

NPA Office Policies

Welcome to Norfolk Psychiatric Associates!

It is our honor to assist you and provide quality care. Norfolk Psychiatric Associates (NPA) providers are mental health professionals with a passion for helping individuals with psychological, interpersonal, and social issues achieve their personal goals.

In order to achieve this goal, we need your understanding and acceptance of our policies. These policies are designed to ensure quality care and to comply with all legal components of an outpatient mental health facility in the state of Virginia. Please thoroughly review all policies and sign where indicated at the conclusion of this document. Your signature (digital or physical) will represent an agreement between us. Once completed, the form(s) will be uploaded to your file. If you have questions or need further information, please contact our staff members. **We ask patients to affirm these policies on an annual basis in order to promote compliance and awareness. It will be the responsibility of the client to provide any updates to changes in contact information, insurance information, or any other changes relevant to treatment needs, if/when changes occur in between annual updates.**

Policies are Broken Down Into the Following 7 Sections:

Section 1 – Consent and Confidentiality (page 1)

Section 2 – Authorization Related to Financial Agreements (page 5)

Section 3 – Appointment Policies (page 7)

Section 4 – Psychological Testing Policies (page 8)

Section 5 – Additional Fees Policies (page 8)

Section 6 – Communication Policies (page 9)

Section 7 – Health and Wellness Policies (page 11)

Signature of Consent (page 12)

Section 1: Consent to Psychological Services and Confidentiality:

Psychological services are not easily described in general statements. Psychotherapy and psychiatry are health care services and may be reimbursable through health insurance policies. The primary emphases of these services are identification, diagnosis, and treatment of mental and nervous symptomology. The goals of psychiatric and psychotherapy services include alleviating symptoms, understanding the underlying dynamics which create symptoms, changing dysfunctional behaviors which are the result of these disorders, and developing new strategies for successfully coping with the psychological challenges which one may face.

Psychotherapy and psychiatric medication management have benefits and risks. Since mental health services often involve discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, such services have also been shown to have benefits. Mental health services may lead to better relationships, solutions to problems, and reductions in feelings of distress. Providers can not guarantee outcomes of treatment. Research on psychotherapy outcomes indicates that the quality of the relationship and an individual's use of the interventions are closely correlated with therapeutic progress.

At NPA, we will first provide evaluation of your needs, which can sometimes occur over several session. We can then offer you some initial impressions of what our work will include and a proposed treatment plan, which will be mutually agreed upon if you elect to continue with services. Some mental health services and treatment plans can require a large commitment of time, money, and energy, so you should be careful about the provider you select and collaborate with the provider regarding your treatment goals. If you have questions about our procedures, we should discuss them whenever they arise.

(1-A) Confidentiality:

In general, communications between a client and a psychologist are private. In some instances, the communications are protected by law. At NPA, we will release information about our work to others with your written permission, or as permitted by law. We may use or disclosure your records or information without your consent or authorization in some circumstances.

NPA Office Policies

We may use or disclose records or other information about you without your consent or authorization including the following circumstances:

