

Norfolk Psychiatric Associates (NPA)

Client Policies & Informed Consent

Welcome to Norfolk Psychiatric Associates (NPA). It is our honor to assist you and to provide high-quality, ethical, and professional mental health care. NPA providers are licensed mental health professionals dedicated to helping individuals address psychological, interpersonal, and social concerns and work toward their personal goals.

To support effective treatment and to comply with Virginia and federal regulations governing outpatient mental health services, we ask that you carefully review the following policies. Your signature (electronic or physical) indicates your informed consent and agreement to these policies. Completed forms will be maintained in your medical record.

Clients are asked to review and reaffirm these policies annually. You are responsible for notifying NPA promptly of any changes to your contact information, insurance coverage, or other information relevant to your care.

If you have questions at any time, please contact our office: 757-461-3313. Our hours are Monday-Thursday 9-5pm and Friday 9-2pm. After hours we provide an answering service that relays messages to the office the following morning. Please note that it may take a few hours or days for your provider to receive your message. The on-call services have the ability to reach a provider after hours for emergency situations only.

Please note we are an **outpatient mental health facility**, if you are in an emergency or crisis situation please call 911 or go to your local hospital.

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Section 1: Consent to Psychological Services & Confidentiality

Psychological and psychiatric services include evaluation, diagnosis, psychotherapy, and/or medication management. These services aim to alleviate symptoms, improve functioning, and support personal growth and coping, using empirically valid treatments to meet your goals.

Benefits and Risks

Mental health treatment can be beneficial, including improved relationships, emotional insight, and reduced distress. However, treatment may involve discussing difficult experiences and emotions such as sadness, anger, guilt, or frustration. Outcomes cannot be guaranteed. Research indicates that progress is influenced by the quality of the therapeutic relationship and the client's engagement in treatment.

Treatment typically begins with an evaluation, which may occur over multiple sessions. A treatment plan will be discussed and mutually agreed upon if you choose to continue services.

(1-A) Confidentiality

In general, communications between you and your provider are confidential and protected by law. NPA will not release information without your written authorization except as permitted or required by law.

NPA may be required to use or disclose protected health information (PHI) without your authorization in the following circumstances:

- **Treatment, Payment, and Health Care Operations**
- **Medical Emergencies** when consent cannot be obtained
- **Child Abuse or Neglect Reporting**
- **Adult Abuse, Neglect, or Exploitation Reporting**
- **Health Oversight Activities** and professional licensing boards
- **Court Orders or Subpoenas** (you will be notified when legally permitted)
- **Serious Threat to Health or Safety** of yourself or others

If court involvement requires provider participation, professional court and forensic fees apply and must be paid in advance.

Your Rights

You have the right to:

- Request restrictions on certain disclosures

- Request confidential communications
- Receive an accounting of certain disclosures
- Inspect or request copies of your record (fees may apply). Providers may deny your request to inspect and copy in select circumstances, including non-emergency situations when the patient carries a balance.
- Request amendments to your record
- Receive a copy of this notice
- NPA is a teaching facility, we occasionally host interns in an observational capacity. At any point you can withdraw consent to be observed.

If you believe your privacy rights have been violated, you may file a written complaint with NPA or the U.S. Department of Health and Human Services.

(1-B) Consent to Telehealth Services

Telehealth involves the delivery of services via secure electronic platforms. Telehealth sessions are billed similarly to in-person services.

Benefits: Increased access, continuity of care, convenience.

Risks: Technology failures, privacy limitations if you are not in a private location.

You are responsible for:

- Securing a private, interruption-free location
- Maintaining required technology
- Attending the appointment on time
- Paying all contractual fees determined by your insurance as a result of that service, in the same manner as in-person appointments at the office

If a session is interrupted, we will attempt reconnection for two (2) minutes. If reconnection fails, contact the office at **757-461-3313**.

Telehealth is not appropriate for all clinical situations. Emergency plans will be discussed as needed.

If you do not receive a link for teletherapy via email or text message, it is the responsibility of the patient to call the office directly. **Failure to attend the appointment or contact the office will result in a missed appointment fee.**

(1-C) Minors & Confidentiality (When Applicable)

For treatment of a minor, the consenting adult must have legal authority to do so. Documentation of custody may be required. In the instance of equally shared custody by two parents or guardians, both legal guardians must consent to treatment of the minor before services can be provided.

While parents/guardians are entitled to general information regarding treatment progress, minors—especially adolescents—are afforded a reasonable degree of privacy in therapy. Specific disclosures will not be shared without the minor’s consent unless there is a serious and immediate safety concern. However, the guardian(s) of the patient will always be notified of imminent safety concerns, which will be established between provider, guardian, and patient at the onset of services.

By consenting to treatment, parents/guardians agree to respect this therapeutic “zone of privacy.” **Our client is your child—not the parent/guardian.**

NPA does not participate in custody evaluations or provide opinions regarding parental fitness/capacity.

(1-D) Couples, Marriage, & Family Therapy (When Applicable)

In couples or family therapy, the treatment record belongs jointly to all participants. Written consent from all parties is required for release of information, except as legally required.

Sessions generally require the presence of all parties. Missed attendance may result in no-show fees.

NPA does not provide court testimony or custody opinions related to relational therapy unless legally compelled.

(1-D) Services Provided by Pre-Licensed Clinicians

Norfolk Psychiatric Associates (NPA) is a teaching and training practice. Some services may be provided by **pre-licensed clinicians** (also referred to as preceptor, residents, supervisees, or clinicians working toward independent licensure, depending on the nature of professional degree that professional is pursuing).

What This Means

Pre-licensed clinicians have completed graduate-level education and are practicing under the supervision of a fully licensed mental health professional, as required by Virginia law. They are qualified to provide clinical services within their scope of training and competency.

