



OFFICE POLICIES

Office Hours:

- Our office is open Monday-Friday 8:00am-4:30pm by appointment only
- Some providers may schedule appointments outside of these hours
- We observe major holidays and take vacation at various times; We will communicate when the office will be closed with as much notice as possible
- All first appointments are considered a consultation only; We will let you know if we are in the position to offer treatment services beyond the first appointment

Emergencies/After Hours:

- We offer psychiatric care during business hours only; If you require immediate attention during business hours, please call our office and we will do our best to accommodate you
- If you need psychiatric care outside of business hours, please call 911 or the Suicide and Crisis Lifeline at 988

Fee Schedule

- We are committed to providing transparent pricing for all our services. If you are not utilizing insurance, the following rates apply to all cash-pay appointments
- Psychiatrist Services
 - 15-minute appointment: **\$125**
 - 30-minute appointment: **\$200**
 - 60-minute follow-up: **\$400**
 - 60-minute intake (initial evaluation): **\$500**
- Therapist Services
 - 55-minute appointment: **\$125** (flat rate per session)

Appointment Cancellations:

- Please provide as much notice as possible when canceling an appointment
- If an appointment is canceled with at least 48 hours' notice, there is no penalty
- Cancellations within 48 hours of the scheduled appointment (*Short-Notice Cancellation*):
 - If an intake appointment is *Short-Notice Cancelled*, the deposit will be forfeited
 - For established patients, the first offense incurs a \$50 fee
 - Second offense results in a fee equal to the cost of the appointment, which must be paid prior to rescheduling
 - Third offense results in a fee equal to the cost of the appointment and initiation of discharge from the practice
- If frequent cancellations become a pattern, we will provide a warning that additional cancellations, even with adequate notice, will be treated as *Short-Notice Cancellations*
- Insurers will not reimburse for appointments that do not happen, so the patient is personally responsible for any fees levied because of cancellations
- The only exception to this is if you or a direct family member are in the hospital



Appointment Time:

- When an appointment is scheduled, that time has been specifically reserved for you and when it is missed that time cannot be used to treat another patient in need of care; We sincerely appreciate your assistance and cooperation as this allows for a smooth office flow and more efficient use of your time
- Appointments start at the scheduled time
 - For all first appointments, we strongly encourage you to arrive 15 minutes prior to your scheduled appointment time to complete intake documentation and begin your appointment on-time
 - If you arrive late, your session will not be extended
 - If you are too late, leaving less than half the allotted time for the visit (*Tardiness*), we will not be able to see you; The session will be cancelled and treated as a *Short-Notice Cancellation* with regard to fees
 - Insurers will not reimburse for appointments that do not happen, so the patient is personally responsible for any fees levied because of *Tardiness*
- Appointments end promptly on-time
 - **15-minute appointments** end **10 minutes** after the start-time to give us 5 minutes to send prescriptions, write notes, make collaborative calls
 - **30-minute appointments** end **25 minutes** after the start-time to give us 5 minutes to send prescriptions, write notes, make collaborative calls
 - **60-minute appointments** end **50 minutes** after the start-time to give us 10 minutes to send prescriptions, write notes, make collaborative calls
 - **Intake appointments** end **60 minutes** after the start-time

No-Shows:

- When a patient fails to attend a scheduled appointment and does not provide prior notice, it is considered a *No-Show*:
 - missed intake appointments incur a fee of \$250
 - for established patients, first time results in a \$50 fee, which must be paid prior to rescheduling
 - second offense incurs a fee equal to the cost of the scheduled appointment
 - Fee must be paid prior to rescheduling
 - In addition, a 100% deposit is required prior to any future appointments
 - after three *No-Shows*, we will initiate your discharge from the practice
- Insurers will not reimburse for appointments that do not happen, so the patient is personally responsible for any fees levied because of *No-Shows*

Controlled Substance Agreement:

- There are times that we may prescribe a controlled substance to treat a health condition; Controlled substances are any drug or chemical that has its possession, use, or manufacture regulated by the government; These substances are regulated due to their potential for misuse, abuse, or addiction