- Health Care Operations: Providers may use or disclose records or information for treatment, payment, and health care operations.
- Emergency: If you are involved in a life-threatening emergency and providers cannot ask your permission, providers may share information they believe you would have wanted to be shared, or if believed it will be helpful to you.
- Child Abuse Reporting: If providers have reason to suspect that a child is or has been abused or neglected, we are required to report the matter to the appropriate authorities.
- Adult Abuse Reporting: If providers have reason to suspect that an adult is abused, neglected, or exploited, we are required by law to report the matter to the appropriate authorities.
- Health Oversight: If providers know of or suspect a violation of laws or regulations governing the practice of psychology, we will report it. Providers will also report misconduct by other health care providers. If you describe unprofessional conduct by another mental health provider to our office, we will explain to you how to report it.
- Professional Boards: Virginia licensing boards may obtain records including in connection with investigations.
- Court Proceedings: If you are involved in a court proceeding and a request is made for information about your mental health or our evaluations of your presentation, it is our practice policy to not to release information without your written authorization or a court order. If providers receive a subpoena for records or testimony, they will notify you. You may have the opportunity to file a motion to quash (block) the subpoena. While awaiting the judge's decision, providers may place your records in a sealed envelope and provide them to the Clerk of Court. Mental health information may not be protected by patient-psychologist privilege in child abuse cases, in cases in which your mental health is an issue, or in any case in which the judge deems the information to be necessary for the proper administration of justice. In criminal cases, there may be no psychologist-patient privilege, although records may still be protected. Privilege may also not apply if providers perform an evaluation for a third party or where the evaluation is court-ordered. **There is a possible court fee for providers requested to provide Expert testimony on behalf of the patient, with a charge of \$800 per day required to be at court on behalf of the patient. This charge is applicable for days in which the provider was requested to be present, but not called upon to testify. A charge of \$800 will be provided in instances in which the court case is expected to take only half of a day (or less), as court proceedings can be unpredictable, and the provider will be forced to cancel their entire schedule that day in order to be available. All court appearance fees must be paid in full at least 48 hours in advance (unless otherwise arranged by the provider), or the provider will not be able to participate. At times, patients may prefer to request a copy of their records (at the expense of the patient) in lieu of in-court participation**
- Serious Threat to Health or Safety: If you communicate to providers or staff a serious threat to the health or safety of a person or the public or communicate a specific and immediate threat of physical harm to an identifiable person, and it is believed you may have the intent and ability to carry out that threat immediately or imminently, we will take protective steps. These precautions may include 1) warning the potential victim(s), or the parent or guardian of the potential victim(s), 2) notifying a law enforcement officer, or 3) seeking your hospitalization. Providers will use and disclose information when necessary to prevent an immediate, serious threat to your own health and safety. If you become a party in a civil commitment hearing, providers may provide your records to the magistrate, court, attorney, guardian ad litem, Community Services Board (CSB) evaluator, or a law enforcement officer.
- Records of Minors: Virginia has many laws that impact and may limit the confidentiality of the records of minors. For example, parents may be entitled to access to their child's records, and CSB evaluators in civil commitment cases may also have legal access to mental health records without notification or consent of a child or his/her parents.
- Right to Request Restrictions: You have the right to request restrictions on the uses and disclosures of Protected Health Information (PHI) about you. If you ask providers to disclose information to another party, you may request that providers limit the information disclosed. Providers are not required to agree to your request. Please make your request in writing and tell your provider: 1) what information you want to limit, 2) whether you want to limit my use, disclosure or both, and 3) to whom you want the limits to apply.
- Right to Receive Confidential Communications: Please let your provider(s) know if you want to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may request that providers contact you only at work, or that providers do not leave voice mail messages.

NPA Office Policies

- Right to Accounting of Disclosures: You may request an accounting of disclosures of PHI which you have not consented to or authorized.
- Right to Inspect and Copy: Patients can request copies of their records. Providers may charge a fee for costs of copying and mailing. Providers may deny your request to inspect and copy in some circumstances. Patient will not be allowed to access raw testing data or other protected testing materials. Records will not be withheld due to financial balances in the instance that a patient requests records be sent to another treating provider, though can be withheld if the patient has a balance and is requesting a copy of medical records for their own, personal records
- Right to Amend: If you feel that protected health information about you is incorrect or incomplete, you may ask your provider, in writing, to amend the information. You must provide a reason for your request. Providers may deny your request if you asked to amend information that: 1) the provider did not create; 2) is not part of the medical information kept by the provider; 3) is not part of the information you could inspect and copy; 4) is accurate and complete.
- Right to a Copy of this Notice: You may have a copy of this notice, upon request. Providers may change my practices, including this notice, and those changes may apply to information providers already have.

If you believe your rights have been violated, you may submit a written complaint to our office. You may also send a written complaint to the U.S. Department of Health and Human Services.

(1-B) Consent to Telehealth:

The term “telehealth” usually refers to the provision of health-related services and information delivered by electronic means. If services are provided to you in this manner, you/ your insurance company may be charged for the visit, even if you are not physically in the office.

Benefits and Risks of Telepsychology:

One of the benefits of telepsychology is that the client and provider can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if you or provider are unable to meet in person.

Telepsychology requires technical competence to be helpful. There are some differences between in-person psychotherapy and telepsychology, and risks of telepsychology.

Risks to confidentiality:

Because telepsychology sessions take place outside of the provider’s private office, there is potential for other people to overhear sessions if you are not in a private place. We will take reasonable steps to ensure your privacy. It is important for you to find a private place for our session where you will not be interrupted. It is also important for you to protect your privacy on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.

Issues related to technology:

You are responsible for obtaining and maintaining the equipment you need to participate in teletherapy. There are many ways that technology issues might impact telepsychology. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies. If the session is interrupted and you are not having an emergency, disconnect from the session and we will wait two (2) minutes and then re-contact you via the telepsychology platform on which we agreed to conduct therapy. If you do not receive a call back within two (2) minutes, then call us on the main phone number of the office (757-461-3313) or the alternative number your provider previously indicated (if applicable).