Supervision

- All pre-licensed clinicians receive **ongoing clinical supervision** from a licensed supervisor.
- Supervisors are responsible for oversight of care and are available for consultation as needed.
- As part of supervision, limited information from your treatment (such as diagnosis, treatment planning, and clinical progress) may be discussed confidentially for professional and training purposes.

Your Rights as a Client

- You will be informed if your provider is pre-licensed and who their supervising clinician is.
- You may request to work with a fully licensed provider at any time, subject to availability.
- You may request supervisor involvement if you have questions or concerns about your care.

Confidentiality

All supervision-related discussions are conducted professionally and confidentially, in accordance with state and federal privacy laws. Supervision is a standard and essential component of quality mental health care.

Fees and Billing

Services provided by pre-licensed clinicians are billed in accordance with applicable laws, regulations, and insurance payer requirements. Fees are not reduced solely based on licensure status unless explicitly stated.

By consenting to services at NPA, you acknowledge and agree that your care may be provided by a pre-licensed clinician under appropriate supervision.

Section 2: Financial Authorizations & Good Faith Estimate

(2-A) Authorization to Release Information to Insurance

You authorize NPA to release necessary billing and clinical information to your insurance carrier for payment and authorization purposes. You may revoke this authorization in writing.

You are responsible for understanding your insurance benefits and for all charges not covered by insurance.

(2-B) Good Faith Estimate (No Surprises Act)

Uninsured clients or those choosing not to use insurance are entitled to a Good Faith Estimate (GFE) of expected charges. The GFE is an estimate—not a contract—and actual costs may vary. Provider information, including name, National Provider Identifier (NPI), and Tax Identification Number (TIN) of each provider can be provided accordingly when requesting estimates.

Standard Fees:

- Initial diagnostic assessment (90791/90792): \$300
- 55-minute psychotherapy (90837): \$225
- 30-minute psychotherapy (90834): \$195
- Medication management: \$100–\$195 (based on duration)

You may request a new GFE at any time.

You have the right to dispute charges that exceed the GFE by \$400 or more.

Self-pay rates are available upon request and are usually based on patient income.

Section 3: Appointment Policies

Appointments are scheduled in advance. If you have an emergency, call 911 or go to the nearest emergency room.

Cancellations & No-Shows

- **24-hour notice** prior to the start time of the appointment is required for cancellations.
- Late cancellations or no-shows (missed appointments) may be charged up to the full session fee. Patients will be considered to have missed the scheduled appointment if not present as scheduled (in office or virtually) within 15 minutes of the scheduled start time for the appointment
- It is the responsibility of the patient to call the office at the time of the appointment if they do not receive a digital link (usually via email or secure text message) to attend the virtual appointment with their provider. Failure to use the provided links to attend teletherapy appointments and/or failure to call the office in the event teletherapy services are not available, linked, or accessible will result in a missed appointment fee
- Repeated missed appointments may result in discontinuation of services.

- Clients will not be charged in instances in which the provider or office forces a cancellation due to unforeseen circumstances (e.g., inclement weather, other emergencies)
- In instances of inclement weather, your appointment will be transitioned to a virtual appointment with your provider and you will be responsible for the missed appointment if not available to attend virtually at the scheduled time

Clients inactive for three (3) months may require provider approval to resume services, unless otherwise arranged by the provider in advance.

Section 4: Psychological & Educational Testing

Psychological testing is conducted for diagnostic and treatment planning purposes. Reports are typically completed within 2 weeks, though extenuating circumstances occasionally result in mild delays.

Late cancellations or no-shows for testing may result in fees up to \$300.

Educational testing (e.g., evaluation of learning disability) is often not covered by insurance.

Section 5: Fees & Billing Policies

You are responsible for copays, deductibles, uncovered services, no-show fees, and administrative services (e.g., letters, forms, legal matters).

Additional fees may include:

- Medication refills without appointments: \$30
 - Returned checks: \$35
 - Delinquent account processing and collections (\$25 per month late of due date)
 - Letters: \$75
 - Late fees: provider based
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Section 6: Communication Policies

Office hours are generally **9:00 AM–5:00 PM**. Messages are returned within 48 business hours when possible.

- Email and text are not used for clinical communication unless explicitly arranged.
 - NPA does not communicate with clients via social media.
 - Please call the office and speak with staff if you have information that needs to be conveyed to your provider, as messaging through the Electronic Medical Record is not an efficient or appropriate means of documenting concerns and acquiring needed intervention
 - Recording of sessions or staff is prohibited.
 - Messages left with the after-hours answering service are relayed to the office the following day, at which point providers and staff will respond within 1-2 days
 - Clients can reach our after-hours answering services, at which point only emergencies will be routed to an on-call clinician
 - On-call providers will **not** be available for standard medication refills, scheduling or billing concerns. Those messages will be relayed to staff the following morning of business hours
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Section 7: Health & Wellness Protocols

In-person and telehealth services are offered based on clinical judgment and public health guidance.

Clients should not attend in-person appointments if experiencing symptoms of illness or recent exposure to contagious conditions.

Despite safety measures, some risk of exposure exists. You may request telehealth at any time.

*****A more detailed copy of the legal procedures mentioned in this document will be provided upon request.*****

Informed Consent & Acknowledgment

I acknowledge that I have reviewed and understand the Norfolk Psychiatric Associates Client Policies and Informed Consent. I agree to participate voluntarily in services and to abide by these policies.

If I am signing on behalf of a minor or individual unable to consent, I attest that I am legally authorized to do so.

Printed Name: _____

Signature: _____

Date: _____

Electronic signatures via the Updox portal are valid and binding.