**PEACE OF MIND MENTAL HEALTH SERVICES, LLC**

**Disclosure Statement**

You have a right to choose the mental health practice that best suits your needs and purposes.  With that in mind, the following disclosure information is provided for you.

**Our Background and Approach:**

 We believe in developing a treatment plan together so we have a tool to guide us and evaluate our progress.  Please keep in mind treatment goals often change as our treatment progresses.  An important part of your therapy will be practicing new skills that you will learn in our sessions. We will ask you to practice outside our meetings, and we will work together to set up homework assignments for you. We might ask you to do exercises, keep records, and read to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying.  You can learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

 We do not promise any particular outcomes of treatment.  However, we promise to use our best effort and to perform all of our services for you in a professionally competent manner.  The length of treatment hinges on such factors as the severity and duration of the problem as well as the motivation and cooperation of the client.

 Typically medication management services are combined with therapy as this approach has been shown to be more effective than therapy or medication management alone.  Our philosophy is to minimize the number of medications while still trying to offer maximum clinical benefit.

**Risks of Treatment**

As with any treatment, there are some risks as well as many benefits of therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable emotions and have to recall unpleasant memories. These feelings or memories may bother a client at work, school, or home. Sometimes a client’s problems may temporarily worsen at the beginning of treatment. Most of these risks are expected when people are making important changes in their lives. Even with our best efforts, there is a risk that therapy may not work out well for you. Abruptly ending treatment may result in loss of progress.

**Rights**

Clients always have the right to request a change in therapeutic approach, referral to another practice, or termination of therapy at any time.  Clients have the right to decline treatment, if part of all of the treatment is to be recorded for research or review by another person. As licensed practitioners we have ethical and professional responsibilities to our clients.  If you have any concerns about the course of treatment, please first discuss these concerns with your individual practitioner. If you still have concerns after speaking with your practitioner, please notify the front desk staff and an administrative staff member will contact you within one business week to discuss your concerns.

**Appointments and No-Show Policy**

An appointment is a commitment to our work. We agree to meet here and to be on time. If we are ever unable to start on time, we ask your understanding. We also assure you that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time, because it is likely that we will have another appointment after yours. A cancelled appointment delays our work. We will consider our meetings very important and ask you to do the same. Please try not to miss appointments, if you can possibly help it. Your appointment time is reserved for you. If you must cancel or reschedule an appointment, we ask that you inform us **24 hours** prior to your scheduled appointment time. If you "no show" for an appointment (that is, you do not show up for your appointment or fail to call 24 hours ahead), apart from Maryland Medicaid insured, you will be assessed a **$50** fee for therapists and you will be assessed a **$100** fee for nurses and doctors.  This fee only partially offsets the cost of actually creating the appointment, in time, paper and computer work, as well as clinician’s time that could have been used in seeing other clients. **NOTE:  THESE FEES ARE NOT COVERED BY YOUR INSURANCE COMPANY!**  After *two "no shows,"* within one calendar year it is our policy is to discharge the patient from our practice.

**Fees and Payments**

We are credentialed with multiple insurance companies.  Co-pays, co-insurance, and deductibles are expected to be paid at the time of your appointment.  All or a portion of fees are usually paid for by your health insurance policy.  As the client you are responsible for your account and are expected to pay for all services received.

 If we are not credentialed with your insurance company or you choose not to use your benefits, our fee schedule follows:

**Psychiatric Fees**

Intake Assessment $250

Medication management $175-$200

**Therapy Fees**

Intake Assessment $175

60 minute Individual session $150

45 minute Individual session $125

Family/couples $150

**Record Fees**

To other providers $0

Individual $50 administration fee +.10 per page

**Collection Policy**

When a payment is not made as agreed upon, account balances including all charges and reasonable collection costs, including but not limited to reasonable attorney’s fees may be sent to outside collection firms for legal collection action. The patient and/or guarantor or responsible party shall be responsible for and agree to pay all reasonable collection costs including but not limited to reasonable collection agency fees (not to exceed 35%), attorney’s fees, and court costs.

**Clinical Opinion Policy and Subpoenas**

POM and staff will not render clinical opinions on any matter related to competence, custody and/or visitations, guardianship, parental rights or any other legal matter which involved making a judgment that is based on information that cannot be obtained in the process of the traditional therapeutic relationship. POM will not write letters of support in this area.

However, if POM or its staff are subpoenaed or requested to write letters or reports to an outside source such as a lawyer, the court system, etc., the charges for this service at an hourly rate listed below and *must be* **PAID in FULL** *at the time of the request or subpoena*.