Crisis management and intervention:

We will not usually engage in telepsychology with clients in a crisis situation. Before engaging in telepsychology, we will develop an emergency response plan to address potential crisis situations that may arise. We will let you know if we decide that telepsychology is no longer advisable for you.

NPA Office Policies

(1-C) Minors and Confidentiality (If applicable):

For us to provide mental health treatment for your child, you must have sole or joint legal custody of your child. If you are separated or divorced from your child's other parent, please notify us immediately. We will ask you to provide us with a copy of the most recent custody decree that establishes custody rights or otherwise demonstrates that you may authorize treatment for your child. While there are some exceptions, it is our policy to notify the other parent that we are meeting with your child. We believe it is important to communicate to both parents that their child is receiving mental health evaluation or treatment. If a disagreement regarding the child's treatment arises between parents and/or between a parent and the provider, we will strive to listen carefully so that we can understand your perspectives and fully explain our perspective. If either parent or NPA decides that therapy should end, we will honor that decision, unless there are extraordinary circumstances. When we terminate therapy, providers may request a closing session with your child to appropriately end the treatment relationship.

In the course of treatment of your child, we may meet with your child's parents/guardians either separately or together. Please remember that our client is your child – not the parents/guardians, siblings, or other family members of the child. If we meet with you or other family members in the course of your child's treatment, we may make notes of that meeting in your child's treatment records. Those notes will be available to any person or entity that legally accesses your child's treatment record.

Therapy is most effective when a trusting relationship exists between the provider and the client. Privacy is especially important in earning and keeping that trust. As a result, it is important for children to have a "zone of privacy" where they feel free to discuss personal matters without fear that their thoughts and feelings will be communicated to their parents. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. It is our usual practice to provide you with general information about your child's treatment, but NOT to share specific information your child has disclosed in treatment without your child's agreement. This includes activities and behavior that you might not approve of or might be upset by, but that do not put your child at risk of serious and immediate harm. If your child's behavior becomes more serious, then we will use our professional judgment to decide whether your child is in serious and immediate danger of harm. If we make that determination, we will communicate this information to you.

We may also encourage your child to tell you about their behavior directly. If we do, we will help your child find a good way to do that. We may also describe your child's problems in general terms, without using specifics, in order to help you help your child.

By signing this agreement, you are agreeing that your child should have a "zone of privacy" in their treatment with us, and you agree not to request access to your child's treatment records without discussing it with us first.

When a family is in conflict, particularly due to parental separation or divorce, it can be very difficult for children. Our role is to provide treatment to your child. You agree that in any child custody/visitation proceedings, you will not seek to obtain your child's records or ask our providers to testify by deposition or in court, or to provide letters or documentation expressing opinion about parental fitness or custody/visitation arrangements. If the court appoints a custody evaluator, guardian *ad litem*, or parenting coordinator, we will provide information as needed. If we are required to appear as a witness at a deposition, hearing, trial, etc. or if we are required to perform work related to any legal matter, the party responsible for our participation agrees to reimburse us at our court/forensic daily rate (\$800 per day) for time spent traveling, speaking with attorneys, reviewing and preparing documents, testifying, being in attendance, and any other case-related costs based on our fee schedule.

(1-D) Couples, Marriage, and/or Family Therapy (if applicable):

When individuals attend a couples, marriage, or family session the mental health records belong to all parties involved in treatment. That means in most circumstances, NPA must receive written consent from all parties involved to release records or provide any information to a third party.

Because the relationship is the main focus of the sessions, all parties must be present for the session to begin. NPA providers reserve the right to delay or cancel the appointment if all parties are not present. If one or multiple individuals do not present at a session, this may result in a no-show fee. If a provider recommends meeting with each member individually to

NPA Office Policies

obtain additional information or assess the need for other forms of treatment, these variances will be discussed with all parties before they occur.

All parties involved in treatment understand and acknowledge that the purpose of the sessions is the amelioration of distress within the relationship. It is our practice not to release records or provide testimony without written consent by all parties or as legally required. You agree that in a legal proceeding, you will not seek to obtain records associated with couples therapy or ask our provider to testify by deposition or in court, or to provide letters or documentation expressing opinion about an individual's mental health or fitness. If the court appoints an evaluator, we will information as needed. If we are required to appear as a witness at a deposition, hearing, trial, etc. or if we are required to perform work related to any legal matter, the party responsible for our participation agrees to reimburse us at our court/forensic daily rate for time spent traveling, speaking with attorneys, reviewing, and preparing documents, testifying, being in attendance, and any other case-related costs based on our fee schedule.