- If prescribed a controlled substance, you must agree to the following:
 1. You will keep (and be on time for) all your scheduled appointments with the doctor and other members of the treatment team
 2. You will participate in all other types of treatment that you are asked to participate in
 3. You will keep the medicine safe, secure, and out of the reach of children; If the medicine is lost or stolen, you understand it will not be replaced until your next appointment, and may not be replaced at all
 4. You will take your medication as instructed and not change the way you take it without first talking to the doctor or other member of the treatment team
 5. You will not call between appointments, or at night, or on the weekends looking for refills; You understand that prescriptions will be filled only during scheduled office visits with the treatment team
 6. You will make sure you have an appointment for refills; If you are having trouble making an appointment, you will tell a member of the treatment team immediately
 7. You will treat the staff at the office respectfully at all times; You understand that if you are disrespectful to staff or disrupt the care of other patients your treatment will be stopped
 8. You will not sell this medicine or share it with others; You understand that if you do, your treatment will be stopped
 9. You will sign a release form to let the doctor speak to all other doctors or providers that you see
 10. You will tell the doctor all other medicines that you take, and let him/her know right away if you have a prescription for a new medicine
 11. You will use only one pharmacy to get all your medicines
 12. You will not get any other medicines that can be addictive such as opioid pain medicines, benzodiazepines (Klonopin, Xanax, Valium), or stimulants (Ritalin, amphetamine) without telling a member of the treatment team before you fill that prescription; You understand that the only exception to this is if you need pain medicine for an emergency at night or on the weekend
 13. You will not use illegal drugs such as heroin, cocaine, or amphetamines as well as alcohol and medical/recreational cannabis; You understand that if you do, your treatment may be stopped
 14. You will avoid the use of substances, medications, and foods (such as poppy seeds) that may cause “false positives” on drug testing; You understand that any “false positive” will therefore be considered a failed test
 15. You will come in for drug testing and counting of your pills within 24 hours of being called; You understand that you must make sure the office has current contact information in order to reach you, and that any missed tests will be considered positive for illicit drugs
 16. We participate in the Maine Prescription Monitoring Program



17. You will keep up to date with any bills from the office and tell the doctor or member of the treatment team immediately if you lose your insurance or can't pay for treatment anymore
18. You understand that you may lose your right to treatment in this office if you break any part of this agreement; If the violation involves obtaining these medications from another individual, or fraudulently, you may also be reported to other physicians, pharmacies, medical facilities, and the appropriate authorities
19. If your doctor decides that this medicine is hurting you more than helping you, this medicine may be stopped by your doctor in a safe way

Prescriptions:

- Our goal is to ensure that you have enough medication prescribed to last until your next scheduled appointment
- Prescription refills require close monitoring to ensure the safe continuation of the appropriate dose, frequency, and term of that medication
- To safely prescribe medications, you give us consent to obtain your medication history through information technology sources including Surescripts and the Maine Prescription Monitoring Program
- Please bring prescription refill requests to appointments; We will prescribe the appropriate number of prescription refills to last you until your next scheduled appointment
- As prescriptions are prescribed with the number of refills needed until the next appointment, almost all requests for prescription refills between regularly scheduled appointments will require an appointment in the office prior to authorization; It is the patient's responsibility to schedule your next appointment in advance and with adequate time to receive a prescription refill
- In the event that you require an emergency refill, prescriptions refill requests should be submitted to the refill line (207-221-0635 extension 3); If approved, an appropriate refill will be submitted to your local pharmacy; If your prescription refill is not approved, please contact the office to schedule an appointment
- Patients requesting new prescriptions or a change in dose must be seen for an appointment; They are not prescribed over the phone
- We do not process prescriptions after hours or on the weekends
- Please allow 48–72 hours to process prescription requests; Medications requiring pre-authorization may require additional time to process; Please plan ahead for refills during weekends, holidays, and when traveling

