



PO Box 408, Bradford, RI 02808 | Phone: (401) 348-2800 | Fax: (401) 377-2343
www.mmwellnesscenter.org

Welcome to M+M Wellness Center!

Updated July 2020

Date: ____/____/____

Patient Information:

Patient's Legal Name _____ D.O.B. _____ Sex _____

Patient's Social Security # _____ Email _____

Patient's Home Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Referring Facility/ Doctor / Therapist _____

Parent / Legal Guardian Information (if patient is a Minor)

Guardian Legal Name _____ D.O.B. _____ Sex _____

Guardian Home Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____ Email _____

Parent / Legal Guardian must be present (in-person or virtually) for the initial session with a provider. Please remain on site (includes remote site) for all subsequent appointments unless approved by the provider. The patient *may* not be seen otherwise. Thank you.

Guarantor Information: person financially responsible for the patient's account.

Guarantor's Legal Name _____

Guarantor's Date of Birth _____ Cell Number _____

Guarantor's Home Address _____

City _____ State _____ Zip Code _____

Guarantor's Email Address _____

Initial Here: _____

Emergency Contact Information

Name _____ Relationship to Patient _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

A separate consent form, ROI, is required to discuss the individual’s medical information

Appointment Reminders/Treatment Communications

I provide consent to be contacted for appointment reminders via email:

YES

NO

Financial Agreement and Office Policies

Appointment Fees / Time

- Samantha Shawn-Marsh, PMHNP-BC does not directly participate with any insurance company and payment in full is due at the time of service.
- The fee is \$200 for the initial psychiatric evaluation and \$75 for each medication management appointment thereafter. (If paying with a debit or credit card, additional fees may apply).
- Unfortunately, the mental health field is subject to one of the highest no show and late cancellation rates. In order to ensure our providers and patient’s time is valued, we require a credit card number to be on file, which will be used to pay the full cost of services automatically if a no show or cancellation with less than 24-hour notice occurs. All balances must be paid prior to rescheduling an appointment.
- Cancellation of any follow up appointment, less than 24 hours before the appointment date and time, or failure to show up for an appointment or provide payment 30-min prior for remote appointments for any reason will result in a \$75 dollar fee, reasons such as cost, human error, inconvenience, schedule conflicts etc. cannot be accepted in order for us to rightfully enforce our policies.
- For appointments that are scheduled on a Monday, I understand that I need to cancel or reschedule by 2pm on Thursday of the previous week.
- If patient/guardian arrives/checks in more than 10 minutes late for an appointment they *may not be able to be seen* that day and the appointment would be considered a late cancellation. Please arrive/check in at least 15 minutes early to each appointment to allow time to check in and complete any required paperwork.
- There is a \$50 charge for all returned checks. A service charge of 4% may be added to all bills that are 90 days past due. Failure to settle, or make arrangements to settle, your account will result in a referral to a collections agency. In addition to the sum of the bill, you will be charged a collection fee of approximately 25%, and any legal or court fees.
- Employees/Independent Contractors/Students of M+M Wellness Center have permission to discuss/share pertinent and necessary information regarding your care and services received here.

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Additional Charges:

- *Professional Forms/Letters:* Fees start at \$25, and payment is due prior to the initiation of the form(s). Forms can take up to 10 business days to complete from the date the request was received. Samantha Shawn-Marsh, PMHNP-BC does not offer Social Security Disability Evaluations/Forms or long-term disability.
- *Medical Records:* Records are provided at a rate of \$1.00 per page and a standard \$25 processing fee if record exceeds 10 pages. Postage fees will apply as applicable. Medical records can take up to 15 business days to complete from the date the request is received. All requests for copies of medical records must be completed via M+M Wellness Center Authorization to Release and Request PHI form in writing, dated, and signed.
- *Subpoena for Witness:* If Samantha Shawn-Marsh, PMHNP-BC is subpoenaed for court the fee is \$1200.00 for a minimum of 4 hours, \$2500.00 for a full (8 hour) day. This fee includes preparation time, travel, waiting, testifying, etc. Additional fees may be assessed if travel out of the immediate area is required. Payment in full is required 7 business days in advance of the scheduled hearing. This fee continues to apply when Samantha Shawn-Marsh, PMHNP-BC attends court and is not called to testify. Additionally, fees will remain in effect in the event that court is canceled, continued, or rescheduled less than 3 business days prior to the court appearance for any reason (e.g. snow, the case being settled outside of court, the judge cancelling the day, etc.).