Section 2: Authorizations Related to Financial Arrangements

(2-A) Authorization to Release Information to Insurance Companies:

Norfolk Psychiatric Associates, PC (NPA) participates with several insurance companies as well as some Medicaid and Medicare plans. It is your responsibility to provide accurate, current insurance information to bill accurately.

I authorize NPA to release billing information which may include client name, date and type of services, diagnoses codes, substance abuse information and/or treatment plans to our insurance company/ies for the purpose of collecting insurance benefits or for authorization of additional sessions for:

- I understand that I have the right to inspect the information released through this authorization and such an inspection will occur in a meeting with one of the practicing owners.
- I understand that I may revoke this authorization by providing a written revocation.
- I understand any information released prior to the revocation may be used for the purpose(s) listed above.
- A photocopy of this authorization will have the same force as the original.
- This release is valid for one year following our last appointment, unless otherwise restricted.

It is your responsibility to cover all your costs. Some plans MAY cover your fees, others may require preauthorization before your first visit. If so, it is YOUR responsibility to obtain this authorization. Mental Health benefits may differ from medical benefits. If you have not done this prior to your visit, and/or your treatment is not a payable benefit, you will be responsible for the full payment at the time of service.

(2-B) Good Faith Estimate

The "No Surprises Act" requires mental health practitioners to provide a "Good Faith Estimate" (GFE) about out-of-network care to any patient who is uninsured or who is insured but does not plan to use their insurance benefits to pay for health care items and/ or services. The Good Faith Estimate works to show the cost of items and services that are reasonably expected for your mental health care needs for an item or service. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment.

You are entitled to receive this "Good Faith Estimate" of what the charges could be for psychotherapy services provided to you. While it is not possible for a psychotherapist to know, in advance, how many psychotherapy sessions may be necessary or appropriate for a given person upon the initiation of psychotherapy, an estimate of the cost of services can be provided at any time, prior to or during services. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

NPA Office Policies

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

The one-time fee for an initial diagnostic assessment with a psychologist/therapist is **\$305 (CPT Code 90791)**. Beyond this, the fee for a traditional **55-minute psychotherapy session** (in-person or via telehealth) is **\$225 (CPT Code 90837)** and **\$195 for the 30-minute psychotherapy session (CPT Code 90834)**. The one-time fee for an initial diagnostic assessment with a psychiatrist/psychiatric provider is **\$305 (CPT Code 90792)**. Fees for traditional medication check appointments vary based upon the scheduled length of the appointment, with fees of **\$195 for 45 minutes (CPT Code 99214)** and **\$100 for 15 minutes (CPT Code 99213)**. The frequency of appointments that are appropriate in your case may be more or less than once per week, depending upon your individual needs and preference. It is also important, when determining your total estimate, to take into consideration vacations, holidays, emergencies, and sick time.

You may project any potential future cost(s) by multiplying the session fee of (see above paragraph) by the total number of sessions. This will result in your total estimated cost for mental health service(s). **For example, the cost of weekly therapy for one month: \$225 session fee X 4 sessions = \$900.** If you attend therapy for a longer period, your total estimated charges will increase according to the number of visits and length of treatment.

Norfolk Psychiatric Associates, PC recognizes every client's therapy journey is unique. How long you need to engage in therapy and how often you attend sessions will be influenced by many factors including:

- Your schedule and life circumstances
- Therapist availability
- Ongoing life challenges
- The nature of your specific challenges and how you address them
- Personal finances

You and your therapist will continually assess the appropriate frequency of therapy and will work together to determine when you have met your goals and are ready for discharge and/ or a new "Good Faith Estimate" will be issued should the frequency of session(s) or needs change. As related, you may request a new GFE at any time in writing during your treatment.

(2-C) Good Faith Estimate Disclaimer:

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. Your provider may recommend additional services that are not reflected in this Good Faith Estimate.

The Good Faith Estimate is only an estimate—actual items/service charges may differ. The Good Faith Estimate does not include any unknown or unanticipated costs that may arise and are not reasonably expected during treatment due to unforeseen events. You could be charged more if complications or special circumstances occur. Other potential items and/ or services associated with therapy charges may include but is not limited to no show/late cancellation fee(s), record request(s), letter writing(s), legal fee(s)/court attendance(s), or professional collaboration(s). These potential items/services and associated fee(s) are discussed further within the Informed Consent documentation and should these items/services be initiated a new Good Faith Estimate can be provided. The Good Faith Estimate does not obligate the client to obtain listed items or services.

You have a right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges).

You are encouraged to speak with your provider at any time about any questions you may have regarding your treatment plan, or the information provided to you in a Good Faith Estimate. For questions or more information related to a Good Faith

NPA Office Policies

Estimate, visit www.cms.gov/nosurprises or call (800) 368-1019. Keep a copy of any provided Good Faith Estimate in a safe place.

