

## Informed Consent

### Welcome to Our Practice

We look forward to seeing you at your scheduled appointment. To save time on the day of the appointment, please read this ***Information Package***, check and sign the consent document, and complete the enclosed registration forms. Please bring the forms and consent document with you to your visit. If you are unable to complete these forms before your visit, please plan to arrive 15-20 minutes before your scheduled time, so that we may answer any questions that you may have about completing the forms.

### General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, we need to reach a clear understanding of how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

### Mental Health Services

Psychotherapy is a constantly evolving practice that comes in many different forms, encompassing a wide array of techniques, expertise, and theories. The therapeutic relationship is defined by both the provider and the patient and is structured around dealing with the issues you wish to address. There are many different methods and approaches your provider may use to deal with your specific needs. Psychotherapy requires an active effort on your part. Premier Wellness Healthcare strives to assist every patient in identifying and solving all difficulties they may face, even the ones they have yet to uncover. For therapy to be successful, you will have to work on things talked about during your session as well as at home. Additionally, you will need to be open and honest about your feelings related to the process of therapy and how it works for you.

Like all things in life, psychotherapy can have both benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience an array of emotions such as guilt, sadness, fear, anger, loneliness, or helplessness. These emotions may be overwhelming at times, and you may want to avoid them, however, they are an important part of your treatment process.

Psychotherapy has been shown to have benefits and has been shown to lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what you will experience. Please be honest about any difficult feelings you may experience, not only those that brought you to therapy but also those that may arise throughout your therapy journey. The therapeutic relationship is a unique opportunity to discuss anything and everything related to interpersonal interactions. If you have questions about procedures, they can be discussed as they arise.

Therapy involves a large commitment of time, money, and energy, so you should be careful about the provider you select. One of the best predictors of successful therapy is the strength of the therapeutic bond between a provider and a patient. If either the patient or provider feels this

is not a good fit, we will work with you to find a suitable provider in our practice or surrounding areas.

### **The Therapeutic Process**

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. Your provider cannot promise that your behavior or circumstances will change, but they can promise to support you and do their very best to understand you and repeat patterns, as well as to help you clarify what it is that you want for yourself.

### **Medical Records**

If medical records are requested by other parties, such as attorneys, there will be a service charge for printing and/or copying and mailing.

### **Forms Completion**

We reserve the right to charge a fee for the completion of forms, letters, or any other correspondence (disability, FMLA, MVA, etc.). The fees are as follows: Simple/single-page forms: \$10 (each form) - Complex/multi-page forms: \$25 (each form). These fees must be paid in full at the time the forms are submitted at the practice.

**All payments or correspondence should be mailed to:**

**Premier Wellness Healthcare  
103A North Main Street  
Bel Air, MD 21014**

### *FMLA Paperwork*

FMLA paperwork generally requires a minimum of 1-2 hours to complete, due to the need for supporting clinical documentation. Short-term disability often takes longer to complete and may require additional assessments beyond my regular intake evaluation. The time required to make copies or prepare and send faxes, and any other administrative business (e.g. preparing releases of information or requests for records; phone calls to lawyers, or other non-clinical calls) not directly related to the provision of clinical services, will also be based on the complexity of the documentation request, with a minimum fee of \$75.00.

**There will be no completion of any FMLA, disability, other paperwork, or letters of support unless your provider has met with you for at least 8 sessions.** We also will not complete any FMLA or disability paperwork if we are unable to support the request based on what you have presented at intake and during sessions.

## Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 requires that PWH provide you with information about how we may use your Protected Health Information (PHI). All of that information is contained in PWH's *Notice of Privacy Practices* which you will receive in a separate document. The Notice will tell you:

- How PWH may use and disclose your protected health information.
- Your rights with respect to the information and how you may exercise these rights.
- PWH's legal duties with respect to the information.

Whom you can contact for further information about PWH's privacy policies.

## Confidentiality

In general, the privacy of all communication between a patient and provider, and information can only be released to others with written permission.

In most legal proceedings, you have the right to prevent your provider from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order testimony if they determine that the issue demands it. We will not release any information to a court without a judge's court order.

