



Welcome to Whole Mental Wellness. This document contains important information about our professional services and business policies. It also contains information about the Health Insurance Portability and Accountability Act (HIPAA), a Federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. You may revoke this Agreement in writing at any time. Please bring up any questions you have at your first appointment.

#### **Office Hours:**

The office is usually open Monday-Friday, 9:00am – 5:00pm, by appointment. We may close the office for holidays or vacations, and this will be stated on the telephone voicemail greeting.

#### **Whole Mental Wellness Services:**

1. **Initial Bio-Psycho-Social Assessment (One time, required for all new clients)**  
60 mins. - \$325
2. **PsychoSocial Therapy or Cognitive Behavioral Therapy & Medication Management**  
60 mins. - \$250
3. **PsychoSocial Education & Medication Management**  
30 mins. - \$150
4. **PsychoSocial Therapy or Cognitive Behavioral Therapy ONLY**  
60 mins. - \$125
5. **Dialectical Behavioral Therapy (DBT) Skills Training, 1:1,**  
60 mins. - \$125
6. **Dialectical Behavioral Therapy (DBT) Skills Training group,**  
120 mins./wkly. - \$50

#### **Payment and Billing Policy:**

We are a **Fee For Service** Practice & accept cash/check/credit at time of Service.

#### **No Insurance is accepted.**

Clients with insurance are often able to obtain out of network reimbursement for fees paid.

We will provide you a receipt at the time of service with necessary information needed for you to submit to your insurance company.

We recommend you check with your insurance provider to see what the procedure is and how much they cover.

#### **Cancellation/No Show Policy:**

Once an appointment is scheduled, you will be expected to pay for it, unless you provide at least one business day's advance notice of cancellation. For example, an appointment for Monday needs to be cancelled before close of business on the Friday before, in order to avoid a missed appointment charge. A missed appointment fee will be charged for an appointment not cancelled with sufficient notice or for a no-show appointment. For example, if a 30 minute appointment is missed, you will be charged my fee for that type of appointment. Please realize that you are responsible for appointments that you schedule.

#### **Late Policy:**

Please arrive on time for your appointment. Patients arriving more than 10 minutes late may be asked to reschedule.



#### **Confidentiality:**

Your privacy is important to us. All protected health information (PHI) will be kept confidential. In most cases we will obtain your consent prior to releasing any PHI; however, records and/or PHI may be released regardless of consent in the following circumstances:

- According to state and local laws, we must report to the appropriate agencies all cases of physical and sexual abuse or neglect of minors (children under the age of 18), the disabled, and the elderly.
- According to state and local laws, we must report to the appropriate agencies all cases in which there exists a danger to self and/or others.
- In the event that a patient is in need of emergency services and other medical personnel need to be contacted.
- If you become involved in specific kinds of legal proceedings, the courts may subpoena information concerning your treatment.

#### **Professional Records:**

The laws and standards of my profession require that we keep protected health information (PHI) about you in medical record. Except in unusual circumstances that involve danger to yourself and/or others, you may examine and/or receive a copy of your clinical record if you request it in writing. Because these are professional records, they can be confusing if read without the guidance of a mental health professional. For this reason, we recommend that you initially review them in the presence of your provider, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, we are allowed to charge a copying fee of \$25.00 or more. If we refuse your request for access to your records, you have a right of review, which we will discuss with you upon your request.

#### **Patient Rights:**

HIPAA provides you with rights with regard to your clinical record and disclosures of PHI. These rights include requesting that we amend your record; requesting restrictions on what information from your clinical record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records, and the right to request a paper copy of this agreement.

#### **Emergency/After hours Service:**

If you are in need of emergency services, call 911 or proceed to the nearest hospital emergency room. If you have an urgent after hours issue, you may call our office number (315) 218-5909 and leave a message on our confidential voicemail. This option is reserved for urgent issues and does not apply to refill requests or scheduling issues.

#### **Non Emergency Contact with Provider:**

If you have a non-emergency question or situation where you need coaching, you may contact us through email, which is noted on the appointment cards, or a phone call session off of our office phone line. Please note these phone calls and emails will be charged accordingly.

#### **Medication Refill Policy:**

It is your responsibility to contact the office before you run out of medications.

Requests will be addressed within 72 hours. Refill requests will not be addressed after hours or by the on-call physician.

We require that patients on psychiatric medication be seen **at least** once every 90 days. If a patient has not been seen in the office in the last 90 days, We **will not** issue a refill without a scheduled and being seen for a follow-up appointment.



**Whole Mental Wellness**  
Psychotherapy and Medication Management

wholementalwellness.com  
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315.218.5909 Fax: 253.660.7383

**Forms and Letter:**

Any additional paperwork, letters, or forms not specifically related to intra-office care, will be subject to a fee based on the time it takes to complete the documentation (\$10 for 10-15 min, \$25 for 20-30 min, \$50 for 45-60 min, etc.) which will need to be paid prior to release of the paperwork.

**Insurance Reimbursement:**

If you have a health insurance policy, we will provide you with a super bill at the time of every service for you to submit for reimbursement. Please note that you, not your insurance company, are responsible for full payment of our fees. It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, we recommend that you call your plan administrator.

\_\_\_\_\_ I confirm that I have fully read this contract and that I am responsible for the information in each section.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Patient's Name (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature