

Mindspace Psychiatry, LLC

15 W High Street, Unit A
Somerville, NJ 08876

PRACTICE POLICIES-MINDSPACE PSYCHIATRY

Welcome to Mindspace Psychiatry LLC!

This Agreement contains important information about our professional services and business policies. Please read this document carefully and address any concerns or questions to your provider.

When you sign the signature page, it will represent an agreement between you and Mindspace Psychiatry LLC

This agreement has important information including:

- EVALUATIONS AND TREATMENT
- OVERVIEW OF SERVICES
- CANCELLATIONS
- CONTACTING YOUR PROVIDER DURING AND OUTSIDE OF BUSINESS HOURS
- PRESCRIPTION REFILLS
- TERMINATION OF TREATMENT
- PROFESSIONAL FEES
- BILLING & PAYMENT

EVALUATIONS AND TREATMENT

Evaluations:

The first step of treatment is the initial evaluation. This evaluation may require multiple sessions to establish what the goals of treatment are (your treatment plan). Sometimes scheduling more time after the first visit is necessary. Generally, after the evaluation, you and your provider will arrive at a decision that continuing treatment is in your best interest. However, one of the goals of these initial sessions is for you and your provider to decide if both of you feel that your treatment goals can be achieved with this provider. Thus, completing an initial evaluation is not a guarantee of continued treatment with this provider. If continuing treatment at Mindspace Psychiatry LLC is not recommended, the provider completing the evaluation will discuss the reasons and options for treatment. There are also a number of circumstances in which a patient may be referred to another provider including but not limited to, a need for additional services, a second opinion, or a transfer of care because you need a higher level of care than can be provided at Mindspace Psychiatry LLC. You consent for yourself/your child to receive a comprehensive diagnostic assessment.

Follow-up Appointments

After the initial treatment evaluation(s), the appointments typically lasting 20 minutes will be scheduled to monitor your clinical status and response to treatment, which may include medication. Attending appointments and following through on recommendations is vital for you to have your best outcome. By scheduling follow up appointments you consent to ongoing treatment for yourself/your child, which may include medications and/or psychotherapy.

OVERVIEW OF MEDICATION MANAGEMENT

Your medication provider will recommend the time frame for follow-up appointments based on your specific treatment and clinical concerns. This time frame reflects the frequency of assessment required to provide appropriate care. Thus, if you need to cancel an appointment, it will be important to reschedule in a timely manner. If your medication provider determines that there has been insufficient follow-up to safely continue the current medications, she may decline to renew a medication or provide only a partial refill pending attending an appointment.

CANCELLATIONS

We request that you provide at least 48 business hours advance notice of cancellation. Late cancellations, failure to cancel, or arriving more than 10 minutes late will result in a no-show fee for the full charge of the scheduled visit to your account.

PARTICIPATION IN LEGAL PROCEEDINGS

MindSpace Psychiatry LLC providers reserves the right not to participate in legal proceedings. If your provider is required by law to participate in such legal proceedings; the time spent in testifying, preparing and traveling and any other activity related to the legal proceeding will be charged at \$400 an hour.

CONTACTING YOUR PROVIDER AT MINDSPACE PSYCHIATRY

Emergencies: For any emergencies and if you think that your concern poses any risk to you that is time sensitive such as a medication reaction, please do not wait for a response from your provider. Call 911 for transportation to your local emergency room.

Messages should be left on MindSpace Psychiatry voice mail at 908-366-7862. These messages are not checked after hours, weekends and holidays. You will receive a call back in 24 business hours.

Messaging through the patient portal of electronic health record: We make HIPAA compliant messaging available for routine matters through your patient portal. We encourage everyone to activate the patient portal and use this messaging system. This can be a good way to securely exchange messages and documents.

Prescription refills: Your provider typically recommends a time frame for a follow up visit and will prescribe medication for that time frame. Generally, we will not respond to a routine refill request from a pharmacy since it may not be appropriate for a refill without a visit. For any special circumstances please contact the office and request a refill until the next scheduled appointment. We require 2 business days to fulfill any such requests.

REFERRALS OR TERMINATION FROM TREATMENT You may end or transfer treatment at any time. We encourage you to discuss this choice with your provider in advance so that you can be assured of having as much pertinent information as possible when you make your decision.