## *Limits on Confidentiality*

There are very few situations in which we are required to break confidentiality:

- If you inform your provider that you are threatening serious bodily harm to yourself or someone else, your provider must take protective action that may include hospitalization, contacting the police, and/or notifying the potential victim.
- If your provider believes any child under 18, elderly, or disabled person is being abused, neglected, or exploited, they are required to file a report to the appropriate agency, usually the Office of Child Protective Services and law enforcement. Once such a report is filed, your provider may be required to provide additional information. If abuse, neglect, or exploitation occurred in the past, your provider is still required to file a report to the appropriate agency.
- If a judge (court order) requires your provider to testify about you or you are being accused of a crime and use your sanity as a defense. If you are involved in a court proceeding and a request is made for information concerning the professional services provided by Premier Wellness Healthcare, such information is protected by the psychologist-patient privilege law. Premier Wellness Healthcare nor your provider cannot provide any information without you or your legal representative's written authorization, or a judge's court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order your provider to disclose information.
- If you file a complaint or lawsuit against Premier Wellness Healthcare or your provider, your records will be used as a defense.
- If a medical emergency arises while you are in session, Premier Wellness Healthcare or your provider will telephone the emergency contact designated on your intake form.

- If you file a worker's compensation claim and your provider is providing services related to that claim, your provider must provide appropriate reports to the Worker's Compensation Commission or the insurer.
- If a government agency is requesting information for health oversight activities, your provider may be required to provide it to them.

The above situations are rare, and your provider will make every effort to fully discuss them with you before taking any action. Let's discuss any concerns that you may have regarding the above. The laws governing confidentiality are complex, and certain situations may require legal advice. If Premier Wellness Healthcare or your provider consults with another professional about a case, they will make every effort to avoid revealing identifying information. The consultant is also legally bound to keep the information confidential. Please also know that Premier Wellness Healthcare is an office with other healthcare professionals where protected information may be shared for administrative purposes and confidentiality is protected.

### *Designated Spokesperson*

Because of privacy rules, providers may not release your health information to anyone without your permission. This includes family members or friends that you may want the provider to keep informed. You may authorize us to share information with specific individuals that you designate as your **Spokesperson(s)**. If you provide this authorization, here are some things that you should be aware of:

- 
- We will share information about the services rendered by PWH Providers only, either in person or over the telephone.
- Once this information is released to the spokesperson, it may no longer be protected by federal privacy regulations.
- The designated spokesperson(s), Medical Power of Attorney, Health Care Agent, or other individual allowed by law will be the only individual(s) who may obtain information about you.
- Your spokesperson does not have decision-making abilities unless they are able to do that as outlined in the law.
- The authorization will expire one year after the date on the Patient Consent Signature form.
- You may withdraw this authorization at any time by notifying the PWH Privacy Officer in writing. If you do withdraw the authorization, it will not have any effect on actions taken by PWH before receiving the written request.
- You may refuse to sign this authorization. Your treatment will not be affected in any way by your choice to grant or not grant spokesperson authorization.

### Minors

If you are a minor, your parents may be legally entitled to some information about your therapy. Your provider will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

### **Termination**

During the initial intake process and the first couple of sessions, we will assess if we can be of benefit to you. If you have requested online counseling, our assessment will include your suitability for psychotherapy delivered via technology. We do not accept patients whom, in our opinion, we cannot help. In such a case, you will be given several referrals that you may contact. If at any point during psychotherapy, your provider assesses that he/she is not effective in helping you reach your therapeutic goals, they are obliged to discuss this with you, up to and including termination of treatment. In such a case, you would be given several referrals that may be of help to you. If you request and authorize in writing, your provider will talk to the psychotherapist of your choice to help with the transition. If at any time you want another professional's opinion or wish to consult with another provider, we will assist you in finding someone qualified and, if we have your written consent, will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, you will be offered the names of other qualified professionals whose services you might prefer.

### **Dual Relationships**

Not all dual relationships are unethical or avoidable. However, sexual involvement between provider and patient is never part of the therapy process, nor are any other actions or dual relationship situations that might impair my objectivity, clinical judgment, or therapeutic effectiveness or that could be exploitative in nature. In addition, we will never acknowledge working therapeutically with anyone without his/her written permission. In some instances, even with permission, we will preserve the integrity of our working relationship.

If we see each other accidentally outside of the therapy office, your provider will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and your provider does not wish to jeopardize your privacy. However, if you acknowledge your provider first, your provider will be more than happy to speak briefly with you but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

### **Social Medical and Telecommunication**

Due to the importance of your confidentiality and the importance of minimizing dual relationships, your provider does not accept friend or contact requests from current or former patients on any social networking site (Facebook, LinkedIn, etc.). Premier Wellness Healthcare and your provider believe that adding patients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when you meet with your therapist and you can talk more about it.