Requests for Paperwork:

- Please bring letters, forms, and other administrative requests to appointments so we can complete these during your session
- Paperwork that requires the physician's time outside of a scheduled appointment will be billed according to the *Fee Schedule* rates, based on the time required to complete them



Medical Records:

- Your medical records are protected by state law regarding confidentiality of patient records as well as federal HIPAA rules, and may be further protected by federal confidentiality rules (42 CFR, Part 2)
- These rules prohibit us from releasing medical records unless expressly permitted by the written consent of the person to whom it pertains; Refer to the *Notice of Privacy Practices* for more information about protected health information
- You may ask us to transmit your record to a specific person or entity by making a written, signed request
- You have the right to access, inspect, and copy your protected health information
 - This usually includes medical and/or billing records; You must submit a written request to us, and you agree to pay the reasonable costs associated with complying with your request before we provide you with your record
 - You may ask us to provide your electronic record in electronic format; If we are unable to provide your record in the format you request, we will provide the record in a form that works for you and our office
 - Under certain circumstances, we may not allow you to see or access certain parts of your record; You may ask that this decision be reviewed by another licensed professional

Text Messaging:

- Text messaging is only for administrative purposes unless we have made another agreement; This means that text messages with our office should be limited to administrative matters; This includes things like setting and changing appointments, billing matters, and other related issues; For clinical issues, use the patient portal instead
- By agreeing to communicate via text messaging, you are assuming a certain degree of risk of breach of privacy beyond that inherent in other modes of traditional communication (such as telephone, written, or face-to-face)
- We cannot ensure the confidentiality of our text messaging communications against purposeful or accidental network interception
- Additionally, we will save your text messaging correspondence and these communications should be considered part of your medical record
- Never send text messages of an urgent or emergent nature
- We will try to check text messages regularly; However, call our office if you have not received a reply within 72 hours

Email:

- Email communication is only for administrative purposes unless we have made another agreement; This means that email exchanges with our office should be limited to administrative matters; This includes things like setting and changing appointments, billing matters, and other related issues; For clinical issues, use the patient portal instead



- By agreeing to communicate via email, you are assuming a certain degree of risk of breach of privacy beyond that inherent in other modes of traditional communication (such as telephone, written, or face-to-face)
- We cannot ensure the confidentiality of our electronic communications against purposeful or accidental network interception
- Additionally, we will save your email correspondence and these communications should be considered part of your medical record
- Never send emails of an urgent or emergent nature
- We will try to check email regularly; However, call our office if you have not received a reply within 72 hours

Telehealth:

- There are risks associated with participating in telehealth including, but not limited to:
 - that your sessions and transmission of your treatment information could be disrupted or distorted by technical failures and/or interrupted or accessed by unauthorized persons
 - that the electronic storage of your treatment information could be accessed by unauthorized persons
 - that miscommunication between you and Cortex Behavioral Health may occur
 - that you may be overheard by persons nearby
 - in some instances, telehealth may not be as effective or provide the same results as in-person services
- You are responsible for:
 - having technology to support synchronous telemedicine services rendered via a real-time interactive audio and video telecommunications system
 - Necessary equipment (device with working display, camera, speakers, microphone) and software (browser, software supports)
 - Digital literacy (the ability to use information and communication technologies to find, evaluate, create, and communicate information, requiring both cognitive and technical skills)
 - Reliable internet coverage (minimum 1.5 Mbps for both upload and download speeds to successfully display audio and video data)
 - using a location that is private and free from distractions or intrusions
 - notifying Cortex Behavioral Health of your location at the beginning of each treatment session, and the presence of other persons in the location, either on or off camera and who can hear or see the session
- A prescription for a controlled substance issued by means of telehealth must generally be predicated on an in-person medical evaluation (21 USC 829(e))
- If the session is interrupted for any reason, such as technological connection failure, please attempt to re-connect; We will wait two (2) minutes and attempt to re-connect you via the telehealth platform on which we agreed to conduct treatment; If we do not connect via the telehealth platform within two (2) minutes, please call our office



