



**SPRINGS
HEALTH LLC**
**PRIORITIZING YOUR MENTAL HEALTH &
ADDICTION RECOVERY**

Thank you for choosing Springs Health LLC for your healthcare needs. Our priority is to maintain an excellent patient and provider relationship with all our patients.

Informing patients in advance of our office policy allows us to effectively work with patients to achieve our goals successfully in patient treatment.

Please read the following billing and office policies carefully to understand your responsibility as a patient

Practice Policies and Agreement

Confidentiality:

Privacy is important for patients seeking treatments, and our clinic protects this right to privacy dearly. There are exceptions to confidentiality, however. Information will be shared without confidentiality release in cases in which there is suspected child abuse, when a patient is a danger to others, or themselves. Privacy is of utmost importance for adequate therapeutic work to occur. Your support of this is critical to your treatment.

Other areas of confidentiality include insurance, please note that if you chose to request reimbursement from your insurance, your information will be shared with your insurance company in accordance with the agreement and policies set between your insurance company and you. At a minimum, insurance companies require a type of service provided and diagnosis codes. Lastly, if outstanding balances are not paid and not addressed, treatment information will be released for collection agency involvement.

Appointments:

Appointments can be made by telephone at 410-772-0774 or online through the EMR.

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Cancellation Policy/Missed Visits:

We make every effort to accommodate your scheduling needs. It is important that you notify our office at least 24 hours in advance if you are unable to make an appointment or to reschedule. Missed appointments, office visits cancelled or rescheduled without sufficient notice (1 working day/24 hours) will incur a charge \$65. This is not a covered charge by your insurance and is not paid by insurance. Therefore, the charge will be billed directly to you. We will require payment of missed/cancellation visit fee prior to rescheduling an appointment. Furthermore, if you have missed 3 consecutive appointments, you may not be rescheduled, and services may be discontinued.

Voicemail/Messages:

Keeping in contact is vital, as such, voicemails are frequently accessed. Your voicemail will be returned within 24-48 hours during business days after review of your medical record. Calls left late on Friday will most likely be processed Monday.

Emergencies:

For life threatening emergencies, please call 911 or go to your nearest emergency room. For urgent matters, please call the office, leave a message, as a reminder the practice does not guarantee email responses within a certain period and that any urgent or emergent needs must be communicated via telephone. Outpatient clinics have limitations. Therefore, please note that the practice may not be able to return your call immediately. You may call an outside crisis line 24 hours/ day, 7 days/week at (800) 888-1965, TTY 711, call 911, or go to the nearest ER. If you or someone you know may be struggling with suicidal thoughts, you can call the U.S. National Suicide Prevention Lifeline at 800-273-TALK (8255) any time day or night, or chat online.

Face to Face Vs Telepsychiatry:

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Springs Health LLC prefers to have their patients come into the office for face-to-face care. It is now required by federal law that all patients on controlled substances must come in for an initial in-person face to face evaluation. Patients not on controlled substances can be seen for an initial visit via telehealth as long as it is covered by their insurance or self-pay patients. It is the patient's responsibility to verify and confirm with their health insurance plan if telehealth is covered. It is the patient's financial responsibility for any uncovered visit by the health insurance plan.

Telehealth or telepsychiatry 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. Depending on the state regulations, telehealth services may include telephone consultation, videoconferencing, the transmission of still images, e-health technologies, patient portals, and remote patient monitoring. I understand the software platforms used for telepsychiatry services within our practice (Kareo) are HIPAA compliant. I also understand that despite the platforms used being HIPAA compliant, there is still a risk – there is no absolute guarantee of privacy. Please secure private space. Use a headset if needed. I guarantee that I am psychically located in the state of Maryland during any and all telehealth sessions. I understand that under no circumstances am I allowed to have another individual in the room or within hearing distance during a session without notifying the doctor before the session and that if there is to be another individual in the room, a HIPAA Authorization Form must be on file for that/those individuals. I also understand that under no circumstances am I allowed to record a session with the physician/provider/clinician without prior written consent.

Collateral telephone calls:

Psychiatric care often entails significant time outside of appointment times coordinating care with other mental health providers, discussing impressions with therapists, teachers, and managing medical conditions in collaboration with primary care physicians and other specialists.

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Furthermore, coordinating care with primary care physicians and other disciplines responsible for patient care vastly increases with the quality of care you receive.

Electronic Medical Records (EMR)/Electronic Prescribing (e-Prescriptions)

Electronic medical records allow our practice to confidentially store information as to maintain efficient and accurate treatment. Our practice also utilizes electronic medical records to send patients their health care information electronically, which may include but not limited to appointment reminders and e-Prescribing of medication information. E-Prescribing is an electronic process that generates prescriptions directly to participating pharmacies. Our practice will always abide by HIPAA regulations.