### **Electronic Communication**

Your therapist cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, your provider will do so. While Premier Wellness Healthcare and your provider may try to return messages in a timely manner,

they cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail are considered telemedicine by the State of Maryland. Telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another.

If you and your provider choose to use technology for some or all of your treatment, you need to understand that:

1. You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
2. All existing confidentiality protections are equally applicable.
3. Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.
4. Dissemination of any of your identifiable images or information from the telemedicine interaction with researchers or other entities shall not occur without your consent.
5. There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the provider gathers within a session or a series of sessions a multitude of observations, information, and experiences about the patient. The provider may make clinical assessments, diagnoses, and interventions based not only on direct verbal or auditory communications, written reports, and third-person consultations, but also on direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include but are not limited to the provider's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the provider not being aware of what they would consider important information that you may not recognize as significant to present verbally to the provider.

### **Web Portal Participation**

Premier Wellness Healthcare is pleased to offer you the chance to communicate with your provider using [https://prewellhealth.clientsecure.me/client\\_portal/client\\_accesses/sign\\_in](https://prewellhealth.clientsecure.me/client_portal/client_accesses/sign_in), our new web portal. *Simple Practice* is a safe and secure way for your provider to communicate with

you and for you to communicate with your provider. There is no charge for using **Simple Practice**.

You can use **Simple Practice** to:

- Complete intake forms
- Check on upcoming appointments
- View your balance
- Make a payment on your account
- Chat with your provider

We can use **Simple Practice** to:

- Send you the required documents
- Remind you about your appointments
- Reply to any messages you send us
- Answer your questions without playing “telephone tag”

**How Simple Practice Works**

We will use your email address to send you a one-time link to the password-less portal.

1. At the top they should select “Existing Client? Sign In” in green
2. They should then enter the email address PWH has on file and select “send link”
3. The link will go to their email address, they should click their link which will allow them access to their patient portal
  - a. This link will only be valid for 24 hours, after 24 hours, the link is no longer accessible, and the patient will need to request a new one-time link following steps 1-3.
  - b. The link is only accessible for 1 use

We will use the e-mail address that you give us to send you an e-mail that a message is waiting for you on **Simple Practice**. No treatment information will be in the e-mail that we send you. When you receive it, you will go to the portal to retrieve the secure message that we left for you. It is as easy as that!

It is up to you to make sure that your e-mail is working, and that our e-mail doesn’t end up in your “junk mail” folder. If you stop using e-mail or change your e-mail address, you need to call the practice and let us know right away.

When you use **Simple Practice** to send a message to us, someone will answer by the next business day.

**Do not use Simple Practice to communicate urgent matters!**  
If you have a problem that needs immediate attention, or you are not certain whether it can wait, call the office.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Financial Policy

PWH is committed to providing you with quality and affordable health care. We participate with most insurance plans.

#### *Therapeutic Services and Rates*

Initial Intake – 90791 – \$250

30 Minute Individual Psychotherapy – 90832 – \$100

45 Minute Individual Psychotherapy – 90834 – \$125

60 Minute Individual Psychotherapy – 90837 – \$175

60 Minute Psychotherapy for Crisis – 90839 – \$175

90 Minute Psychotherapy for Crisis – 90840 – \$275

Family Psychotherapy without Patient – 90846 – \$125

Family/Couples Therapy – 90847 – \$175

Group Therapy – 90853 – \$100

Interactive Complexity – 90785 – \$50

Questionnaire Assessment – 96127 – \$25 Each

Psychological Testing - This will be determined before testing.

Late Cancellation – Cancellation less than 24 hours before appointment – \$50

No Show – \$50

#### *Uninsured Patients*

If you are uninsured, payment is expected on the day of your visit. Please refer to the GFE documentation for further information.

#### *Insurance Coverage*

We participate with most insurance plans. Please bring a photo ID and your insurance card(s) to each appointment.

It is your responsibility to know and understand the terms of your insurance coverage. Your insurance plan is a contract between you and your carrier. It is your responsibility to know whether your insurance carrier requires a referral and to bring it with you at the time of service. If you present without a referral when one is required, we will ask you to sign a Voluntary Waiver of Insurance Benefits if you want to receive services that day. You will be responsible for the bill. Please contact your insurance carrier with any questions regarding your coverage.

