OPTIMUM Psychiatric Health

142 Lowell Rd., #17-151 Hudson, NH 03051

P: (978) 233-1594 F: (949) 561-4522

Consent For Treatment/ Acknowledgement of Policies

Consent for Treatment

I, _____, give voluntary consent for mental health treatment. My signature, or that of my legal guardian, will demonstrate consent for receiving mental health treatment from Optimum Psychiatric Health. I voluntarily consent to mental health treatment as performed by Optimum Psychiatric Health and its employees. This treatment may include but is not limited to: assessment, screening, consultation and recommendations, and psychiatric diagnosis with medication management. I understand the risks and benefits of receiving mental health treatment via telehealth, as well as the risks and benefits of declining mental health treatment. I have read the policies and privacy practices and I authorize Optimum Psychiatric Health to provide mental health services to myself or this patient, of whom I am the guardian.

Acknowledgement of Receipt of Optimum Psychiatric Health Policies

I sign this document to attest that I have read the Optimum Psychiatric Health Policies and I agree to abide by its terms during our professional relationship.

Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices, which states how Optimum Psychiatric Health may use/or disclose my health information. By signing this form, I acknowledge receipt of the Notice.

Consent Form for Communication of Protected Health Information

I CONSENT to the communication for appointment reminders via text, email or phone.

Cell phone number _____ Other contact number_____

Email Address_____

I have carefully reviewed this document. My signature indicates my full understanding and agreement of this document.

_____ _____ _____

Please print patient's name here Signature of patient/parent/legal guardian Date

Effective date of this form is 10/22/2020

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Practice Policies and Procedures

Informed Consent

All services provided at Optimum Psychiatric Health require patient informed consent. Once consent for services is given, it can be withdrawn at any time without fear of retribution or reprisal. Any changes made to an individual's services will only occur with patient informed consent. This includes, but is not limited to, receipt of behavioral health services, development of a treatment plan, and authorization to release and obtain information from other service providers.

Forms

All necessary forms needed for your visit must be received at least 2 business days prior to your scheduled appointment. Forms may include, but are not limited to, a recent physical exam from your current PCP, recent medication(s) list- both medical and psychiatric, and a recent psychotherapy note from your current therapist.

Specific forms needed will be discussed during the free 15-minute phone consultation. Forms are located on our website and patient portal and may be filled out and faxed, emailed, or sent via patient portal to the office.

Financial Policies Agreement

Payments for services provided by Optimum Psychiatric Health are due to be paid in full at the time of service via debit, credit card, or other accepted electronic means if the service is not covered by the patients' health insurance or if the patient does not have health insurance.

If the patient is covered under insurance, payment of co-pay, co-insurance or deductible is due in full at the time of services rendered. For prescriptions, the patient should contact their insurance company in regards to medication coverage and pharmacy benefits. It is the patient's responsibility to verify insurance benefits and coverage to ensure it is fully understood what is covered.

It is the patient's responsibility to inform the practice of any changes to the insurance plan prior to the visit, or the patient may be responsible for the full fee. This may include charges for any and all services provided by Optimum Psychiatric Health. There will be a charge of $50.00, including applicable fees from the financial institution(s) for disputed via debit, credit card, or other accepted electronic payments. Payment is due on or before the next appointment.

All patients are required to have a credit card on file to initiate or continue care. Optimum Psychiatric Health is not responsible for any security or liability issues with debit, credit card, or other electronic payment means merchant services. It is the patient's responsibility to update credit card information if it changes, and if the credit card information on file at Optimum Psychiatric Health is not correct and gets denied for payment, the patient will pay the balance immediately, and will not be able to schedule further appointments for any services, including medication management, until the balance is paid in full. Optimum Psychiatric Health will charge the patients credit card for any outstanding balance prior to any next appointment being scheduled. If outstanding balance runs past 30 days, the patient will be discharged from Optimum Psychiatric Health and will no longer be eligible to receive any services.

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Practice Policies and Procedures

Privacy Practices

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Agreement to Pay

I agree to pay my provider all charges for professional services. Payment is expected at the time of service. Any accumulated charges must be paid prior to any subsequent visit. Payments may be made via debit/credit cards through the *Patient Portal*.

Fees for Services

I understand that my provider may or may not participate with my insurance company. This includes private insurance companies, Medicare, and Medicaid. The patient is responsible for payment in full at the time of service. The current fees for appointments range from $125-$250 depending on the services provided and length of session.

Insurance Benefits

I understand that my provider may or may not participate (is Out-Of-Network) with my insurance company. However, many insurance companies allow for Out-Of-Network provisions. In these situations, the patient is able to submit a form to their insurance company after each office visit and may be partially reimbursed for their expenses. At the patient's request, the provider will issue the patient with the proper form to submit to their insurance company. It is the patient's responsibility to inquire about these services through their insurance company. If the insurance company requires any authorization from the provider, I understand I may be charged for this service.