Medication Policies

- Please plan ahead and schedule an appointment **prior** to running out of medication: Patients requesting an unscheduled medication refill before attending their next appointment, in the event of a patient cancellation, no show, or reschedule, will be charged \$25 fee.
- Please allot for a 72-hour time frame (business days only) for all medication refills. Medication refills will not be addressed on Fridays, as I am not in the office regularly, and medication changes, refill requests, and questions concerning your medication will not be addressed on holidays, weekends, evenings, or outside of your clinician's office hours.
- Controlled substances will not be authorized to fill early.
- Samantha Shawn-Marsh, PMHNP-BC utilizes the RI Prescription Monitoring Guide regularly.
- If a patient does not attend an appointment for a period of time in excess of seven months, the patient's medications will not be refilled. The patient may be scheduled as a new patient and complete a new intake at the discretion of Samantha Shawn-Marsh, PMHNP-BC.
- If a patient is terminated from M+M Wellness Center, a 30-day supply of most medications will be granted; no changes to the current medication regimen will be made during this time.

Emergency Policy *please read carefully*

If you are experiencing a psychological emergency, a life-threatening emergency and/or medication side effects causing shortness of breath, heart problems, severe rash, or other life-threatening concerns, please call 911 or go to your nearest emergency room. Your clinician does not participate with "after-hour evening, weekend, or holiday" emergency services, and all phone calls will be returned as soon as possible during standard business hours once your clinician returns to the office. Medication management is provided during regular business

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hours and only when your provider is in the office. Medications will not be refilled or called in on holidays, evenings, or weekends.

Client Rights/Discharge

Non-voluntary discharge from treatment: A client may be terminated via a non-voluntary discharge letter if: (A) The client exhibits physical violence, physical or emotional intimidation, verbal abuse of any kind, and/or patients or families carry weapons or engage in illegal acts of any kind. Abusive messages/email or phone correspondence may also be grounds for non-voluntary discharge. (B) The client refuses to comply with stipulated clinic rules, refuses to comply with treatment plans/recommendations, or does not make a payment and/or payments arrangements in a timely manner. (C) The client repeatedly cancels, late cancels, or no shows for their appointments. (D). Any changes to information provided by the patient to the practice must be provided in writing for them to take effect.

Legal Guardians

In the event, a patient is a minor, and their legal guardians are in the process of separating, are separated, have divorced or where there is joint legal custody both parents must consent to treatment. M+M Wellness Center is not held liable or responsible for the consenting parent/guardian, of a minor, NOT informing us of the agreed/legal parental regulations prior to treatment on behalf of the other parent/guardian, if they are not present. It will be assumed by M+M Wellness Center that all parents/guardians involved are in agreement to receiving all recommended treatment. Please ask the front desk for the additional paperwork re: guardian treatment consent to comply with the treatment policies.

Date: ____/____/____

Patient Name (If older than 18 years of age) (Print): _____

Patient (If older than 18 years of age) (Signature): _____

Client, or in case of minor, Parent A | Guardian (Print/Sign)

Date

Client, or in case of minor, Parent B | Guardian (Print/Sign)

Date

Initial Here: _____

LIMITS ON CONFIDENTIALITY – HIPAA (Health Insurance Portability and Accountability Act)

The law protects the privacy of all communications between a client and a therapist. In most situations, we can only release information about your treatment to others if you sign the written Authorization Form that meets legal requirements imposed by HIPAA and/or Rhode Island law. However, in the following situations, no authorization is required to disclose protected health information:

Child Abuse – State law requires that your clinician disclose information regarding suspected harmful actions or neglect towards children.

