

Hometown Mental Health Services, PLLC  
Geena Novinsky, FNP-C, PMHNP-BC

### **Informed Consent of Office and Practice Policies**

Thank you for considering Hometown Mental Health Services, PLLC as a resource at this time in your life. We are here to provide you with an experience that is professional, client-centered, and flexible.

Before we can begin, there are certain details which you will need to know regarding our professional and business standards. This letter will clarify those standards and ask you to document your agreement to abide by them. Please do not hesitate to ask for clarification on any of these expectations.

#### **First Appointment**

Before the initial visit the Client Information Sheet, Mental Health Questionnaire, Notice of Privacy Practices, Telehealth Informed Consent, Credit Card On File Consent, Release of Information, and this Informed Consent of Office and Practice Policies form must be completed and signed on the patient portal. You will also need your insurance card and co-pay/payment for the visit. During the first appointment, a complete history and assessment will take place.

**Description of Services** We provide psychiatric medication management for clients 14 years and older. Our services may include: Initial assessment and evaluation, diagnosis, consultation, and coordination of treatment with other professionals (physicians, advanced practice nurses, psychologists, social workers, professional counselors). We treat both psychiatric disorders and substance use disorders.

**Length of Treatment** Medication management appointments are more frequent in the beginning or after any changes are made, and then typically occur monthly, quarterly, and even yearly. Duration of treatment varies depending on the nature of the treatment and the individual client needs.

#### **Services Available Elsewhere That We Do Not Provide**

We do not provide court evaluation or court testimony. Please inform us immediately if you are involved in, or plan to go to court. We accept clients only with the specific agreement that they will not involve us in legal matters, including child custody, worker's compensation claims or criminal cases. Forensic court work is a specialty in which we are not formally trained. If you or the provider feels you may need a higher level of care than we can provide, we reserve the right to refer you to a more appropriate provider.

#### **Telephone & Email Messages**

Our regular office hours are Monday through Friday 9:00 am-5:00pm. You may reach us or leave a voicemail at 413-343-4175. We check our messages at least daily and will do our best to return all telephone calls within 24 hours. In the event of an emergency, call 911 or go to the

nearest emergency department. We are not allowed to accept or return telephone messages from friends, family, other providers, significant others, or any others who are not covered by a signed and dated ROI (Release of Information) in your file. Please sign a release ahead of time with our office if you would like friends, family, other providers, or significant others to be able to communicate about your treatment. You may also contact us via the patient portal or via email at [info@hometownmhs.com](mailto:info@hometownmhs.com). Please note Email is not a guaranteed confidential means of communication.

**Cancellation and No-Show Policy** Please make your appointment a priority. If you do not show up for your scheduled appointment, or if you need to cancel your appointment and do not notify us at least 24 hours in advance of your scheduled appointment, you will be charged a fee up to \$275. This is not covered by insurance.

**Termination of Services** If you fail to show to an appointment without calling to cancel at least 24 hours in advance two times, or fail to show without 24 hours notice once and do not call within 30 days to reschedule, you will be considered to have terminated treatment with our office. Please keep track of your scheduled appointments. If there have been multiple absences or last minute cancellations you may be sent a letter confirming that you have been discharged from the practice. However, a letter is not required to end services if there is no communication with our office regarding your continued care for 30 days after a missed appointment. If there has been a lapse in treatment for 12 months or greater (without previous notice/confirmation with our office) it may be considered that you have terminated treatment. If you wish to continue treatment at that time, an intake evaluation will be needed to update your health history and re-assess your current needs.

**Emergency/Urgent services** We are an out-patient mental health practice and limited to the office hours specified above (unless otherwise noted by the provider). It is very important that in the event of an emergency, you call 911 or go to the nearest emergency department.

Local Crisis Numbers:

Community Health Link: 1-800-977-5555 (North Central Team)

Community Health Link: 1-866-549-2142 (Worcester Team)

Riverside Community Care: 1-877-750-3127 (Southbridge and surrounding communities)

Riverside Community Care: 1-800-529-5077 (South and West of Boston)

Riverside Community Care: 1-800-294-4665 (Milford and the Surrounding Communities)

Behavioral Health Network: 1-413-733-6661 (Western MA Area)

**Medication Management and Safety** All medication has the potential to cause side effects as well as interact with other prescriptions/over-the-counter medications, herbal remedies, and with alcohol and recreational drugs. However, there is no way to determine what effects a medication

will have on a specific person. Please be advised that medications used in psychiatry are often prescribed “off label” meaning they are used to treat/manage symptoms other than those for which the FDA originally granted approval. This “off label” use will be discussed during treatment planning, and the risks, benefits and alternatives will be discussed before settling on a treatment plan. It is important to let the provider know about changes to your medication regimen including prescriptions, herbal, over-the-counter, and recreational substances.

We recommend that you use the same pharmacy for all your medications for ease of refills and safety regarding interactions with other medications. Antidepressants and other mood-stabilizing agents have increased the risk of suicidal thoughts and actions in children, teenagers and young adults. Patients of all ages starting treatment should be watched closely for worsening depression, suicidal thoughts or actions, unusual changes in behavior, agitation and irritability. Families and caregivers should watch patients daily and report these symptoms immediately.

**Prescription Refills** Our provider is only able to write prescriptions to be filled in Massachusetts. If you plan on traveling, contact us at least 1 week prior to your trip to ensure a refill can be sent in a timely manner. It may require a prior authorization from your insurance company, and that can take time. Refill requests will be handled during regular office hours, primarily during your follow up appointment. Refills are not considered an emergency and require at least three days notice.