Additional Charges for Services

I understand there are additional services that may require billing as well. These include but are not limited to:

- Legal depositions contact with attorneys
- Writing of reports for your insurance company or for your employer
- Obtaining Prior Authorizations for medications through your insurance company
- Extensive Consultations (with family members, past or current medical providers, educational professionals, attorneys, courts, agencies or other people/entities)
- Paperwork, letters, correspondence

Refill Requests

I am responsible for knowing when medication(s) will need to be refilled and the preferred refill method will be reviewed during my scheduled telehealth visit. I understand that certain medications (controlled substances) require a telehealth visit and my prescriber will provide a 7 day bridge script to allow for scheduling of this appointment.

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Confidentiality

Confidentiality of patient information is protected by the law. This information can only be released with your written permission, unless there is an emergency situation. Insurance companies often require information about diagnosis, treatment, and other important information in order to provide coverage. Several exceptions to confidentiality do exist that require disclosure by law and are as follows:

- Information may be shared with other Optimum Psychiatric Health staff for purposes of supervision, quality, assurance and billing. The persons with whom the information is shared are also held to standards of strict confidentiality.
- If your provider judges that you present a clear and present danger to yourself or others and you refuse to accept appropriate treatment, the provider may seek legal commitment/hospitalization and/or may notify members of your family to protect your safety.
- If you are involved in a legal proceeding and the court issues an order or subpoena requiring testimony or your record, we have no recourse but to obey.
- If you communicate a threat to kill or seriously injure another person, we may be required to take precautionary steps including notifying and warning the person you threaten and/or the police.
- If we have a reasonable cause to believe a child, an elder or a person suffering from mental illness or intellectual or developmental disabilities is experiencing physical or emotional injury resulting from abuse or neglect, we are required to notify the designated state investigation agency.

Contacting Your Provider

You may contact your provider via the office phone number, patient portal, or email. Email or patient portal should never be used for any correspondence with your provider for urgent or emergency issues. If the provider is not reached, you may leave a voicemail with the correct contact information and the provider will return correspondence within 2 business days.

Medications are only refilled in visits and requests for medication refills via phone calls will not be honored.

We do not offer walk-ins or crisis services. If you have an emergency, **DO NOT CALL THE OFFICE, CALL 911 INSTEAD**. We recommend you visit an Emergency Room for any emergent or crisis situations, as they do not require an appointment and will take walk-ins and provide crisis services.

Should you be in a visit with your provider and an emergency situation is discovered you will be referred to be transported via ambulance to the nearest emergency room. You should discuss the cost of such services with your health insurance company. If such services are not covered by the patient's health insurance, they will be the responsibility of the patient. You will be made aware ahead of time if your provider will be on vacation. It is your responsibility to voice any needs you may have prior to your provider leaving the office for vacation time.

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Communication for Appointment Reminders

With your consent, Optimum Psychiatric Health may need to use your name, phone number or email address to contact you with appointment reminders. Messages will contain your name, the providers name, as well as the date, time and location of your appointment. You have the right to refuse or revoke consent for this service. Revocations must be made in writing. It is your responsibility to know the date, time and location of your appointment. You are subject to the appropriate fees if you miss your appointment, regardless if you received a reminder call. Appointment reminders are not a guaranteed service. Please note, Optimum Psychiatric Health cannot guarantee any communications via email, telephone or any electronic method of communication will remain confidential. There is a risk that the electronic or telephone communications may be compromised.

Pharmacy:

Optimum Psychiatric Health may have access to your prescription history from other providers through the electronic medical record. It is your responsibility to update pharmacy information in visits with your provider to ensure medications are being sent to the correct pharmacy.

Legal

Legal matters requiring the testimony of a mental health professional can arise, which can be damaging to the therapeutic relationship between a patient and their provider. It is generally recommended that you hire an independent forensic mental health professional for such services.

Recording Sessions

Patients are prohibited from recording sessions or providers/clinicians under any circumstances. Patients may not bring recording devices into their visit. All phones and electronic devices must be turned off during your visit.

Inclement Weather:

Optimum Psychiatric Health may close for inclement weather per their discretion. If this happens, and you have an appointment scheduled, you will be notified via phone to inform you of the closure and to reschedule your appointment.

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Initial Evaluation Appointment

I understand that the initial evaluation appointment with the provider is an evaluation only. At the end of the evaluation process, I may be provided with a working diagnosis and/or treatment recommendations which may include services that Optimum Psychiatric Health PLLC is unable to provide. For example, a patient may require a higher level of care based on the current acuity level or existing medication regimen than what Optimum Psychiatric Health PLLC can deliver. Additionally, Optimum Psychiatric Health may require collateral information from other providers (i.e. therapist, PCP, current prescriber) prior to being able to provide treatment recommendations. I understand that by completing the evaluation process it does not mean that Optimum Psychiatric Health PLLC has assumed responsibility for my care. This will be determined by the provider based on the treatment recommendations.