With my signature at the conclusion of this document, I acknowledge that I am not obligated or required to obtain any of the listed services from this provider and that I am consenting of my own free will, free from coercion or pressure. I also understand that:

- I am giving up some consumer billing protections under federal law.
- I agree to pay for out-of-network care provided by **Norfolk Psychiatric Associates, PC**.
- I may get a bill for the full charges for these items and services or must pay out-of-network cost-sharing under my health plan.
- I was given notice explaining that my provider and/or practice is not in my health plan's network, the estimated costs of services, and what I may owe if I agree to be treated by this provider and/ or practice.
- I have received notice both verbally and written/ electronically.
- I fully and completely understand that some or all amounts that I pay may not count towards my health plan's deductible, co-pay, co-insurance, or out-of-pocket limit.
- I can end this agreement by notifying the provider and/ practice in writing before receiving items and/ or services.

IMPORTANT: You are not required to sign this form; however, if you do not sign, the provider and/or practice may not treat you. You have the right to choose to get care from a provider and/or practice that is within your health plan's network.

Section 3: Appointments:

Psychotherapy services are provided on an appointment basis. **If you have an emergency, please go to the nearest emergency facility or call 911.** During regular business hours, your calls to our office will be answered by one of our staff members.

Norfolk Psychiatric Associates (NPA) front office staff members schedule initial appointments for the providers and can assist with scheduling additional appointments. Providers often assist with scheduling follow up appointments at the conclusion of attending appointments, though this task may be delegated to staff in some circumstances. We will do our best to fit you in at the times you request based on availability. Your flexibility and understanding are appreciated.

Depending on the services being requested, NPA may conduct an evaluation that can require several sessions to complete. During this time, you and the provider can discuss service and provider options to meet your treatment goals.

During each session, the provider will take notes. Please be reassured you have the attention of the provider while he/she is taking notes. If you have questions about a clinician's note taking, please bring it up in session.

(3-A) Prior to your Appointment:

Please be available for your appointment 5-10 minutes before the scheduled start time. Depending on your treatment plan or services being provided, you may be required to complete a brief screening assessment prior to the start of that appointment. Assessments are typically conducted through links/documents provided through your Luminello portal, though some can be provided with physical copies in the office.

(3-B) Appointment Reminders:

As a courtesy, you have the ability to receive appointment reminders through our electronic medical records (Luminello), which are provided via an email to your designated email address. These notifications can be activated or deactivated at any point by the patient by accessing their account in Luminello. Remembering appointments is your responsibility regardless of a possible reminder. Failure to attend a scheduled appointment may result in a no-show fee.

(3-C) Cancellation Policy:

We require **24-hour** notice if you cannot attend a scheduled appointment (We will try to find another time to reschedule the appointment. If the appointment is canceled in less than 24 hours, a cancelation fee can be applied, with a maximum fee of

NPA Office Policies

the cost of services for the appointment, if it were to have been attended as scheduled. If we determine that you were unable to attend due to **circumstances beyond your control**, we may waive the fee. **If you do not call or show for the scheduled appointment, we reserve the right to charge a fee equal to the cost of a scheduled appointment.**

(3-D) Late Attendance/Missed Appointment Policy:

Please contact the office if you are running late to your appointment for any reason. If you are going to miss at least half of the allotted session time, the appointment will be considered a missed appointment/no-show and you will be charged for missing the appointment. Providers need sufficient time to meet with you and to perform their services accurately. Clinician schedules do not always permit the provider to extend the length of the scheduled session. As such, in most instances it will not be possible or appropriate to meet with you for less than half of your scheduled appointment, even if you arrive before the official appointment slot ends (e.g., arriving more than 10 minutes late to a 20-minute appointment, arriving more than 15 minutes late for a 30 minute-appointment, or arriving more than 30 minutes late for a 60 -minute appointment).

(3-E) Termination due to lack of contact

Patients are encouraged to remain consistent with their appointments in accordance with treatment planning conducted with the attending provider(s). **Patients that do not conduct an appointment with their provider for 3 months or longer will be considered inactive** and can not schedule additional appointments until approved by the attending provider. If you have not had an appointment within the past 3 months, your previous provider may need to refer you to a new provider, either within the practice or to alternative practices.

