



APPOINTMENTS AND CANCELLATIONS

It is your responsibility to attend regularly scheduled appointments. Cancellations must be made by email or by phone within 48 business hours - this does not include weekends (for example: an appointment scheduled for 9:00 AM on Monday must be canceled by Thursday, the week before). Please note that insurance companies will not reimburse for missed appointment fees and you as a client are solely responsible for payment. Fees must be paid prior to attending a rescheduled appointment. Our clinic practice is to contact the patient by phone, email, and send a text if an appointment is missed due to a late cancellation or not showing up. Late cancellations and missed appointments will be charged a fee per occurrence (\$150 fee for missing evaluation (initial) appointment, \$100 fee for missing follow-up appointment). If you miss an excessive amount of appointments without notifying us, we will be forced to discontinue treatment.

PATIENT RESPONSIBILITY

You are ultimately responsible for all payment obligations arising out of your treatment or care and guarantee payment for these services. Not all medical services are covered by all insurance policies. Some plans pay fixed allowances for each office visit, while others pay only a percentage of the cost. It is your responsibility to understand your insurance coverage; however, as a courtesy, we will process your insurance claim forms for reimbursement and review your eligibility and benefits with you. Any copayments, coinsurance, or deductible amounts are due at the time of service or within 90 days of the service being performed. If we do not participate in your insurance plan, you may still choose to receive services at our practice, but we will require payment in full at the time of services rendered. Our self-pay rates are \$300 for an initial evaluation and \$175 for follow-up appointments.

INSURANCE

Understanding your healthcare costs can be a challenge. Costs depend on many factors, including your insurance plan details, where you received care, and what types of services you received. Types of bills you may receive as part of your service may include a professional fee for the services your care provider(s) performed, lab tests, diagnostic processing, and result interpretation. Insurance coverage varies among individual insurers and policies. Please call your insurance company before your visit to understand what they will pay and what you will owe. It is your responsibility to provide Eastside TMS and Wellness Center staff with your insurance coverage information and to notify them if coverage changes. You may submit photos of your insurance ID cards via IntakeQ or email them to us directly at office@eastsidetmswellness.com.

CREDIT CARD ON FILE

A credit card on file is required for the purpose of paying account balances as insurance adjudication comes through. Once a claim has been processed, your insurance will send an Explanation of Benefits (EOB) letter to both you and our office showing what the patient responsibility amount is. If the credit card on file has changed, expired, or been denied for any reason, you agree to notify and update our office of any changes. Credit cards on file will be processed with the same authorization as if presented in person. Copayments and past due balances are due before services are rendered at the time of check-in. Deductibles and coinsurance amounts will be charged to the card on file as the insurance adjudicates.

MEDICATION REFILLS

Refills should be requested during regular appointments. You can call your pharmacy and ask them to send a refill request to our office via fax or message us directly through the provider-patient portal, Onpatient. Please allow three business days for refills to be attended to. Providers reserve the right to not provide a refill service outside of a scheduled appointment.

MEDICATION MANAGEMENT

Medications used in a client's treatment plan may be FDA-approved and/or prescribed as "off-label." Please note that in psychiatry, medication management involves the treatment and management of psychiatric symptoms; that said, some medications are prescribed for other reasons than the FDA had originally approved for the medications.

PREGNANCY AND MEDICATION MANAGEMENT

Please discuss with your provider if you are pregnant or considering getting pregnant while on a medication regime. Note that all medications have potential risks and benefits; that said, the medication(s) in the client's treatment plan may have adverse effects and may be potentially harmful to the fetus and/or pregnancy. If the client is considering pregnancy or is actively pregnant, it is their responsibility to immediately inform their provider to discuss the potential risks and benefits of continuing a medication management treatment plan before, during, and after pregnancy.

DOCUMENTATION/LETTER REQUESTS

Requests to write documentation or letters of any kind require an appointment to discuss the details of your request and have the provider complete it. You must provide an active ROI (Release of Information) for whomever the letter or documentation is to be addressed; if you do not have access to a ROI, a staff member can provide you with one to complete. If the documentation must be written in a specific format please provide the requirements within a written request.

All staff within Eastside TMS and Wellness Center, reserve the right to refuse service. A submitted request does not guarantee approval. Approval is subject to availability, resources, and qualifications.

We ask that you give us as much notice as possible. Unless otherwise communicated, we commit to providing the approved documentation within 30 calendar days of the written request.

TREATMENT LENGTH AND TYPE (MEDICATION MANAGEMENT)

The initial evaluation is approximately 60 minutes and up to three visits may be necessary in order for the provider to determine a diagnosis and come up with a treatment plan that is best suited for you. Medication management sessions are also more frequent in the beginning or after changes are made, then they typically occur monthly or every three months. Appointment lengths range from 20-60 minutes (i.e. the last minutes of scheduled time is customarily for completing chart notes or coordinating care). For example, a 30-minute medication management appointment is actually 20-25 minutes. Duration of treatment varies depending on individual client needs. For almost all mental health conditions, participation in psychotherapy is a vital part of long-lasting recovery. Generally, we refer therapy to licensed qualified providers who can collaboratively ensure the best quality care for your mental health, unless you are already working with a therapist. Should you not schedule an appointment for 120 days and make no arrangement in writing with your provider to continue services, you will no longer be considered an active client of your provider or of Eastside TMS and Wellness Center, and therefore have terminated treatment.