#### *Medicare*

If we believe you are receiving a service that Medicare does not consider reasonable or necessary for your condition and for which payment is expected to be denied, you will be notified in writing with the Advance Beneficiary Notice of Non-Coverage (ABN) form. This will provide you with the opportunity to decide if you will proceed with the service ordered. This process is required by Medicare and preserves your right to appeal their decision.



*HMO/Managed Care Plans*

If your insurance is an HMO or Managed Care plan, under the terms of your plan, the provider may not be able to see you without the proper referral or authorization, unless you are willing to sign a *Voluntary Waiver of Insurance Benefits* and agree to pay at the time of service.

*Deductibles, Co-pays, and Coinsurance*

All co-pays are due at the time of service. Contractually, your insurance company requires us to collect the portion for which you are liable at the time services are rendered. Deductibles and coinsurance amounts will be estimated based on the normal reimbursement from your insurance company, you may receive a bill for the additional amount or a refund if you have overpaid once the insurance processes the claim.

Definitions:

**DEDUCTIBLE** is the amount the patient is responsible for before the insurance plan starts paying for services. The deductible may not apply to all services.

**CO-PAYMENT** is a fixed amount set by the insurer that the patient is responsible for paying at the time of service. The co-payment may vary by the type of service, the provider rendering the service, and/or the place in which the service is rendered.

**CO-INSURANCE** is the patient’s cost share, usually calculated as a percentage of the cost of the service. The co-insurance may not be subject to a deductible amount.

*Payment for Services*

Co-payments/co-insurance and deductibles are due at the time of your appointment. We accept cash, checks, VISA, and MasterCard. If you are unable to pay at the time of service, please refer to the ***Financial Policy*** in this package for options available to you.

A fee of \$35 will be assessed for each personal check returned by your bank as non-sufficient funds.

*Non-payment / Delinquent Accounts*

If you have a balance on your account, you will receive an electronic statement in your Simple Practice Patient Portal and may receive a statement in the mail and/or a phone call about your unpaid balances. If a balance remains unpaid for more than 90 days, the message on your third statement will say that your account is being reviewed for placement with a collection agency. Your account may be assessed a 30% surcharge to cover agency fees. You will be allowed 10 days to send the payment in full. Partial payments or extended payments will not be accepted unless otherwise negotiated with the Billing Department at 888-333-1345.

*By signing this I am stating that I have read and understand the Financial Policy set forth by Premier Wellness Healthcare*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Appointments and Scheduling Policy**

It is the policy of the practice to monitor and manage late arrivals, late cancellations, and no-shows. Premier Wellness Healthcare’s goal is to provide excellent care to each patient in a timely manner. Please be on time for your appointment. We will do our best to see you at the appointed time and/or advise you of any delays. If it is necessary to cancel an appointment, patients are required to cancel via the patient portal, call, text, email, or leave a message **at least 24 hours** prior to the appointment, so that we may put someone else who needs to be seen in your place.

***Late Arrival, Late Cancellation, and No-Show Policy***

**Definitions:**

**LATE ARRIVAL** is defined as any patient who arrives more than 15 minutes late to their scheduled appointment, with or without informing the provider.

**LATE CANCELLATION** is defined as any patient who cancels an appointment with less than 24 hours notice.

**NO SHOW** is defined as any patient who fails to arrive for a scheduled appointment.

***Fee***

We reserve the right to charge for late arrival, late cancellation, and no-shows. Our fee is \$50. These charges will be your responsibility and will be billed directly to you. Payment for missed appointments is expected before your next visit.

***Procedure***

In the event a patient arrives late as defined by “late arrival” to their appointment and cannot be seen by their provider on the same day, they will be rescheduled for a future visit.

In the event a patient has incurred two (2) documented late cancellations or no-shows and has a standing appointment with their provider, all future appointments will be canceled, and the patient will need to contact Premier Wellness Healthcare to schedule another appointment.

In the event a patient has incurred three (3) documented late cancellations or no-shows, the patient may be dismissed from Premier Wellness Healthcare and provided referrals to other mental health providers in the area.

*By signing this I am stating that I have read and understand the Appointments and Scheduling Policy set forth by Premier Wellness Healthcare*

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**