EMAIL/ELECTRONIC COMMUNICATION CONSENT

Springs Health LLC encourages the use of email via different means such as patient's portal in EMR or regular email to communicate about your medical matters because it leads to more effective and easier communication and less phone tag. This is a courtesy provided by your provider and texting is also permitted. However please note that texts messages will not be answered past 11 EST pm and cell phone access, as well as email, will be down past 11 pm. If you find yourself in an emergent situation, this is not a viable method to get in contact with your provider. You must report to the emergency room in such cases. If you chose to communicate with your provider via email, the practice requires you consent to the following: I understand that e-mail communication should not be used for emergencies or for communicating time-sensitive information. In the event of a medical emergency, I should contact 911 or go to the nearest Emergency Department. To communicate emergent or time-sensitive information I should directly contact the office of the healthcare provider. I understand that e-mail communication will be processed during routine business hours. In the event I do not receive a response, I understand that I should contact the office directly. I understand that due to situations outside of the control of the

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physicians, clinicians and office practices, internet, and email service may be interrupted or not work at any given time. The physicians, clinicians, and office practices are not responsible for technical failures. Again, if you do not receive a response to your email, please call the office directly during business hours. I will not share, distribute, release, or sell my healthcare provider's e-mail address to anyone. I understand that email communication is not a substitute for medical care and evaluation. I must arrange for an office appointment to assure appropriate care. I understand that I am to provide my full name and contact information in all e-mails, e.g., full name, address, and phone number(s) on each email. I understand and accept that my provider may route my e-mail to other members of the staff for informational purposes or for expediting a response. I authorize my provider to send and designate staff to receive and read my e-mail. I acknowledge that commonly used e-mail services are not secure and fall outside the security requirement set forth by the Health Insurance Portability and Accountability Act for the transmission of protected information. Therefore, I understand there is a risk that my health information may be obtained by others not affiliated with my provider. I authorize my provider to transmit my personal health information via email even though email may not be secure and private and may be subject to loss or exposure. I acknowledge and accept that my healthcare provider can terminate e-mail communication services at any time. I understand that I am responsible for notifying the physician if I chose to discontinue email communication or if my email address has changed.

Refills

Refills may be conveniently requested using the Patient Portal of the electronic medical record (EMR) by you or your pharmacy. You may also have your pharmacy fax to the office a refill request form or leave a message by phone although these methods are typically slower. If your condition requires monitoring, and the time since your last appointment has been longer than recommended, we may insist on an appointment and will generally provide the patient with enough medication until that appointment. In general visits are frequent upon treatment initiation and then become less frequent as stability is achieved. Refills provided generally follow that

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pattern as well.

Controlled Drug Policy

We abide by state and federal regulations, meaning if you are prescribed a controlled medication, it is our policy to randomly conduct a urine toxicology screen for ongoing safe prescribing of controlled medication, as requested by the provider. If a urine tox screen is required, there is a fee for in-office collection and screening. It may then be sent out for further testing if needed. This fee is not covered by your insurance plan and is put in place for your convenience to avoid your insurance billing your hundreds of dollars for onsite lab screenings.

Patient Records

You may request your medical records at your own expense and request that factual errors be corrected. Parts of your record that could potentially be more detrimental than helpful to your psychological well-being, or that were asked to be kept confidential by the provider, may be withheld. These records will be kept for as long as required. You must authorize in writing that copies of these records be released to entities you designate. Records sent to other mental health care providers, primary care providers, therapists, for purposes of a treatment evaluation, psychological testing, or other mental health treatment will be provided free of charge unless record is unusually large (>20 pages) for which a nominal fee will be charged (depending on delivery method). Records for other purposes including personal, work or legal reasons will be charged at \$25 per document request.

Fees:

Insurance and Payment

We participate with most insurance companies. For plans requiring copays, you are responsible for that copay at the time of service. It is your responsibility to know the extent of coverage your insurance plan offers. If your insurance requires a referral from your primary care provider, it is

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your responsibility to obtain the referral prior to the appointment. Verification of benefits is not guarantee of payment or coverage. All charges are subject to medical review and approval by your health plan. In the event coverage terminates or services are not covered, I acknowledge that I am responsible for all charges incurred based on contract provisions until its termination date. Patients are responsible for any out-of-pocket expenses that are not covered by your insurance, which may include deductibles, co- payments, co-insurance, and non-covered services. I understand that I may have a deductible and be responsible for the full amount of the visit until my deductible is met. I agree that Springs Health LLC may charge my credit card on file for the balance due when they receive a copy of the Explanation of Benefits (EOB) and co-pays.

Self-Pay Patients

Patient is required to pay, in full, the office visit at the time of the service. Refund letter can be issued for reimbursement from the insurance for out of network patients or those who wishes to self-pay and claim the reimbursement from their insurance.

Self-pay fees- please contact the office.

Durations of consultation

Initial psychiatric Consultation	45-60mins
Psychotherapy with medication management	30-60mins
Psychotherapy	30-60mins
Medication Management	15-20mins

Statement of Balance

Statements of due balances are mailed to our patients or electronically sent monthly via emails/text messages. The statement shows an itemized listing of your outstanding balance on your account. Payments are to be paid in full unless notified by our billing department.

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Treatment & Therapy

As part of a successful treatment, I understand and grant Springs Health LLC permission to provide therapy, mental health services and substance abuse treatment as the psychiatrist and other clinicians deem necessary. I also understand that part my psychiatric treatment may include attending regular therapy sessions, whether at Springs Health office or with other practitioners. I also understand that while the course of therapy is designed to be helpful, it may at times be difficult and uncomfortable. In the case of an emergency (including medical and concern regarding danger to self or others), I authorize the staff of Springs Health LLC to provide or seek emergency medical treatment or other necessary interventions to promote safety of the patient.

Agreement

I have read the above practice policies and have had the opportunity to have all my questions answered. I understand that policies and fees may change at any time, and I will be updated on any major changes. Documents are available at www.springshealth.com. I have read and acknowledge receipt of Springs Health LLC notice of privacy practices (June 2023).

I consent to evaluation and treatment by Springs Health LLC and agree to be responsible financially for services rendered.

Signature of Patient (if 16 or older)

Date

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Signature of Parent/Guardian (if less than 16)

Relationship

Date

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