MINORS (13+)

Psychiatric mental health nurse practitioners may provide treatment to a client who is thirteen years or older without the consent of his/her parents. However, our providers have elected to only see patients 15 years of age and older.

RIGHT TO CHOOSE THE BEST TREATMENT AND PROVIDER

It is your right and responsibility to select the treatment and provider that best matches your needs. You also have the right to a detailed explanation of any treatments or procedures that your provider establishes in your treatment plan; this includes the risks and benefits, if any. Please discuss with your provider if you believe that you are not receiving the treatment that you require so that they can work with you to revise your treatment plan or to refer you to other professionals who may be able to better meet your needs.

QUALIFICATIONS AND TRAINING

Your provider can provide you with information with regards to education, training, and certifications at your request. In addition to information used to determine appropriate psychiatric treatment, our providers obtain additional information from reading peer-reviewed journals, consulting with colleagues, and participating in regular continuing education.

RISKS AND BENEFITS

The therapy methods and medications prescribed have shown to be effective with some but not all clients and possibly for indications other than how they are prescribed for you. Providers cannot guarantee positive results, but will use the best science, experience, and collaborative input with you to guide medical decisions. Each person's brain and body will respond differently to medication. External factors, such as events in the client's life or irregular attendance, can interfere with progress. In addition, therapy can lead clients to experience distress for a time as they are dealing with painful feelings. Please feel free at any time to discuss questions or concerns with your provider or administrative staff about the treatment you are receiving.

RIGHT TO REFUSE OR STOP TREATMENT

It is your right to stop treatment at any time and for any reason. If the client is a minor, then the parent(s) or legal guardian has the right to refuse or stop treatment for the minor. Providers also have the right to refuse or terminate treatment, in which case you would be provided a 30-day notice including medication refills during this time (if applicable). Your psychologist also has the right to decline services to a client if they reasonably believe that they cannot provide competent and safe services by professional standards. You may choose a new provider of your choice or select from the list of referrals in your discharge letter. If you have concerns regarding treatment or wish to discontinue, you are encouraged to discuss this with your provider or administrative staff.

TERMINATION

Ending relationships can be difficult. Therefore, it is essential to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. Providers reserve the right to refuse and terminate treatment at any time and for any reason. If this occurs, the patient will be provided with a discharge letter. In the event of a patient being discharged, providers reserve the right to refill medications and, if applicable, up to a 2-month supply may be issued.

Please ensure that you are contacting Eastside TMS and Wellness Center in a timely manner prior to your scheduled sessions if you wish to terminate services. If you feel like your desire to terminate is a result of a

poor personal fit, please allow us to provide referral resources to you to increase your likelihood of positive outcomes. Our providers may choose to terminate services if you have failed to pay patient responsibility amounts, frequently cancel or no-call/no-show, a conflict of interest is identified, or if the practice closes. You will have 10 business days from termination to pay any balances owed and/or arrange a payment plan. Failure to pay within 90 days of termination will result in your balance accruing an interest rate of 8% APR and being sent to collections.

ELECTRONIC COMMUNICATION

We 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, our office staff can accommodate for this. We 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.

If you and your provider chose to use information 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 client. Providers may make clinical assessments, diagnoses, and interventions based not only on direct verbal or auditory communications, written reports, and third-person consultations, but also from 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, 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 the patient would consider important information and thus it is the patient's responsibility to verbally present any significant issues that the provider is seemingly unaware of.

We send text messages and/or emails for appointment reminders, provider updates/changes, and billing information. Individuals associated with your account may receive alerts referencing your information. You should be aware that text message charges from your cell phone provider may apply. Authorization for text message and email alerts may be revoked in writing. Please understand that text message and email communication is not always secure and can be intercepted; for that reason, personal health information will not be communicated with you through this method.

LIMITS OF CONFIDENTIALITY

The contents of an intake, medication management, counseling, or assessment session are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party

without the written consent of the client or the client's legal guardian. It is the policy of this office not to release any information about a client without a signed release of information. Noted exceptions are as follows:

Duty to Warn and Protect, Abuse of Children and Vulnerable Adults, Court Orders

When a client discloses intentions or a plan to harm another person, the healthcare professional is required to warn the intended victim and report this information to legal authorities. In cases in which the clients discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client. If a client states or suggests that they are abusing a child/vulnerable adult or have recently abused a child/vulnerable adult, or that a child/vulnerable adult is in danger of abuse, the healthcare professional is required to report this information to the appropriate social service and/or legal authorities. Healthcare professionals are required to release records of clients when a court order has been placed. We do not provide 24-hour call services. If you are in need of emergency services (i.e., experiencing a potentially life-threatening side effect or are feeling suicidal and/or homicidal after hours, please call 911, go the nearest emergency room or call the Suicide and Crisis Lifeline at 988 as appropriate. During weekday working hours, messages can be left with the office staff and are related to your healthcare provider and returned according to urgency. Most issues should be addressed during your regularly scheduled appointments.

By placing your electronic signature below, you are acknowledging that you have thoroughly read and understand the terms outlined in this informed consent. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

PATIENT OR LEGAL GUARDIAN

RELATIONSHIP TO PATIENT

DATE SIGNED