



Initials

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PRACTICE POLICIES AND PROCEDURES

Welcome to *psychiatrie.me*! I look forward to meeting with you. This document provides important information about practice policies and what to expect for appointments and ongoing treatment. Please read it carefully. If you have any questions or concerns, I will be happy to discuss them with you.

APPOINTMENTS

All new patient evaluations will begin with an initial psychiatric evaluation. The initial appointment is about 90 to 120 minutes in duration. During the initial psychiatric evaluation, we will extensively review current symptoms, psychiatric history including previous psychiatric medication trials, social history, family history, medical history, including current medications you are taking, and discuss treatments goals. For patients interested in integrated treatment involving both psychotherapy and psychopharmacology, follow-up appointments will be 50 minutes in duration. For patients wishing only to receive psychotropic medication supervision, most of these follow-up appointments will be 25 minutes in duration and will focus primarily on current psychiatric symptoms, as well as efficacy, tolerability, and response to medication treatment.

OFFICE HOURS

Office hours are subject to change but currently appointments are only offered on Wednesdays and Saturdays. To schedule an appointment, please call 207.200.8330. I make every effort to be on time and appreciate your effort to be on time as well.

COMMUNICATION

Routine contact can be made by phone or text communication. Most likely I will be unavailable at the time of your call and you will be connected to my confidential voicemail box. With voicemail, please leave your name, call back number, and a brief description of the reason for your call. Voicemails are checked periodically during the week, but voicemails are not checked between the hours of 5:00PM and 8:00AM. Similarly, text messages received after 5:00PM are not responded to until at least the following day. Voicemails and text messages left after 5:00PM are generally returned the following day but may take as much as 72 hours to provide a response. Email is not a time-sensitive or confidential form of communication and should not be used to communicate health information.

Please note that my practice is not oriented to emergency or crisis care. For urgent matters, call and text the number above and indicate in your message that it is urgent. I will do my best to return your call as soon as possible. If you are in psychiatric crisis or fear that you could harm yourself or others, call the Suicide and Crisis Lifeline at 9-8-8, call 9-1-1 for emergency services, or present to the nearest emergency room. If you are in an emergency situation, suspect you may be experiencing a severe allergic reaction to a medication, or face a life-threatening emergency, call 9-1-1.



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MEDICATION PRESCRIPTIONS

Medication questions and concerns, including prescriptions renewals, are addressed during scheduled appointments. Most of the time, medications will be prescribed to last until your next appointment and a prescription will be mailed to you or will be called directly into the pharmacy of your choice.

If you need a prescription renewal in the interval between appointments, or if you will run out of medication prior to your next appointment, please contact psychiatrie.me at 207.200.8330. Medication renewal requests must be made at least 1 week before you are due to run out of medication.

I reserve the right to decline issuing a prescription renewal if you have missed an appointment or have not been seen within the last 90 days. If you have been told by the pharmacy that a prior authorization is required or needs to be renewed and it is taking longer than usual to fill your prescription, please let me know as soon as possible as I may not be aware that a prior authorization is needed.

Due to the virtual nature of treatment, federal regulations do not permit the prescribing of controlled medications. No prescriptions will be written for controlled medications by *psychiatrie.me* or its physicians.

CANCELLATIONS, NO SHOWS, AND MISSED APPOINTMENTS

Understandably, there may be situations in which you need to cancel or reschedule your appointment. At least 24 hours' notice is required when canceling or rescheduling an appointment. To cancel or reschedule, please call 207.200.8330.

Without 24 hours' notice, you will be charged the full fee for missed or canceled appointments, apart for exceptions will be made for serious medical emergencies or illness. I will extend the same respect and courtesy to you if I need to cancel or reschedule your appointment by letting you know as far in advance as possible. If I need to reschedule your appointment due to unforeseen circumstances, I will do my best to re-schedule our appointment as soon as possible. Please note that if you miss your appointment or have to cancel or reschedule with short notice, it may take a few weeks until another appointment is available and insurance will not reimburse you for missed appointments.