Adult or Domestic Abuse – State law requires your clinician to report and provide information if there is suspicion of adult abuse, neglect or exploitation.

Health Oversight – Regulating Boards have the power to subpoena relevant records if a clinician is the focus of an inquiry.

Judicial or Administrative Proceedings – If you are involved in a legal proceeding and your mental health records are requested, the information will not be released except if it is requested by subpoena. If you desire to block (quash) the subpoena then your record will be provided to the clerk of the court in a sealed envelope so that the court can determine whether the records should be released.

Serious threat of health or safety – If you have communicated directly to your clinician that you have a specific and immediate plan to cause serious harm or death to an identifiable person and if your clinician has sufficient evidence based on your conversations, history and treatment to believe this threat is real, then the law requires the clinician to take steps to protect the third party. Either the third party can be warned, or their parents warned if they are under 18, or a law enforcement officer may be contacted.

Serious threat to yourself – If you have communicated directly to your clinician that you have specific and immediate plans to cause serious harm or death to yourself and if your clinician has sufficient evidence based on your conversations, history and treatment to believe this threat is real, then the law requires the clinician to take steps to protect you by either contacting a significant other or admitting you to an appropriate treatment facility.

Telemedicine – Due to the nature of electronic communication technologies, I cannot guarantee that our communications and your information will be kept confidential from outside individuals. Our office will do our best to protect all information. If you decide telemedicine is not optimal for you, please inform your provider and referrals will be provided. The telemedicine sessions will not be recorded. Progress notes will be documented via an EMR.

Worker's Compensation – If you file a worker's compensation claim, the law requires that relevant mental health information be submitted to your employer, insurer or a certified rehabilitation provider.

I understand that I have the following rights:

I have the right to request restriction on certain uses and disclosures of my mental health information. Your clinician may or may not be required to agree upon these restrictions.

I have the right to request and receive confidential communication by alternative means and at alternative locations (e.g. fax or email). I have the right to inspect and obtain a copy of my mental health record and billing records. The access to this information may be denied under some circumstances. You are entitled to a discussion with your clinician regarding the reasons for limiting access to your records.

I have the right to request an amendment to my records, but this request can be denied by your clinician.

I understand I am financially responsible for the full balance on my account.

I understand that as part of my mental health care, M+M Wellness Center originates and maintains paper and/or electronic records describing treatment, testing results and forms, correspondence and insurance information. This information cannot be disclosed

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without my written consent. I may revoke any authorization for disclosure at any time unless the authorization was obtained as a condition applying for future insurance coverage, and the law provides the insurer the right to contest the claim under policy.

I understand that my treating clinician is required by law to maintain privacy of my mental health record and to provide me with notice of their legal duties and privacy practices with respect to my mental health record. The treating clinician has the right to change those privacy policies and practices with notification to you in writing.

I understand that I have the right to disagree with decisions made and I can make formal complaint to the M+M Wellness Center Team who can be reached at (401) 348-2800. A written complaint can be made to the Secretary of the U.S. Department of Health and Human Services.

I understand that if there are any changes to this notice and I am still in treatment at M+M Wellness Center, then I will be notified in person and writing about such changes.

Your signature below indicates that you have read this agreement and agree to its terms and also serves as an acknowledgement that you have been provided a copy of the Health Insurance Portability and Accountability Act upon request.

Date: ____/____/____

Patient Name (If older than 18 years of age) (Print): _____

Patient (If older than 18 years of age) (Signature): _____

Client, or in case of minor, Parent A | Guardian (Print/Sign)

Date

Client, or in case of minor, Parent A | Guardian (Print/Sign)

Date

Initial Here: _____