- If you are unable to meet the requirements of a telehealth session (unintelligible or missing audio/video; unstable or poor internet connection; connecting while driving, walking, or in a public location) we may determine that our appointment is futile; The visit will be terminated and considered a *Short-Notice Cancellation*
- If persistent technical challenges result in significant barriers to communication, interfere with acquiring basic information, or impede treatment; or if Cortex Behavioral Health believes you would be better served by in-person services, you will be notified and further appointments must be in-person

Payment:

- We do not participate with Medicare or Mainecare (Medicaid) and these plans do not offer out-of-network benefits; You must agree not to submit claims for services you receive from us
- We do not participate with Anthem, Blue Cross, and Blue Shield; you may request a superbill for your visits to submit for reimbursement from your insurance
- We participate in several health insurance plans, including Aetna, Allways, Beacon Health, Cigna, ComPsych, Community Health Options, GEHA, Harvard Pilgrim, Humana, Martin's Point US Family Health Plan, MultiPlan, Optum, Tufts Health Plan, and United Healthcare; Our participation may change over time and we will do our best to alert you if we stop participating with a particular plan
- We recommend that you contact your insurance company for specific information about your coverage for mental health services
- It is your responsibility to keep all insurance and demographic information up to date
- We require a credit card authorization or other method of payment on file for all patients; We will only charge this when the attendance policy has been violated; Patients may elect to have copays or other balances automatically charged
- If your insurance policy terminates, we will contact you to obtain new insurance information; if you no longer have insurance or you fail to respond, we will charge your credit card on file the self-pay rate
- Self-pay patients (patients without insurance or who elect to not use insurance):
 - have the right to receive a good faith estimate for the total expected cost of services; We will orally provide one when services are scheduled and/or costs are asked about; You may request a written good faith estimate
 - are required to pay a **\$250 deposit** to schedule an initial appointment with one of our psychiatrists; The remaining balance is due at the appointment
- You must make all co-payments at the time of your visit, as well as payments for any deductibles, co-insurance, or non-covered services
- All deposits will be forfeited to Cortex Behavioral Health if the patient:
 - cancels within 48 hours of the scheduled visit (*Short-Notice Cancellation*)
 - arrives too late, leaving less than half the allotted time for the visit (*Tardiness*)
 - fails to attend the visit and does not provide prior notice (*No-Show*)



- We will not schedule follow-up appointments or refill prescriptions once an outstanding balance reaches \$500
- Unless arrangements are made for a payment plan, all accounts that are outstanding for more than 90 days will be sent to a collection agency

Administrative Discharge:

- It may become necessary to end patient relationships that are no longer therapeutic or appropriate based on patient behaviors; If efforts to rehabilitate the relationship are not appropriate or unsuccessful, we will administratively discharge a patient from the practice
- Generally, ending the relationship is considered under the following circumstances:
 - Treatment nonadherence: The patient does not or will not follow the treatment plan or the terms of a controlled substance contract or discontinues medication or therapy regimens prior to completion
 - Follow-up noncompliance: The patient repeatedly cancels follow-up visits or fails to keep scheduled appointments with providers or consultants
 - Office policy nonadherence: The patient fails to observe office policies, such as those implemented for prescription refills or appointment cancellations, or refuses to adhere to mandated infection-control precautions
 - Verbal abuse or violence: The patient, a family member, or a third-party caregiver is rude, uses disparaging or demeaning language, or sexually harasses office personnel or other patients, or visitors; exhibits violent or irrational behavior; or uses anger to jeopardize the safety and well-being of anyone present in the office
 - Nonpayment: The patient owes a backlog of bills and has declined to work with the office to establish a payment plan or has discontinued making payments that had been agreed on previously

Signature:

- By signing below, I acknowledge that I have:
 - Read the above information
 - Been given the opportunity to have my questions about this form answered
 - Understood and I agree to the above *Office Policies*

Name of Patient (please print)

Signed _____

Dated _____