PROFESSIONAL FEES

Please note that fees may be subject to change. If fees increase, *psychiatrie.me* will provide you with a thirty days' notice to alert you to the change. Fees are based on the length and type of the evaluation or treatment and they are assessed as follows:

- \$450 per 120-minute initial comprehensive psychiatric evaluation
- \$350 per 50-minute follow-up appointment integrating both psychotherapy and psychotropic medication supervision
- \$250 per 25-minute follow-up appointment for psychotropic supervision and psychopharmacology support
- \$350 per hour, prorated to the minute, for any work done on your behalf outside of scheduled appointments including, but not limited to, phone calls to physicians, pharmacists, therapists, or family members, medication prior authorizations, authoring of letters, or completion of forms



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LOCATION

I am licensed to practice medicine in Maine, Massachusetts, New Hampshire, and Vermont. While all care is delivered from a telehealth platform, in order to become a patient of mine you must be a resident of Maine, Massachusetts, New Hampshire, or Vermont. Additionally, you must be physically located in one of these four states at the time of your appointments in order to receive care.

INSURANCE

I do not participate with any insurance companies. I am also unable to accept patients with Medicare or Medicaid, even if you wish to pay for services yourself. Most insurance plans will allow you to see an "out-of-network" physician with an option to submit the bill for at least partial reimbursement. After each visit, I will provide you with an invoice that includes all of the necessary information should you choose to submit it to your insurer for reimbursement. Please note that if you qualify for reimbursement, your insurance company will send the reimbursement directly to you. It is strongly encouraged that you review your health insurance plan prior to scheduling an appointment to determine your out-of-network benefits, out-of-network deductible, and out-of-network out-of-pocket maximum.

BILLING

Each month, I will mail you an invoice detailing the type of service provided, the dates of service, and amount due. You can submit payment by mailing a check to the following address:

psychiatrie.me
PO Box 1198
Southwest Harbor, Maine 04679

As stated previously, you will be charged the full fee for missed or canceled appointments with less than 24 hours' notice unless there is a serious medical emergency or illness.

MEDICAL RECORDS

I am required by law and bound by professional standards to keep complete medical records. Medical records will be electronic and encrypted through the electronic medical record, intakeQ (practiceQ), which is a HIPAA-compliant electronic health record. You are entitled to review your medical record at any time, unless it is deemed that by viewing your records, your emotional or physical well-being could be potentially damaged. If you wish to view your record, I recommend that we review them together to minimize any confusion or misinterpretation of medical terms. If you believe that there is a mistake or missing information in your medical record, you may also request that the information be changed. Please make these requests in writing. You will find more information about the right to correct your medical record within the Notice of Privacy Practices.



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CONFIDENTIALITY

The content of your medical record and what we discuss during our appointments is confidential. I will release information to third parties only with your permission, or, in unusual circumstances, by court order. If you opt to submit claims to your insurance carrier, information about your diagnosis and treatment will necessarily be disclosed. There are several exceptions to confidentiality, where disclosure is mandatory and required by law. These exceptions include:

- Danger to self - if there is concern that you are in immediate danger of serious physical harm to yourself, including threatening to end your life, I may contact police, emergency or crisis services, or contact family members;
- Danger to others - if there is threat or concern of immediate serious bodily harm to others, I am required by law to take protective action, which includes notifying the potential victim, and notifying police, emergency, or crisis services;
- Suspicion of abuse, neglect, or exploitation of a child, elder, or dependent or vulnerable adult - if there is an indication, or I receive information, that a child, elderly person, or vulnerable adult is being abused or is at serious risk of harm, I am obligated to report it to the appropriate state agency;
- Grave disability - if there is concern that you are unable to care for yourself and meet basic needs such as clothing, nutritional sustenance, or shelter, I may contact police, emergency or crisis services, or contact family members; and
- Certain judicial proceedings - in most legal proceedings, I will decline to testify or provide information unless you request I do so and waive your right of confidentiality. However, a judge may order my testimony or records if they determine the issue demands.

In the event that a situation occurs and there is a need to break confidentiality, I will make every effort to discuss it with you prior to taking action.

I may also legally release records as necessary:

- To ensure continuity, accountability, and coordination in treatment and service delivery; and
- To allow psychiatric hospitals (and general hospitals with psychiatric beds) to admit, diagnose, care for, and treat involuntarily admitted patients.

I may occasionally find it helpful to consult other professionals. In these circumstances, your identity will not be revealed and only important clinical information will be discussed. Please note that such consultants are also legally bound to keep this information confidential.

COVERAGE

When I am unavailable for an extended period of time, another psychiatrist will be covering for me. I will provide you with the name and contact information for the covering physician whom you may contact, if necessary. In order to best serve you in my absence, I may share information about you and your treatment with the covering physician.



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Your signature below indicates that you have read, understand, and agree to abide by the Practice Policies and Procedures.

Signature of Patient

Date

Printed Name of Patient