**Subpoenas – (there is a minimum charge of 8 hours, plus mileage expense and any additional hour will be charged at the hourly rate)**

Doctors or Nursing Staff $600

Therapists $300

**Letters/Reports**

Doctors or Nursing Staff $200

Therapists $150

**About Confidentiality**

 We will treat with great care all the information you share with us. It is your legal right that our sessions and our records about you be kept private. That is why we ask you to sign a “release-of-records” form before we can talk about you or send our records about you to anyone else. In general, we will tell no one what you tell us. We will not even reveal that you are receiving treatment from us. In all but a few rare situations, your confidentiality (that is, your privacy) is protected by federal and state laws and by the rules of our profession(s). Here are the most common cases in which confidentiality is not protected:

1. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable with telling.
2. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.
3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.
4. If I believe a child or a vulnerable adult has been or will be abused or neglected, I am legally required to report this to the authorities.
5. Health care professionals do not require a signed release of information to share information for treatment purposes.

 There are two situations in which we might talk about part of your case with another practitioner. We ask now for your understanding and agreement to let us do so in these two situations.

 First, when we go on vacation, we have a trusted fellow practitioners “cover” for us within our group practice. This practitioner will be available to you in emergencies. Therefore, he or she needs to know about you and you will be informed about which practitioner is covering in our absence in the event of an emergency. Of course, this practitioner is bound by the same laws and rules as we are to protect your confidentiality.

 Second, we sometimes consult other therapists or other professionals about our clients. This helps us in giving high-quality treatment. These persons are also required to keep your information private. Some information will be changed or omitted, and they will be told only as much as they need to know to understand your situation.

 If your records need to be seen by another professional, or anyone else, we will discuss it with you. If you agree to share these records, you will need to sign an authorization form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask us.

 It is our office policy to destroy clients’ records five years after the end of our therapy. If you are a minor your records will be destroyed when you turn 21 years old, if you are no longer in services. Until then, we will keep your case records in a safe place.

 If a practitioner must discontinue the relationship because of illness, disability, or other presently unforeseen circumstances, we ask you to agree to transfer your record to another practitioner.

 As part of cost control efforts, an insurance company will sometimes ask for more information on symptoms, diagnoses, and our treatment methods. It will become part of your permanent medical record. We will let you know if this should occur and what the company has asked for. Please understand that we have no control over how these records are handled at the insurance company. Our policy is to provide only as much information as the insurance company will need to pay your benefits.

 You can request to review your own records. We ask you to understand and agree that you may not examine records created by anyone else and then sent to us. In some situations, we may temporarily remove parts of your records before you see them. This would happen if we believe that the information will be harmful to you, but we will discuss this with you.

 You have the right to ask that your information not be shared with family members or others, and we can agree to that limitation. You can also tell us if you want me to send mail or phone you at a more private address or number than, say, your home or workplace. If this is of concern to you, please tell me so that we can make arrangements.

**Medication Refill Policy**

Please allow **seven days** to complete any medication refill requests. If you wait until you are out of medication, we cannot guarantee that we can complete your request on time.

Before contacting us for a refill request, please check with your pharmacy as you may have a refill remaining on your current prescription.

**If You Need to Contact Us**

We cannot promise that we will be available at all times. We are not always available to answer phone calls, check emails, or respond to text messages. You can always leave or send a message and we will get back to you as soon as we can. Generally, the office staff will return messages within 24 hours except on weekends and holidays.

 If you have a behavioral or emotional crisis and cannot reach us immediately by telephone, you or your family members should call one of the following community emergency agencies or go to your local emergency room

**24-Hour Hotlines**

**Mobile Crisis Teams (MCT)** Two regional Mobile Crisis Teams (MCT) cover eight (8) counties of the Eastern Shore: Caroline, Cecil, Dorchester, Kent, Queen Anne’s, Somerset, Talbot and Wicomico. Mobile Crisis Team members intervene with callers referred from the ESOC who are experiencing a mental health emergency. Mobile Crisis Teams assist law enforcement and emergency responders, providing behavioral health crisis consultation and intervention to stabilize the consumer in the least restrictive environment through a range of services including assessment, crisis intervention, supportive counseling, information and referrals, linkage with appropriate community based mental health services for ongoing treatment, and follow up. To access the Mobile Crisis Teams, call the ESOC ***1-888-407-8018.***

**Life Crisis Center Hotline** Provides counseling for victims of domestic violence or sexual assault, suicide prevention, support groups, emergency shelter, shelter referral, medical care, and assistance with the process of prosecution ***1-800-422-0009 or 410-749-HELP.***

**Suicide Hotline** Provides counseling for suicide prevention ***1-800-SUICIDE or 410-742-9424.***

**Youth Hotline** Crisis intervention, support and referrals ***1-800-422-0009.***

**Mid-Shore Council on Family Violence** Provides direct services for victims of family violence including a 24-hour hotline, crisis intervention, counseling, support group, emergency shelter, client advocacy, children’s program, court accompaniment, information and referral ***1-800-927-4673.***Lastly, you can contact the police at **911** or go to the closest emergency room.