(3-F) Termination due to unprofessional engagement with staff/providers

As a condition of providing mental health services, all patients are expected to engage all staff and clinicians in a professional manner. **Patients can be terminated from all services immediately if deemed to be excessively rude, threatening, demeaning, disrespectful or otherwise inappropriate with staff or providers.** Staff and providers of NPA respect that you may be experiencing situational distress and we will do our best to assist with your identified concerns but ask that you remain respectful with staff throughout the process of providing you with appropriate services.

Section 4: Psychological and/or Educational Testing

(4-A) Testing Procedure

Psychological Testing is a service provided by a Licensed Clinical Psychologist for the purposes of diagnostic clarification, development of treatment planning, measuring responses to treatment, and/or helping to determine functional capacity. Each psychological assessment tool is chosen to answer the referral question(s). The selection of assessment tools attempts to maximize the validity of the results, while minimizing time and cost. Tests must be properly administered, scored, interpreted, and then a comprehensive psychological report is written. It can take approximately 2 to 4 weeks from the time the last test data is received to complete a written report, though efforts will be made to complete testing reports as soon as possible, often in less than 2 weeks. (Informal results may be available sooner). **Please note, if you request/require an expedited report, an additional fee may be provided and such a fee is not likely to be covered by your health insurance.**

(4-B) Payment and Cancellation Information for Psychological Testing Services

Psychological testing is time consuming and requires us to dedicate large blocks of time to complete testing. Consequently, **NPA charges a Late Cancellation and No-Show fee equal of up to \$300 for time scheduled for testing.** Clients will not be charged for any appointments that are cancelled at least 24 hours in advance or if the appointment time can be filled by another client. **Clients who fail to arrive as scheduled and to provide 24 hours' notice will be charged this fee.** Additionally, the no show fee must be paid before you schedule another appointment. Most insurance companies DO NOT provide reimbursement for cancelled or "no-show" appointments so these charges will not likely be eligible for insurance reimbursement.

(4-C) Additional Testing Considerations

- Testing procedures may not be considered "medically necessary," at which point insurances may decline to cover costs for testing. Please consult with our office in advance and we can help advise in order to reduce the risk of unwanted or unexpected expenses
- Education/Academic testing is typically not covered by insurance plans. For example, evaluation of intelligence or learning disabilities may not be covered, though evaluation of ADHD is most often covered.

NPA Office Policies

- A copy of the testing report is made available to the patient/guardian without charge after completion. Records will be stored at least 7 years
- Repeated requests for copies of testing can result in a charge
- Additional requests to complete paperwork, forms, or provide a letter confirming the results of the assessment can result in a charge

Section 5: Fees:

(5-A) Insurance Coverage and Limitations

NPA practitioners are participating providers with several insurance companies. Some insurance companies cover part or all of the costs of psychotherapy services. If we are a participating provider, we will follow our agreement with the insurance company. In most cases, you are responsible for payment of services rendered including but not limited to, copays, deductibles, no-show fees, and uncovered services (For example, time spent processing a disability claim, activities associated with legal issues, interactions with educational professionals related to achievement, report writing, telephone conversations, attending meetings with other professionals, or preparing treatment summaries). **Based on our fee schedule, you will be responsible for services that are not covered or are denied by your insurance. Copays, deductible payments, and uncovered services fees are collected at the time of the appointment.** Nonpayment may result in cancellation of your appointment(s), and/or a cancellation fee. The rate of compensation for billable services varies between insurance companies, often adjusting slightly on an annual basis. If you have any questions or concerns regarding specific compensation for any mental health services, policies, or procedures performed in our office, please contact the office in advance and we will provide as much information as possible in order to assist your decision making. You have the right to a full and clear understanding of any applicable charges and any agreed-upon charges will not be amended without further discussing needed changes with the patient, either directly or through updated office policy documentation/agreements.

The same fee rates apply for telepsychology as in-person psychotherapy. If your insurance, HMO, third-party payor, or other managed care provider does not cover telepsychology, you will be responsible for the fees. Please contact your insurance company to determine your coverage.

To assist you, our office staff members may contact your insurance company to request authorization for your treatment. You should contact your insurance company to verify covered services and payment of covered services. **It is your responsibility to provide correct, accurate, current insurance information.** If your insurance changes, you need to notify us within 30 days of the change and provide us with all updated information. If we are unable to bill your insurance company because you fail to notify us in a timely fashion, you may be required to pay for all unbillable services.

Many insurance companies require you to allow us to provide them with a clinical diagnosis. We may also be required to provide additional clinical information such as treatment plans or summaries, or copies of your record. It is our understanding that this information will become part of the insurance company files. We have no control over what the insurance company does with your information. If you have questions about your insurance company's use and storage of your records, please contact them directly. Upon written request, we will provide you with a copy of any information we submit to them. Alternatively, if you prefer to submit payments yourself, please let us know. An itemized receipt is available.

