, referrals to additional providers, and others. ***Refusal to have drug testing may also result in the above actions.***
5. I understand that my practitioner, at any time, may request me to present my medication for a pill count. Should the pill count result in a determination of non-adherence to how my medication is prescribed or any inconsistencies in how my medication is taken my prescriber will determine the appropriate course of action. . Actions may include: referral to a higher level of care (inpatient detoxification/rehabilitation, partial hospitalization programs, intensive outpatient programs), termination of care, referrals to additional providers, and others. ***Refusal of a pill count may also result in the above actions.***
6. I understand that I always have the right to refuse or stop taking my medication(s), but that doing so may result in withdrawal symptoms (with potentially severe medical consequences). If I decide to stop a medication or decrease my dose without direct supervision from my provider, he/she is not responsible for any serious adverse reactions or consequences (including seizure and/or death).
7. If my provider has concerns that I am abusing a controlled substance prescription, giving or selling it to others, or obtaining multiple prescriptions for similar prescriptions from multiple providers, they will make a reasonable attempt to discuss their concerns with me to determine the appropriate course of action. I understand that the aforementioned behaviors may result in termination of my care. I also understand that my provider may choose to contact appropriate authorities (law enforcement, the drug enforcement agency, etc.) regarding these actions. Signing this form gives my provider permission to share my medication record and drug screens with any law enforcement agency, medical provider or pharmacy if my provider feels it is necessary as it relates to controlled substances I am prescribed. Prime Behavioral Health and its providers are not responsible for any legal repercussions that I may incur in such situations.

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8. My practitioner may contact all of my current and previous providers and pharmacies at their discretion. Reasons to do so include (but are not limited to): obtaining prescription history, treatment history, and notifying other necessary parties of this contract.

9. I understand that if I am prescribed a controlled substance I must: adhere to this agreement, be honest about medications and doses I take, be honest regarding any substance abuse/dependence history, and notify my provider if I feel I am developing a substance use problem from my prescribed medication(s) or non-prescribed substances. I am solely responsible for adverse outcomes that may occur due to withholding this information from my provider.

By signing this form , I acknowledge that I have read carefully and fully understand the ***Controlled Substance Agreement*** and should I be prescribed a controlled substance in the future I will adhere to this agreement. Any and all questions have been answered to my satisfaction.

By signing here, you acknowledge you have read, understand, and agree to policies on this page:

Patient Name: Signature Date Signed

Name: _____ Date of Birth: _____

CONSENT FORM

By signing below, I acknowledge the following:

- I give ***Prime Behavioral Health*** consent to access my prescription history, including all past and present medication, in order to verify future prescription refills

- I give ***Prime Behavioral Health*** consent to bill my insurance company for any fees related to services provided by their staff, perform reasonable and necessary medical examinations, testing and treatment at the discretion of its healthcare professionals based on the clinical judgement of my condition.

- I give ***Prime Behavioral Health*** consent to bill me directly for any charges denied by my insurance company, and for any charges incurred in the event of lack of insurance coverage at the time of care.

- I understand that ***Prime Behavioral Health*** is not responsible for any bills incurred by me for testing services or other services provided by outside facilities, including those services ordered by their staff.

- I give ***Prime Behavioral Health*** consent to call, text and or email an appointment reminder to the contact information listed in my chart, I understand that there may be a voicemail left for me at the given phone number.

- I acknowledge that I have been given access to ***Prime Behavioral Health's*** Notice of Privacy Practices.

- I acknowledge it is my responsibility to provide ***Prime Behavioral Health*** with any changes to address, phone number, Insurance coverage, medications and medical conditions.

- I acknowledge I have read and signed ***Prime Behavioral Health's*** General Office Policy and Controlled substance agreement.

- I understand that ***Prime Behavioral Health*** may request a signed release of information for any other healthcare providers in order to coordinate care. This includes but is not limited to any therapist, PCP or specialist I may receive treatment form.

❖ ***No prescriptions for a controlled substance will be written without an appointment. If a patient missed their appointment for any reason no bridge prescription will be given.***

By signing here, you acknowledge you have read, understand, and agree to policies on this page:

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