White Marsh Psychiatric Associates, LLC (WMPA) Policies, Procedures, and Consents

Appointments • Scheduling and being present for your appointments is crucial to your mental health care. In order to ensure adherence to treatment, all follow-up appointments should be scheduled as recommended by your provider and must be made within **six (6) months** of the previous appointment. If an appointment is not made within this time frame, you must go through the intake process again and your provider will be notified about your request to return to their care. We cannot guarantee that your provider will have an availability at that time.

Cancellations • Twenty-four (24) hours advance notice is required. Without 24 hours advance notice, you will be charged a $50 fee. This fee is due prior to your or your child's next visit.

Fees • Co-pays, self-payments, and payment for non-covered services are due at the time of service. Deductibles are due at the time of service unless you provide a statement from your insurance carrier showing your deductible has been met in full. Cash, checks, and debit/credit cards are accepted. There is a minimum charge of $15 for the completion of forms, and the return check charge is $35.00.

Insurance • We will submit your claims to your insurance carrier, and will make every effort to obtain accurate information about your benefits and limits of coverage. We must request that you contact your insurance carrier to obtain initial authorization and to understand your benefits. Co-pays and deductible amounts are not guaranteed to us when they are quoted from your insurance carrier; consequently, WMPA cannot guarantee them. You are responsible for your bill and/or your child's bill and you agree to pay any amounts that your insurance company does not pay.

Medications • Schedule the appointments that your prescriber recommends. It is your responsibility to contact the office staff and/or schedule and keep your next appointment before your medication runs out. Please allow at least five (5) days for your provider to refill your prescription.

Confidentiality • Information regarding your treatment will not be released unless there is:
1) your written consent,
2) an indication that clear and immediate danger exists,
3) a court order which directs the release on the information, or 4) disclosure of sexual abuse, physical abuse, or neglect of a child under the age of 18. The following consent allows us to provide information to your insurance carrier to ensure that your treatment is medically necessary and appropriate.
Your prescription may be sent with encrypted technology via the internet to your pharmacy.

We will protect your health care information. You have the right to review our Notice of Privacy Practices before signing this consent. Also, you have the right to revoke this consent at any time by notifying us in writing. The revocation will not affect any actions taken prior to the time you revoke it. You have the right to restrict the use of your health care information by informing us in writing of your wish to do so. However, we are no required to agree to any restrictions. If any restrictions are agreed upon, the agreement is binding at the time of use.

Consent to Release Information

I consent to the use and disclosure of my personal identifiable health information for treatment, payment, and health care operation purposes. Furthermore, I consent to the sharing of treatment information among my treatment providers if I am seeing more than one provider at WMPA. Also, treatment plans may be sent to managed care organizations to establish medical necessity for payment of care. I have received a copy of the WMPA Notice of Privacy Practices.

The psychiatrists and nurse practitioners at WMPA (the professional staff who prescribe medications) have chosen to participate in CRISP, a state-wide health information exchange program. This exchange will allow providers to access selected clinical information: emergency room and hospital evaluations and treatments, tests results (labs, EKGs, imaging results), pharmacy information, and medications prescribed. The only information released from WMPA will be you prescriber's name, your medical record number, and your patient demographic information – e.g., your name, date of birth, address, and telephone number. Easier access to this information will help your provider treat you and improve coordination of care.

You can opt out of participation with this health information exchange. Please see our Notice of Privacy Practices for details.

Consent for Examination and Treatment

We ask that the patient, parents, or legal guardian sign the following general consent to treatment. The patient, parent, or legal guardian may at any time decline specific recommendations.

I consent to have WMPA and its professional staff perform order examinations, psychotherapy, and/or related mental health treatments and to order medications when deemed medically necessary or advisable by licensed members of the professional staff for myself or my child _____ (Name of child, if applicable).

Termination of Treatment • WMPA reserves the right to terminate any treatment for failure to comply with treatment, unpaid balances, multiple missed appointments or late cancellations, failure to schedule follow-up appointments within the 6 months, or failure to comply with medical recommendations, such as obtaining laboratory tests. In the even that treatment is terminated, referrals to other providers will be made available.

By signing this statement, I agree to the policies, procedures, and consents described above.

Signature _____ Relation to Patient* _____ Date_____
*State relationship: Patients, Parent, or Legal Guardian

Witness _____ Relation to Patient* _____ Date_____
*State relationship: Patients, Parent, or Legal Guardian