



## Better Mental Health & Wellness

1310 Bertha Ave NW  
Bremerton, WA 98312  
*Practice Policies*

Welcome to our practice. Your agreement to the following terms and conditions is required for you/your child to receive professional services from us. If you do not agree, we will be glad to give you referrals to other providers.

### **Clinical services**

You consent for yourself/your child to receive a comprehensive diagnostic assessment. At the end of the evaluation, we will mutually decide if we will continue treatment together.

If there is a potential of any physical danger to you, your child, or others, you will call 911 immediately or go to the closest emergency room.

Note that our providers do not have admitting privileges, nor are they affiliated with or on staff at any hospital. Should your provider deem more intensive services are needed than they can provide, they will do their best to ensure safety and obtain the appropriate level of care, but they cannot provide that care directly and cannot guarantee the receipt or quality of care that others provide.

All communication and clinical treatment will be documented in the patient chart. Both the law and the standards of the profession require such. You are entitled to receive a copy of these records unless your provider believes that seeing them would be harmful to treatment. If this is the case, we will be happy to provide the records to an appropriate mental health professional of your choice or to prepare an appropriate summary instead. If you wish to see the records, it is best to review them with your provider so that you can discuss their content. We will release records to other parties when requested.

If you or your child are seeing one of our providers for medication management only:

- You will contact your/your child's therapist first for any emergency or crisis, unless it may be medication related.
- You will inform your provider if you/your child are/am considering stopping therapy, or have actually stopped therapy.
- You/your child will see your assigned provider no less than every three months for follow-ups.

**Risks and benefits of psychotherapy:** Psychotherapy has both benefits and risks. Possible risks include the experience of uncomfortable feelings (such as sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness) or the recall of unpleasant events. Potential benefits include a reduction in feelings of distress, better relationships, better problem-solving and coping skills, and resolution of specific problems. Given the nature of psychotherapy, it remains an inexact science and no guarantees can be made regarding the outcome.

While we intend to offer telehealth services when appropriate, we cannot guarantee insurance coverage for these services. Telehealth services may not always be appropriate.



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Our providers do not provide court evaluations or court testimony and they do not specialize in forensic psychiatry. If our providers are ordered to testify in proceedings, it can seriously undermine the therapeutic provider-patient relationship. Please inform our office immediately if you are involved in or plan to go to court. We accept clients/patients only with the specific agreement that that they will not involve our practice or any employee in any legal matters, including but not limited to child custody, worker's compensation claims, and criminal cases. We do not provide legal opinions, complete forensic evaluations, or testify for disability or child custody cases.

Following up with your provider regularly is important to receiving the best care possible. Our providers order sufficient quantities/refills of medication between appointments; if you believe there is an error, please verify with your pharmacy if there are refills, other prescriptions, etc. on-file before contacting our office. If you have missed an appointment and are in need of a refill, please notify your provider via the patient portal. (Note: This is an adjustment from previous policy.) We will only be able to provide quantities sufficient to bridge to your next appointment; as such, you must have an upcoming appointment scheduled. If it has been more than 90 days since your/your child's last appointment, we will be unable to provide any refills prior to a scheduled appointment. If your pharmacy has the option, we request that you have them turn off automatic refills.

Medications such as benzodiazepines and stimulants are tightly regulated by the DEA. These medications can be useful but require more monitoring and must be part of a comprehensive treatment plan. If you/your child cannot or do not adhere to the agreed-upon treatment plan, your provider may be able to continue to work with you/your child but will not be able to prescribe further controlled substances. Patients being managed on these medications will be required to sign our controlled substance agreement.

### **Communication**

Questions about your/your child's symptoms or treatments should be sent through the Luminello patient portal only, as noted above. Please notify our office if you have any difficulties with accessing the portal. Portal messages will be checked often.

Scheduling capabilities are built into the patient portal; to reduce administrative burden, we ask that you contact the office regarding scheduling only if you have passed the 48-hour window for cancellations/rescheduling. Administrative staff will check voicemail daily, M-F. We do our best to respond within two to three business days, but urgent messages should be directed to the office during normal business hours.

We offer automated appointment reminders as a courtesy. Reminders serve as a convenience only and have no bearing on patient attendance, missing an appointment, etc.