Appointment Scheduling

After an initial evaluation, it is the practice standard to schedule a follow-up appointment within 4 weeks (or sooner), based on the individual's psychiatric needs. It is expected that patients will be seen at least 4 times per year to remain active in the practice. It is the practice standard that patients receiving controlled substance prescriptions be seen on a routine basis, at a minimum of one appointment every 1-2 months, depending on the prescribed medication.

Cancellations, Missed Appointments, and/or No-Shows

If I cannot attend my appointment, I understand I must notify Optimum Psychiatric Health PLLC at least 24 hours in advance to avoid being charged a $75 cancellation fee. I understand that this fee must be paid prior to rescheduling an appointment with my provider.

Emergency situations are taken into consideration. Requests for medication refills may not be honored if one or more recent appointments have been missed/cancelled.

Repeated cancellation of appointments and/or failure to keep scheduled appointments may result in termination from Optimum Psychiatric Health PLLC. I understand continued violation of this policy may result in termination from the practice.

After Hours

I understand that the provider may not always be available to answer the phone or respond to messages after regular business hours, and/or on weekends/holidays. The provider will make every effort to return your call or message within 48 hours.

In the event of a *crisis*/emergency situation, I agree to *immediately* call 911 or go to the nearest emergency room. I must contact my provider after receiving proper emergency assistance to continue my outpatient care.

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Signed Document Complying with Federal Laws, including HIPAA

To comply with federal laws including HIPAA, this office must have a signed authorization from the patient, or responsible party, stating who we are authorized to release information to. You can contact our office for a copy of the form.

Records Access

To have records sent to self or others you must sign the "Authorization For Use or Disclosure of Medical Record Information from Optimum Psychiatric Health" form in its entirety. Incomplete forms will not be processed and will delay your request. The cost is $20.00/hr administration time to prepare as well as 25 cents/per page to fax or copy your record, plus postage and handling via certified mail. Processing is 15-30 business days for most circumstances. Please be aware, although you may have signed a release for communication, if you are requesting that we send records, you will need to complete this process each time you request records to yourself or to be sent to any provider or entity, which includes primary care or change of psychiatric provider upon termination.

By signing the "Consent for Treatment and Acknowledgement of Policies" Agreement Signature Form, you agree that you have read, agree with and understand this document, which contains information regarding Optimum Psychiatric Health's informed consent, forms, financial policy, professional fees, federal laws and HIPAA, records access, attendance-cancellation/no-show/late arrival and discharge policies, confidentiality, contacting your provider, confirmation and communication for appointment reminders, pharmacy, legal, recording sessions, controlled substances and medication prescribing, inclement weather, and you agree to abide by its terms during the professional relationship. You also understand and agree that our policies can change at any time.

_____

Patient name (printed) **Patient signature** **Date**

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Controlled Substance Agreement

The goal of Optimum Psychiatric Health PLLC is to provide you with care that is safe, thorough, and consistent. Common controlled substances used in psychiatry may include (but not limited to) benzodiazepines, sedative/hypnotics, and stimulants, Medications are classified (scheduled) into 5 distinct categories based on their potential for abuse and/or dependency, as well as their accepted medical use. Because controlled substances have the potential to be misused, diverted, or even abused, we have outlined our practices below and require you to agree to the terms prior to being treated with a controlled substance(s).

Terms And Conditions

By Signing this document, you agree to the following terms:

- I am aware/agree that the prescribing of controlled substances may not be appropriate in all cases, and my prescriber reserves the right to decline treatment with controlled substances, yet will provide reasoning for this decision, along with alternate treatment recommendations
- I am aware/agree that if controlled substances are used during my treatment, it is my responsibility to ensure I take the medication as prescribed, not mix/share medications with others, and inform my prescriber of any adverse reaction and/or side effects
- I am aware/agree that my prescriber will review and electronically send needed refills during my scheduled appointment time, however, it is my responsibility to ensure I have enough medications to last till my next scheduled appointment
- I am aware/agree to schedule follow-up appointments based on my prescriber's recommendations, and at minimum every *4 weeks/monthly* for Schedule II medications, and every *60 days* for Schedule III/IV/V
- I am aware/agree that if I do not have an appointment scheduled, need to cancel and/or miss a scheduled appointment, and am requesting refills for controlled substances, my prescriber may submit a 7 Day Bridge Script and require a follow-up appointment prior to refills being sent
- I am aware/agree to inform my prescriber if any of my medications change (psych, PCP, OTC) and understand that my treatment plan may need to be updated, which may include (but not limited to) discontinuing use of controlled substances
- I am aware/agree that I may need to complete labwork including (but not limited to) random urine drug screenings as requested by my prescriber in order to continue receiving controlled substances, and that based on these results, my treatment plan may need to be updated, which may include (but not limited to) discontinuing use of controlled substances
- I am aware/agree that I may be discharged from all services should I be in violation of these terms, yet will be provided with resources/referrals for other providers, and if appropriate, may be given a discharge script for medications

_____

Patient name (printed) Patient signature Date

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