

## Policies for Onward Psychiatry, LLC

Below are listed and explained the policies for Onward Psychiatry, LLC, from here referred to as the Practice. Please read through each topic of this document carefully. Your initials on each page and signature at the end indicates your understanding of each policy listed below. If you have any questions, please do not hesitate to ask your provider at any time and before signing this document. \*Policies may be subject to change and every effort will be made by the Practice to notify each client of any said changes. However, it is your responsibility to stay informed of current policies.

### Admission to the Practice

After a brief phone conversation, a decision will be made to schedule an initial evaluation or discuss other options. The initial evaluation is one hour, and detailed information will be gathered. Both you and your provider will decide if this Practice is a good fit for your needs. Upon admission to Practice, the treatment plan will be discussed, and a follow up visit scheduled. If the patient is under the age of 18 or has a court appointed guardian, a parent or guardian must be present for at least the initial visit.

Initials: \_\_\_\_\_

### Frequency of Visits

To achieve optimum results, patients are expected to be fully engaged in his/her/their treatment on a regular, consistent, and mutually agreed upon basis. The frequency of these visits will be individualized to each patient. To provide quality and safe care, appointments with your provider and medication refills cannot exceed 60 days excluding case by case circumstances that will be determined as part of the treatment plan. If a period of 60 days elapses, *patients may be automatically administratively discharged from the Practice*. Should this occur, the Practice will happily refer you to another agency or mental health provider or administratively re-opened to the Practice.

Initials: \_\_\_\_\_

### Payment

Each patient is expected to provide payment for services, which may include full payment, co-payment and/or deductibles if using his/her/their health insurance. Initial appointments are \$300 and each subsequent/follow up appointment is \$150. The Practice does accept many major insurances and will directly bill those insurance carriers that the provider is "in Network." A Superbill can be provided upon request. Payment is accepted in the form of cash, check, credit card, and health care spending account cards. In the event a personal check or credit card is rejected for payment, a fee of \$25, as well as any applicable fees (including the cost of service) will be applied to your bill. Please be aware that a fee of \$80 will be applied to your bill in the event of a no show or cancellation that exceeds less than 48 hours prior to your scheduled appointment.

### Cancellation

Initials: \_\_\_\_\_

All appointment cancellations require a minimum of two business days (48 hours) notice. If you are unable to keep your appointment, you must notify your provider directly either through email or voicemail. In the event of a late cancellation or "no-show," you will be charged \$80 for the missed appointment. Insurance companies will typically not reimburse for missed or canceled appointments, it is the patient's responsibility. If you miss your appointment or late cancel two or more times within a 6 month time period, you *may* be terminated from practice and referred to another provider or agency. The Practice understands that special circumstances, such as hospitalizations, occur and these will be reviewed on a case-by-case basis.

Initials: \_\_\_\_\_

### Missed Appointments

Missed appointments are defined as a combination of no-show appointments, late cancellations, or multiple absences. Missed appointments may result in administrative discharge from the Practice, with referral to another provider or agency. If you are administratively discharged from the Practice, your medication will not be refilled.

Initials: \_\_\_\_\_

### Tardiness

Tardiness is defined as being more than fifteen minutes late for a thirty- or sixty-minute appointment or five minutes late for a fifteen- or twenty-minute appointment. If you are tardy for your appointment, you may still be seen at the sole discretion of the provider. If you arrive outside of the above time frames, this will be considered a missed appointment and billed as outlined in the Cancellation section of this document.

Initials: \_\_\_\_\_

### Inclement Weather

The Practice does close in the event of inclement weather, per the discretion of the provider. Should this occur, the Practice will notify each patient directly, either through email or by phone. Rescheduling will be offered at the time of this communication. Every attempt will be made to safely keep scheduled appointments.

Initials: \_\_\_\_\_

### Medication Refills

Every attempt will be made by the Practice to coordinate medication refills with scheduled visits and recognizes that this is not always possible. Should a refill be needed between visits, the Practice requires a notice of at least three business days. Also, the Practice does not typically participate in pharmacy-generated/automatic refill requests. As such, each patient will need to call or text and request each refill. After requesting a refill, please call your pharmacy directly to check the status of the refill. If not filled in three business days, please call your provider to discuss.

*PLEASE make every attempt to request refills Monday through Friday.*

Initials: \_\_\_\_\_

### Communication

The Practice will make every attempt to be available during normal business hours and will return urgent messages within twenty-four business hours. Communication with third parties require a valid Release of Information before communication can occur.

### Request for Medical Records

Initials: \_\_\_\_\_

In accordance with privacy laws and regulations, all requests for medical records require a written request. Each Release of Information form must be completed in its entirety before information will be released. Your privacy is important to us. For printed records, there is a fee of twenty cents per page. Please allow up to five business days for your request to be processed.

### Controlled Medication

Initials: \_\_\_\_\_

For safety purposes, early refill requests or replacement prescriptions for controlled substances will not be provided. This includes lost or stolen prescriptions/medications, even with a police report. Random Urine Toxicology Screening may be required and is at the discretion of the provider. As required by law, routine monitoring of the prescription drug monitoring program will also occur. Please understand that this is not punitive, but in the best interest of safety for all.

Initials: \_\_\_\_\_

### In Case of Emergency

The Practice will make every attempt to be available to patients during normal business hours and return urgent phone calls within twenty-four business hours. In the event of an emergency, please seek the nearest emergency department. For suicidal ideation/feeling unsafe from yourself, please call the National Suicide Hotline at 1-800-273-8255 or 911 for transportation to the nearest emergency department. Your safety is important to your provider and the Practice.

Initials: \_\_\_\_\_

### Requests For Medication Changes Between Visits

Unless discussed during your visit, medication changes require a follow up appointment.

Initials: \_\_\_\_\_

### Behavior While at Onward Psychiatry, LLC

The office of the Practice is a leased space that is shared with other practices, including therapy. Please be mindful and respectful of others and keep noise to a minimum. Parents, please make certain that your children use inside behavior while inside, and respect common areas outside. Food, drink, and feet are not to be placed on couches or chairs.

Initials: \_\_\_\_\_

### COVID AND TELEHEALTH

Your cooperation and flexibility are requested and appreciated during these uncharted times. This Practice and shared office space will follow both State and CDC recommendations and regulations regarding the use of masks and the number of persons in the waiting area. Office space is frequently cleaned using COVID specific cleansers. However, Onward Psychiatry, LLC is not responsible for possible transmission/infection. If you or your family tested positive or are in quarantine, please notify your provider to accommodations can be made. Some insurance providers have made accommodations for remote visits held through secure video. In most situations, insurance does not allow phone-only visits. For medication appointments, the patient must be present for at least part of the visit. Medication visits cannot be held with only the parent.

Initials: \_\_\_\_\_

### Signature for Onward Psychiatry, LLC Policies

By signing this document below, you are attesting that you have received, read, and understand the Policies for Onward Psychiatry, LLC and that you agree to the conditions and terms therein.

Your signature also indicates that you understand that our policies are subject to change and it is your responsibility to regularly review them on our website. You may also request an updated copy printed rather than by electronic means. In the event you are unable to read these policies, they will be read for you. If at any time you have questions about these policies, please ask.

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_

Patient name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Relationship to patient \_\_\_\_\_