If you prefer to opt-out of any specific forms of communications – postal mail, voicemails, etc. – please notify



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staff. You are responsible for ensuring that all contact information on-file remains up-to-date.

### **Confidentiality**

There is no guarantee of confidentiality under the following conditions:

- If your provider suspects you/your child are/is in imminent danger of harm to self or others, or a child or elderly person is being abused or neglected (as providers are mandated reporters).
- If a court orders a release of information.
- If you initiate a malpractice lawsuit, or a billing dispute with a financial institution.
- If your insurance company requests to review your/your child's case.
- If you pay by credit card, our practice name may appear on your credit card statement.
- If you do not pay your bill, your balance due statement (including diagnostic and procedural codes) may be sent to a collections agency or other responsible party.
- Between providers and administrative staff, or colleagues with whom our providers consult professionally.

You confirm you have reviewed our HIPAA privacy practices here: <https://www.bettermhw.com/forms>

### **Scheduling**

Cancellations must be made 48 business hours in advance, not including weekends; for example, a 9am Monday appointment must be cancelled before Thursday at 9am. Except in emergencies, there will be a fee for appointments missed or cancelled without 48 hours' notice having been provided; please see fees noted below. More than three missed appointments within in a year may result in a referral to an alternate provider.

Please note that if you arrive to your intake appointment and have not completed the intake information, you will need to be rescheduled and will be subject to the noted fee; if you do not have access to a computer or need assistance, it is recommended that you arrive at least 30 minutes early to complete this information.

If you arrive more than 10 minutes late to your follow-up appointment, you will need to reschedule your appointment and related fees will be incurred.

### **Payment**

If not utilizing insurance, you agree to pay professional fees as follows:

Psychiatric evaluation: \$350

Follow-up appointment: \$175

Insurance:

For in-network services, we will submit claims on your behalf as a courtesy, but there is no guarantee that your insurance will pay. You are responsible for full payment, whether your insurance company ends up



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paying partially, or not at all, for services rendered. We will provide superbills for insurance companies that we are not in-network with.

You agree to pay for any time spent in your or your child's care outside of session time on a prorated basis (unless otherwise detailed below). Unfortunately, insurance companies often do not reimburse for this. Some examples include, but are not limited to:

- No shows/rescheduling with less than 48 business hours' notice: \$100 (1st), \$125 (2nd), \$150 (3rd), or \$300 (evaluation).
- Phone calls, messages in the patient portal, voicemails, letters, video sessions and texts between me and you, your child, or other providers, therapists, teachers, family members, insurance companies, etc. (We are more than happy to offer assistance outside of regularly scheduled appointments; if the concern is new to your provider and might require management, portal messages, voicemails, etc. may incur related fees.)
- Prescription refills outside of session time (\$25 fee).
- Time spent obtaining prior authorizations.
- Coordination of care for emergencies, hospitalization, intensive outpatient, residential treatment, rehabilitation, etc.
- All forms (insurance, worker's compensation, school, employer; provider's notes, letters, or reports) and chart reviews not filled out in session (\$25 fee for first 15 minutes, additional \$25 for each additional 15 minute increment). Our providers do not provide emotional support animal (ESA) letters at this time.
- Testimony in court, at depositions, administrative hearings, board reviews, and all time required for preparation and travel, whether requested by you or ordered by a court, board, government agency or other legal authority.
- Preparation and handling of records. We provide this service as a courtesy to other providers; otherwise, fees allowed under Washington state statute will be charged for handling and supplies.
- There is a 5% finance charge each month and a \$25 late fee for balances more than 30 days past due, and they may be submitted to collections after 30 days, along with any associated collections fees
- There is a \$50 fee for credit card chargebacks that are unsubstantiated.

You are financially responsible for all charges, whether or not:

- Insurance pays for any services.
- We decide to proceed with treatment.
- Treatment is successful, for which there cannot be any guarantee.

You affirm that you are an authorized user of the credit card whose number and expiration date have been/will be supplied, and you do authorize its use for all fees incurred. You understand that HSA/FSA cards cannot be utilized for many fee payments and that you must have a backup card on-file. If you choose to not have cards on-file, manual invoicing/statement creation may incur a \$5 charge per occasion.

By consenting, you confirm you have read the above and agree to these terms and conditions.