

Tidal Mental Health

80 Washington St, Ste C-17, Norwell, MA 02061

Tel: (781) 773-8905 • Fax: (781) 261-9633

www.tidalmentalhealth.com

PRACTICE POLICIES AND PROCEDURES

Consent for Treatment: I consent to evaluation and medically necessary treatment by the provider of Tidal Mental Health, LLC. I understand this consent does not constitute a guarantee about the results of my treatment. I understand I can terminate this consent for treatment at any time. I also understand that my provider may terminate consent for treatment at any time and will discuss the reasons with me if this should occur. Potential reasons include misusing prescribed medications, misusing provider services, frequent cancellations and/or no shows, failure to remit payment for services, etc.

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, as balances are not allowed to accumulate. Any accumulated charges must be paid prior to any subsequent visit. Payments may be made via check or cash. Payments via credit card may be accepted in the near future.

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 to \$310 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, your provider will provide you with the proper form to submit to your 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 and/or contact with attorneys
- Writing of reports for your insurance company, employer, or school
- Obtaining Prior Authorizations for medications through your insurance company
- Excessive phone calls and/or phone calls longer than 10 minutes in duration
- Returned or "bounced" checks (fee of \$50)
- Fees associated with collections

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I fully understand that I will be personally responsible for these charges. The provider reserves the right to charge for these services on a prorated fee of \$150 per hour or may require the patient to schedule an office appointment to address these services.

Initial Evaluation Appointment: Initial Evaluation appointments are scheduled for 60-minutes. Please bring your completed and signed intake packet with you to this appointment.

I understand that the initial evaluation appointment with the provider is an evaluation. At the end of the evaluation process, I will be provided with a working diagnosis and treatment recommendations which may include services that Tidal Mental Health, LLC is unable to provide. For example, if the patient requires a higher level of care based on the current acuity level or existing medication regimen. Additionally, Tidal Mental Health, LLC may require collateral information from other parties (i.e. schools, other treatment providers) prior to being able to provide treatment recommendations. I understand that by completing the evaluation process it does not mean that Tidal Mental Health, LLC has assumed responsibility for my care. This will be determined by the provider based on the treatment recommendations.

If the provider does not accept my health insurance, this initial evaluation appointment must be paid in full in advance of the appointment. The current fee for an Initial Evaluation Appointment is \$250. This fee reserves an hour of time with the provider and covers the expenses associated with the initial evaluation appointment. If the patient chooses to cancel the appointment without 48 hours' notice or chooses to cancel the appointment without notifying the office ("no show"), this fee is not refundable. If the patient desires to schedule an additional Initial Evaluation Appointment at a later time, this fee will again be required.

Appointment Scheduling: After an initial evaluation, it is a standard of the practice to schedule a follow-up appointment within 1 month. Depending on each patient's psychiatric situation, follow-up appointments could range from every week to every few months. It is expected that patients will be seen at least 4 times per year to remain active in the practice. It is a standard of care by the practice that patients receiving controlled substance prescriptions must be seen on a routine basis, at a minimum of one appointment every 2 months, depending on the prescribed medication.

Cancellations, Missed Appointments, and/or No-Shows: The time for your sessions is reserved specifically for you. Psychological services are most effective when meeting times are regular and consistent. If you cannot attend your appointment, you must notify the office at least 2 business days in advance to avoid being charged for an appointment. For example, you must notify the provider by Monday at 10 AM if your appointment is Wednesday at 10 AM.

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It is important to note that insurance companies do not provide reimbursement for cancelled sessions. In addition, you are responsible for coming to your session on time and at the time scheduled. If you are late, your appointment will still need to end on time.

I understand that if a cancellation is not made within that time or an appointment is missed without cancellation, I will be charged the full fee for the appointment, and this fee must be paid prior to rescheduling an appointment with my provider. True emergencies are taken into consideration. Medication refill requests may not be honored if the patient has just missed or cancelled one or more appointments.

Repeated late cancellation of appointments and/or failure to keep scheduled appointments may result in termination from Tidal Mental Health, LLC. I understand continued violation of this policy (listed above) 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, on weekends, or on holidays. The provider will make every effort to return your call or message within 2 business days. In the event of an urgent situation in which you cannot wait for a return call or in an emergency, I agree to immediately call 911 or go to the nearest emergency room. Please contact the provider after you have received proper emergency assistance so that the provider can be aware of the situation.

Routine Contact: If I need to contact any of the staff of Tidal Mental Health for non-urgent matters, I can call during regular business hours. I understand that every effort will be made by the staff to return my call within 2 business days. I am responsible for leaving a message that includes my name and date of birth, explains the nature of the call, and includes information on how to be contacted as well as some available times that I am free to take a call.

I understand that messages asking simply to “speak with the provider”, with no other information provided, may not be returned as quickly as a message for a patient stating specific issues they are having, such as medication side-effects or change in mood/ behaviors. I will allow my provider or designated representative to leave messages on my answering machine/voicemail unless I specifically request otherwise, with the understanding that every effort will be made to maintain confidentiality. I understand that most significant medical or psychiatric questions will need a face-to-face appointment to properly evaluate the situation.

Emergencies: In the event of an urgent situation in which I cannot wait for a return call or in an emergency, or if my situation becomes physically unsafe – whether due to a medical emergency such as severe side-effects of medication, loss of consciousness, possible overdose, etc., or due to dangerous psychiatric symptoms (including agitation,

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threats of suicide or violence), I will immediately call 911 directly or proceed to the nearest emergency room, if able to do so safely, so that those trained personnel can provide immediate professional emergency services.

The *National Suicide Prevention Lifeline* is an excellent resource that provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals. The National Suicide Prevention Lifeline may be reached at 1-800-273-8255.

Please contact the provider after you have received proper emergency assistance so that the provider can be aware of the situation.

If I am a patient that requires frequent crisis management, or has a history of requiring this, I realize I may be better served by a more comprehensive agency that can better address these ongoing issues.

Please note: prescription refills are not considered emergencies.

Provider Absence: In the event of the provider's extended absence, the provider will notify you and may make appropriate arrangements with regard to any treatment or medication refills. In the event these arrangements require another provider to provide covering services, that provider will have access to my confidential medical information during this time.

Email Contact: Email is not a confidential means of communication. I understand email is not the appropriate way to handle confidential information or emergencies and that providers of Tidal Mental Health will not provide any personal or professional email address.

The office phone and fax are used for all telecommunications. Providers at Tidal Mental Health will not provide any personal or professional cellular, "cell", or "mobile" phone number for voice or text messaging contact.

Photocopies: I hereby authorize photocopies and electronic copies of this form to be as valid as the original. The invalidity of any provision of this agreement will not affect the validity of any other provision.

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Limitations of Tidal Mental Health: The providers at Tidal Mental Health are dedicated to providing the highest level of care for their patients in treating and addressing their mental health needs. However, there are some services not provided in this practice:

- Forensic evaluations for legal purposes
- Custody evaluations, or parental assessments for use in determining custody or visitation
- Disability evaluations, including Short Term Disability and determining leave of absences from work
- Substance Abuse treatment

I understand that Tidal Mental Health will not provide any evaluation for the sole purpose of seeking medical or mental disability or assist in determining ability to take leave from employment. I understand I must find another professional to assist me in this purpose.

Acknowledgement of Practice Policies and Procedures

I have been provided with and agree to the Practice Policies and Procedures of Tidal Mental Health, LLC.

Name (print) _____

Date of Birth _____

Signature _____

Date _____

Witnessed: Sarah Smigliani, PMHNP-BC

Signature _____

Date _____