(5-B) Medication Refill Fee (without an appointment)

Patients are expected to maintain regular appointments with their providers, including attending appointments for refill of medication prior to running out of active medications. In instances in which requests for refills of medication are made independently from a scheduled appointment, the patient may be charged a **medication refill fee of \$30.**

(5-C) Miscellaneous Paperwork Requests

NPA may institute a charge for paperwork that is not associated with normal record keeping and billing services related to your care. For instance, fees may be applicable when requesting providers write a letter that confirms services/diagnoses/treatment planning to other providers or personnel outside of the office. The fee can vary based upon the work required. Please discuss requests with your provider before making an official request or contact the office and ask for a quote for such services and applicable fees, if any.

(5-D) Returned Checks

NPA Office Policies

For all checks that are returned (i.e. unable to be processed by the office), a **returned check fee of \$35 will be implemented.**

(5-E) Delinquent Accounts

If your account is over 60 days past due, you will be notified that you have 30 days to pay your account in full. If we take civil legal action against you for failure to pay your bills, you agree to an additional charge of \$500.00, collection agency fees, plus all attorneys' fees and court costs. In many instances, payment plans can be arranged in order to reduce the hardship of paying balances and to eliminate the need for further charges, collection agency involvement, or legal proceedings. Please contact the office so that we may collaborate and work to ensure an appropriate resolution of any balances. If financial problems arise or you lose your insurance, please contact us promptly. We will do our best to work with you through the process.

Section 6: Communications with Norfolk Psychiatric Associates, PC:

(6-A) Office Hours and Contact

Our usual office hours are 9 AM until 5 PM. At times, the office closes for holidays or offers limited hours on Fridays, pending clinician availability. If you call during regular business hours and cannot reach a staff member, your call will be directed to our answering service, where a message can be left for your provider. Our primary office contact number is 757-461-3313.

Clinicians will not be available by phone while with clients. Providers will tend to messages in the order they are received and as they are available in between appointments with other clients or in between engaging other responsibilities. We will do our best to tend to all messages on the day they were received, though responses to non-emergencies can take up to 48 hours. If you have an emergency, please call 911 or present to the nearest emergency room.

(6-B) After Hours Answering Service

Calls to our office phone number will be redirected to an answering service during non-business hours, as well as during rare instances of technological disruption. Messages left with the answering service are relayed to our office and distributed to the appropriate provider. If you are having an emergency, hang up and call 911. Staff or the provider you are trying to reach will do their best to reach you as soon as reasonably possible.

(6-C) On-call Providers

We have on-call providers accessible for urgent requests when staff is not available or during hours outside of business operations, though emergencies will be directed to emergency services or appropriate facilities, such as local emergency rooms or acute psychiatric hospitals. We will return calls as soon as possible. Refills of medications are typically not provided by on-call providers and will need to be refilled by your attending clinician during business hours, if that provider deems the refill appropriate. Refill requests can take 24-48 hours to process, if approved, so please plan accordingly.

If your attending provider is out of the office for an extended duration, your request may be provided to the on-call provider. The on-call provider may or may not be able to assist with your inquiry prior to the return of your provider, as such situations are handled on a case-by-case basis and given due diligence by the on-call provider.

(6-D) Mail and Fax Communications:

When possible, we recommend you pick up paperwork at the office. However, in order to assist in the protection and safe delivery of your information, we will mail or fax requested information to you or a third party with the contact information you provide on a signed release of information. Information may be receivable through the electronic medical record, Luminello. We do not provide protected health information via email, as this form of communication is less secure and we will take reasonable steps to protect your privacy.

(6-E) Email/Text or Other Electronic Communications:

Norfolk Psychiatric Associates, PC staff members generally do not communicate with patients via electronic means, with the exception us using HIPAA compliant means of teletherapy engagement. In select circumstances, you can speak to your provider about establishing a treatment plan that may allow for alternative needs for communication. Please understand that your request for alternative means of communication (including text messages, emails, or other discussed forms of communication) may place your information at greater risk of being accessible by others. NPA providers will not initiate alternative forms of communication unless you request them to do so and you will be accepting responsibility for any

NPA Office Policies

additional risk of vulnerable information. NPA providers and staff will always work to ensure your privacy as best as possible, so we encourage you to discuss any changes in communication with your provider thoroughly and regularly. Your providers will assist you with scheduling at the conclusions of your appointments and staff are available via phone call to the office during regular business hours. Patients have the opportunity to activate (or deactivate) electronic reminders through our electronic medical record (Luminello), though will not have access to online scheduling or direct messaging to providers at this time.