Treatment referrals or termination of treatment:

An initial decision to continue treatment with the provider who completed an evaluation is not a guarantee that the provider will be able to continue to provide services under all circumstances. If your treatment needs change, it is possible your provider will recommend a treatment that he or she is not able to provide. Under these circumstances, your provider will recommend your care be transferred to someone who is better able to address your needs.

Recommendations to transfer care typically occur when the specific treatment needs are outside your provider's areas of expertise, or because of patient non-compliance with treatment recommendations, appointments or financial obligations. Examples of treatment needs that may be outside our areas of expertise include, but are not limited to: significant substance abuse interfering with outpatient medication management; developing medically unstable conditions; and psychiatric conditions requiring frequent hospitalizations; and/or emergency appointments.

Non-compliance may include: not following through on agreed treatment recommendations; not coming to appointments or late cancelling of appointments; misusing prescription medications; declining treatment recommendations and/or referrals for treatment.

For any of these reasons, as well as other ones that would compromise your treatment, if the decision is made to transfer or terminate treatment at Mindspace Psychiatry LLC, your provider will give you referrals as appropriate and short-term treatment while you arrange to transfer your care. Suggestions will be provided for other treatment options. The time period of coverage during transfer may be shorter if the recommendation is considered urgent. If there is a concern that your situation is unstable and/or unsafe, it may not be appropriate to continue the previously established treatment during the transition period.

PROFESSIONAL FEES

Mindspace Psychiatry LLC does not participate in any insurance panels. You (parent/legal guardian for a minor child) assume(s) full financial responsibility for all charges. We will provide you with a statement that can be submitted to your insurance company. We assume no responsibility for your reimbursement from insurance.

Initial evaluation of adults above the age of 22 and above: \$450

Initial evaluation of adolescents ages 14 and up and adults until the age of 22: \$650

Initial evaluation of adolescents ages 13 and below : \$750 **Follow up visits for children and adolescents: \$225** Follow up visits for adults ages 22 and up: 195 **Follow up visits requiring longer than 25 mins: 500\$** per hour, prorated based on time spent. **Evaluations for school child study team:** These evaluations are paid for by the referring child study team and arrangements are made for payment by the school district. **Phone contacts and online conversations:** Most extended conversations (with you or someone you requested us to speak to) specially to change medications, will need a scheduled appointment. Any telephone conversations or portal/other online communication will be charged at 75\$ for every 10 min increments. Please note that these conversations will need to be scheduled by calling the office.

Other time spent out of sessions: Any letters, forms, other documentation requested, requests for

review of documentation or any other services that will require time spent outside a session will be charged based on the time required to complete this documentation.

BILLING AND PAYMENTS

All patients are required to maintain a credit card on file. This card will be processed, the morning of the appointment date. This card will be charged for all no shows and late cancellations.

If you would like to provide another form of payment instead, please do so at least 24 hours before the appointment.

If an account is more than 60 days past due, without an established payment agreement, account may be remanded to a collection's agency or small claims court. You shall be responsible for any and all fees and costs associated with dishonored payments or collections efforts to recoup money owed to Mindspace Psychiatry LLC.

CUSTODY AGREEMENT:

If the parents of a minor child are divorced, a copy of the custody agreement must be provided.

If the custody is "joint legal," both parents will need to sign the consent for treatment. However, if parents are divorced and only one parent signs the consent for treatment, the custody agreement must reflect that this parent has authority over medical decision making.

RESPONSIBLE PARTY SIGNATURE/INFORMATION

PATIENT/PARENT/GUARDIAN CONSENT FOR TREATMENT:

I acknowledge that I have read, understand and accept this policy and consent for treatment of myself or my minor child listed herein and accept responsibility for all fees incurred. If the patient is a minor child, I hereby certify that I have legal custody of the child/adolescent being treated and am legally empowered to make medical decisions concerning him/her.

PLEASE CALL US WITH CONCERNS OR QUESTIONS BEFORE YOUR FIRST APPOINTMENT, OR AT ANY TIME THERE AFTER.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE REVIEWED THE AGREEMENT TITLED "**PRACTICE POLICIES-MINDSPACE PSYCHIATRY**" AND YOU AGREE TO ITS TERMS.