**Health Insurance Portability and Accountability Act (HIPAA)** Our practice, including our EMR system and patient portal are HIPAA compliant. With this policy, you have received a copy of our HIPAA privacy notice. Signing this notice indicates you have received, read, understood, and had the opportunity to ask any questions about this policy. We will provide you with a copy of this notice for your records.

### **Confidentiality**

As our client, you have the right to confidentiality. Unless you sign a release of information, what you tell the provider is confidential. However, by law there are some exceptions to confidentiality.

### **Exceptions to Confidentiality**

- The safety of children, elders, and disabled persons is a top ethical priority. All nurse practitioners are mandated to report any suspected abuse of these populations to legal authorities. If the provider suspects someone is being abused, she may need to take protective action, including a report to the authorities. Information about potential harm to yourself or others will be carefully evaluated. If the provider has reason to believe there is significant risk of harm to self or others, she may need to notify the appropriate authorities to protect you or others.
- Your records will not be released to anyone without your written permission; however, a nurse practitioner can be compelled by court order or subpoena to testify or release records regardless of your consent.

- We may consult with other relevant professionals in order to maintain high quality patient care. Information about you will not include your name or any unique information that would allow the consultant to identify who you are. If you do not agree, you may opt-out on the signature page (last page).

**Ethical Guidelines** It is our commitment to conduct relationships with our clients according to the highest ethical and professional codes, as specified in the American Nurses Association Code of Ethics. The ANA code of ethics is available online. Accordingly, boundaries, both physical and emotional, will be respected at all times. Any violations should be reported to the credentialing agency for the nursing profession. We live in a small community and unplanned or inadvertent contact outside our office may occur. It is our practice not to initiate any contact with clients in the community. You may initiate contact and we will respond out of courtesy, but we leave the choice to you for your discretion.

**Grievance Procedure** We encourage you to discuss any complaint with our office first so that we can try to resolve any issue or miscommunication. It is important for us to learn from these situations/discussions. If you feel a formal grievance is necessary, you may contact your insurance company or the Massachusetts Board of Nursing at:

Bureau of Health Professions Licensure  
Attn: Office of Public Protection  
250 Washington Street  
3<sup>rd</sup> Floor  
Boston, MA 02108

### **Payment agreement**

The fee for an initial Evaluation is: \$275.00 and typically takes 45-60 minutes  
It is important to have all paperwork completed prior to your appointment to ensure visit time is used for assessment purposes.

The fee for a follow-up medication management appointment is: \$150.00  
Medication management appointments are typically 15-30 minutes in length.

Additional services such as filling out paperwork for FMLA, SSDI, etc. will be charged at an hourly rate of \$275.00 and typically not covered by insurance.

### **Methods of Payment**

- Payments may be made using a major credit card (Discover, Visa, or Mastercard).
- For private pay services: full payment is due on the day of service prior to your visit.
- For clients who will be using Insurance: Copayments are due on the day of service prior to your visit.
- Insurance billing forms will be submitted to your insurance company. Payment for treatment is still the clients responsibility. Any bill where the insurer has not paid within

90 days of submission will be treated as past due. The client will be informed and asked to contact their insurance company to rectify the issue or pay the bill in full.

- Please understand that insurance is your coverage, not ours, and we cannot guarantee any payments from your company. After 90 days, we reserve the right to send your bill to collections if no prior arrangement has been made for payment. You will also be responsible for all collections fees.

### **Additional Insurance and Billing Information**

- Meetings requested on your behalf with other health care professionals are billed at \$275 per hour, and we cannot charge your insurance for them.
- Accounts that are in arrears for more than 30 days may require a signed payment plan. Refusal to arrange payments or to pay in full as services are provided will result in suspension of services until the bill is paid in full and/or termination of services.
- If you have an insurance plan in which Geena Novinsky, FNP-C, PMHNP-BC does not participate or is out of-network, as a courtesy this office will nonetheless file the claim on your behalf; however, payment is usually at a lower price percentage than an in-network provider and the difference between the two is your responsibility. It is your responsibility to check with your insurance company prior to the visit to verify coverage and benefits.
- It is your responsibility to ensure that any required pre-authorization is in place and available to your provider prior to the visit. Visits may be rescheduled or you will be financially responsible due to lack of pre-authorization. This occurrence is rare, but if you call your insurance, you can ask for the benefits for “outpatient mental health office visit” and you can find out if authorization is required for services through your plan.

Thank you again for considering our practice as a helping resource.

Sincerely,

Geena Novinsky, FNP-C, PMHNP-BC

Please read the following and sign below:

- I have received and read a copy of the Office and Practice Policies for Hometown Mental Health Services, PLLC.
- I understand these policies and agree to become a client of Hometown Mental Health Services, PLLC and Geena Novinsky, FNP-C, PMHNP-BC under these conditions.
- I understand the cancellation and no-show policy. If I do not show up for my scheduled appointment or do not cancel within 24 hours of my scheduled appointment, I understand I may be charged a fee up to \$275, that is not covered by insurance.
- If I will be paying for services with my insurance, I authorize Hometown Mental Health Services, PLLC and Geena Novinsky, FNP-C, PMHNP-BC to release the information necessary to my insurance company to obtain payment.

- Hometown Mental Health Services, PLLC and Geena Novinsky, FNP-C, PMHNP-BC may consult with other professionals to maintain high quality, client-centered care. Information shared about you will not include your name or any unique information that would allow the consultant to identify who you are. If you do not agree, please **initial here to opt-out**\_\_\_\_\_.

Client Name \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Name (If applicable) \_\_\_\_\_

Guardian Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_