(6-F) Online Communications:

We do not communicate with, or contact, any clients through social media platforms. Norfolk Psychiatric Associates has no official social media representation of any kind. If we discover an inadvertent online relationship with you, we will cancel it. Our business website (Norfolkpsychiatric.com) does not allow for direct interaction, though will provide contact information.

We will not use web searches to gather information about you without your permission.

Please do not record or post likenesses of providers, staff members, and/or individuals at the clinic or post them online or via other electronic means. No recording is allowed.

NPA members, including treatment team and staff, will neither encourage nor discourage your ability to leave comments on-line regarding our office. NPA will not respond to comments listed anywhere online, either positive or negative, as doing so can be a violation of HIPAA rights for the client, by potentially confirming a professional relationship or history of services provided. If you ever have concerns about your treatment, contacting the office will be the most efficient way to have your concerns addressed. We welcome feedback, positive and negative, to assist with best effort towards effective services.

(6-G) Public Interactions:

We take great pride in our work and our community. Our first responsibility is to the treatment we provide clients. To provide a safe and confidential space, we will not initiate acknowledgement of a client in a public setting. If approached, we will happily and courteously follow appropriate social norms.

Section 7: NPA Health and Wellness Protocol

The decision about whether to engage in in-person or teletherapy services is based on location, environmental conditions, health, as well as applicable guidelines, which may change. Based on these factors and clinical decision making, the use of teletherapy and/or in-person services may be necessary at some point during your treatment.

In order for us to provide you with in-person services, the following protocols must be followed by clients and providers:

Social distancing requirements must be met, meaning that you must maintain an appropriate distance from others while in offices, waiting rooms, and other areas.

Hand sanitizer will be provided at the office entrance and therapy offices and bathrooms are available to wash your hands with soap and water.

There will be no physical contact with others in the office.

The office staff and clinicians routinely clean and cleaning protocols will be respected by staff members and individuals receiving services.

If required by law, clients and clinicians will be required to wear face coverings or masks while in the office. If you do not have a face covering, one will be provided to you, at no cost. You may be asked to wait in your outside the office until we notify you to enter the office. We may be required to disclose limited health information to governance bodies related to public health.

You agree not to present for in-person services if you have a fever, shortness of breath, coughing, or any other symptoms associated with an infection or if you have been exposed to another person who is showing signs of infection within the past

NPA Office Policies

two weeks. If you have any viral symptoms or have been around someone who presents with viral symptoms, please call us immediately so we can assess your situation and determine how to proceed.

If you are bringing a child or other dependent in for services, you agree to ensure that both you and your child/dependent follow all protocols. Please note, only individuals in treatment and parent/guardian are allowed into the office. Additional family members, friends, or individuals not deemed necessary to treatment are not allowed into the office without 48-hour prior authorization by us. Please make appropriate arrangements prior to your session.

Please note the timeframe of sessions need to be strictly adhered too, so staff members and clinicians may prepare for the next session and clean appropriately. If you need additional time or have additional concerns, please schedule another appointment. This provides you ample opportunity to have your needs met while ensuring health and safety.

Despite our careful attention to sanitization, social distancing, safety standards, and other clinic protocols, there is still a chance of exposure to illnesses or other environmental factors. If, at any point, you prefer to stop in-person services, please let us know.

Informed Consent for Assessment/Treatment and Office Policies of Norfolk Psychiatric Associates

I have read the entirety of the information provided in the NPA Office Policies Packet (reviewed digitally through Luminello or via a physical copy provided by the office) and agree to abide by its terms during our professional relationship. I agree and consent to participate in psychological services offered and provided by NPA.

I am confirming my consent by providing e-signature upon this document through the Electronic Medical Record (Luminello) or by signing a physical copy with my physical signature, which will be provided to staff and uploaded into the Electronic Medical Record.

If the individual is under the age of 18 or unable to consent to treatment, I, the parent or guardian, attest that I have legal custody of this individual and am legally authorized to initiate and consent for treatment on behalf of this individual acknowledge that I have been provided access to NPA "Notice of Privacy Practices," HIPPA policies, and Human Rights policy. I understand that I have the right to review the "Notice of Privacy Practices" and other policies at any time upon request. I also understand that if I have any questions as services progress, I can ask the provider at any time.

Printed Name: _____

Signature: _____

Date: _____

***E-signature available through the PDF document provided through the Luminello portal (Electronic Medical Record)**

***If you have any questions or concerns regarding these policies, please contact the office (757-461-3313) in order to ensure you understanding of policies and willingness to appropriately consent**