

OFFICE POLICIES

Office Hours:

- Our office is open Tuesday-Thursday 7:30am-4:00pm and Friday 7:00am-4:00pm, by appointment only
- Please note that the outer door to the building is locked before 7:45am; If you have an early morning appointment, we will give you the code to the numerical keypad for entry; Alternatively, contact the office so we may let you in
- 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:

- Emergency psychiatric care is available 24 hours a day, but a patient in a situation requiring immediate care should call 911
- In the event of an emergency, call the office's main number (207-221-0635 extension 5)

Appointment Cancellations:

- Please provide as much notice as possible when canceling an appointment
- If an appointment is canceled with at least 24 hours' notice, there is no penalty
- Cancellations within 24 hours of the scheduled appointment (*Short-Notice Cancellation*):
 - first time not penalized
 - second offense results in a \$50 fee, which must be paid prior to rescheduling
 - third offense results in a \$50 fee 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
- Exceptions will be dealt with on a case-by-case basis and are at the doctor's discretion

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 20 minutes prior to your scheduled appointment time to complete intake documentation and begin your appointment on-time
 - If you arrive early, please relax in the waiting area until your appointment 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 **12 minutes** after the start-time to give us 3 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*:
 - 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
- We will only prescribe a controlled substance for a legitimate medical purpose during appointments in the usual course of our professional practice
- 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, marijuana, or amphetamines as well as alcohol and medical 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

Prescription Refills:

- Our goal is to assure 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



- 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
- Maintaining current pharmacy information is the responsibility of the patient; Please confirm with the practice that your correct local pharmacy address and phone number or mail order pharmacy information is on file; Prescription refill requests will be submitted electronically to your pharmacy; Your local pharmacy will contact you when your prescription is ready
- 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
- We reserve the right to charge an administrative fee if there are multiple requests for prescriptions requested outside of a visit (\$25 for up to 2 prescriptions, \$10 per prescription above and beyond prescription 2)

Requests for Paperwork:

- Please bring letters, forms, and other administrative requests to appointments so we can complete these during your session
- If time needed to complete paperwork exceeds our available time, we require payment for this additional work (\$25 for up to 2 pages, \$10 per page above and beyond page 2)

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
- We may charge for the reasonable costs associated with complying with medical record requests before we provide records (\$5 for the first page, \$0.25 per page above and beyond the first page)

Text Messaging:

- We will ask for permission for text messaging reminders for appointments
- Both staff and the doctor read and respond to text messages
- 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
- Due to this inherent vulnerability, we would caution you against text messaging anything of a very private nature
- Additionally, we will save your text messaging correspondence and these communications should be considered part of your medical record; Therefore, you should consider that our text messaging communications may not be confidential and will be included in your medical chart
- 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:

- We will ask for permission for email reminders for appointments
- Please carbon-copy (*cc*) the Office Manager in any 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
- Due to this inherent vulnerability, we would caution you against emailing anything of a very private nature
- Additionally, we will save your email correspondence and these communications should be considered part of your medical record; Therefore, you should consider that our electronic communications may not be confidential and will be included in your medical chart
- 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:

- Telehealth is a mode of delivering health care services via communication technologies to facilitate diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care
- The same mandatory and permissive exceptions to confidentiality outlined in the *Notice of Privacy Practices* also apply to telehealth services
- While telehealth has been found to be effective in treating a wide range of mental and emotional issues, there is no guarantee that telehealth is effective for all individuals; Therefore, while you may benefit from telehealth, results cannot be guaranteed or assured
- 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 Jonathan C Fellers MD PA LLC 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)
 - verifying your full name at the beginning of each telehealth service
 - using a location that is private and free from distractions or intrusions
 - notifying Jonathan C Fellers MD PA LLC 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
 - assuring that insurance, if used, will cover telehealth services; If telehealth is a non-covered service for your insurance, you are responsible for the session cost
- 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))
 - The COVID-19 public health emergency is an active exception to this requirement
 - The exception will remain in effect for the duration of the public health emergency, unless DEA specifies an earlier date
- 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, call our office (207-221-0635 extension 5)
- 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 Jonathan C Fellers MD PA LLC believes you would be better served by in-person services, you will be notified and further appointments must be in-person
- Some telehealth platforms allow for video or audio recordings and neither you nor Jonathan C Fellers MD PA LLC may record the sessions without the other party's written permission

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; We may assist with obtaining single-case agreements, completing prior authorizations, and submitting claims
- We participate in several health insurance plans, including Aetna, Allways, Beacon Health, Cigna, ComPsych, Community Health Options, GEHA, Harvard Pilgrim, Humana, Magellan, Martin's Point US Family Health Plan, MultiPlan, Optum, Taro, Tufts Health Plan, United Healthcare, and VA Community Care; Our participation may change over time and we will do our best to alert you if we stop participating with a particular plan



- If we do not participate with your health insurance plan, you will likely be able to receive reimbursement for a portion of your costs of treatment with us if you have out-of-network benefits; We can provide an invoice with the information needed to do so
- 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
- If referral is required for your visit, it is your sole responsibility to arrive for your appointment with your required referral; If you do not have the required referral at the time of your appointment, you will be required to pay the full appointment fee at the time of service
- 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 50% deposit to schedule an initial appointment; The remaining balance is due at the appointment
 - who miss the initial appointment forfeit the deposit; We may agree to schedule another initial appointment with a 100% deposit
 - are required to have a credit card authorization or other method of payment on file
- 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 Jonathan C Fellers MD PA LLC if the patient:
 - cancels within 24 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*)
- If a check is returned due to insufficient funds, you will be charged an additional \$25 fee
- 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, visitors, or vendors; exhibits violent or irrational behavior; makes threats of physical harm; or uses anger to jeopardize the safety and well-being of anyone present in the office
- Display of firearms or weapons: The patient, a family member, or a third-party caregiver wields a firearm or weapon on the premises
- Inappropriate or criminal conduct: The patient exhibits inappropriate sexual behavior toward providers or staff or participates in drug diversion, theft, or other criminal conduct involving the practice
- 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 or Legal Guardian (please print)

Signed _____

Dated _____

