

Green House Group, PA

Psychotherapy and Consultation

250 Commercial Street, Suite 3004 * Manchester, NH 03101 * (603) 668-3050 * Fax (603) 668-8666

Patient Information and Professional Service Agreement - Medication Management

This document contains important information about psychiatric assessment and psychiatric medication management services at Green House Group, PA (GHG, PA). Please review it carefully and feel free to ask questions during your appointment.

Services Provided

We provide psychiatric assessment and psychiatric medication management. Our goal is to understand the symptoms and problems that trouble you, and to make recommendations for medications that are likely to help. You can expect to have an initial meeting, and then multiple follow-up meetings to see how your medication is working or make changes as necessary.

What to expect from your first meeting

Medication management begins with an initial consultation approximately 60 minutes in length, though it can be longer or shorter depending on the complexity of your situation. During this meeting, we will explore your reasons for seeking treatment, review your psychiatric, social, and medical history, and begin to establish goals for our work together. For your first appointment, make sure your insurance information is up to date, and please bring with you:

- a list of all your current medications and dosages, and the conditions for which they are prescribed
- a list of past psychiatric medications you have tried, and how you think these worked (or didn't)
- a list of your allergies,
- the name and location of your preferred pharmacy,
- the name and contact telephone numbers for your primary care provider and specialty providers.

We will do a thorough clinical assessment of your current situation, with the goal of suggesting medications that are likely to help. Following the assessment, it is up to you to make a decision about these recommendations: whether you want to follow them and try what is suggested, or simply think further about what has been recommended.

Sometimes finding a medication that helps is a very simple, straightforward process; but sometimes, finding the right medication will take time and a more involved and complicated process. In all cases, successful medication management depends upon close collaboration and open communication between you and your prescriber.

Be aware that not all psychiatric prescribers have the same patterns of prescribing. Your GHG, GHG, PA Consent-Medication Management

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PA prescriber's recommendations may or not include medications previously prescribed to you. Having received a particular medication at a particular dose from a previous prescriber does not necessarily mean that you will receive that same medication or at the same dose.

In New Hampshire, controlled medications, including many drugs used to treat ADHD and anxiety, are tracked by the state-run Prescription Monitoring Programs (PMPs) and your PMP record may be monitored by your prescriber. The prescriber reserves the right to discontinue the prescribing of controlled medications at any time if they believe this is necessary.

After your first meeting

Your observations of how you feel after you begin a new medication are very important. Medication management involves regularly scheduled follow-up meetings, usually 15-30 minutes long. The duration and frequency of our meetings will depend on your individual treatment needs. Between visits, try to notice changes in how you have felt, and whether you have side effects that concern you or questions to ask. If you have questions or concerns that cannot wait until your next appointment, contact your prescriber through the Patient Portal, or via voicemail (see below).

In the case of a medical emergency, go to your local emergency room instead – do not wait for a response to a call or email.

If you are running low on your medication, you should alert your prescriber **AT LEAST ONE WEEK** before you will run out of medication.

All of your medications should be kept in a safe location, not accessible to children.

Additionally, because of the prevalence of medication theft, patients should inform only trusted others about their specific prescription or the location of their medication. If you believe medication theft is a risk in your household, please inform your prescriber. Patients whose medication is stolen should report the theft to law enforcement.

Patients taking more medication than prescribed should not expect their medication to be filled early. If you feel you need a different dose than has been prescribed, let your prescriber know as soon as possible.

Keep track of your medication: **lost medication sometimes cannot be replaced.**

Fee Policies

The rate for a standard Initial Psychiatric Assessment is \$250.00. Follow-up medication management visits are typically billed at \$150-200 per visit, depending on the complexity and time involved. If you are paying for services yourself rather than going through your insurance company, a Good Faith Estimate will be provided to you, as required by the No Surprises Act.

Please note that as part of the initial evaluation, calls to obtain collateral information and review of prior records are included at no extra charge unless they extend beyond an hour of additional time. Also, we do not charge for brief phone calls under 5 minutes, medication refills, or brief

responses to secure messages. This cost is factored into our standard hourly rates. Discussions requiring more time or lengthier responses should be brought to a scheduled visit.

Payment

We accept all major credit cards and personal checks. Most GHG, PA patients keep a credit card on file in their Patient Portal, and can charge their copays just before or after an appointment. Payment is preferred at the time of service and will be considered past due after 30 business days. With your permission, your clinician may charge the payment method on file after sessions and according to our fee policies.

Delinquent bills can be a source of difficulty in a therapeutic relationship. If arrangements for payment of delinquent charges cannot be agreed upon, we may terminate treatment and/or use legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim.

In the case of any dispute or concern about billing, please let your clinician know.

Cancellations and 'No-Shows'

A no-show fee of \$100 will be charged to patients who do not provide 72 hours' notice (3 business days) to cancel a scheduled appointment. This fee may be waived at the prescriber's discretion. Please be aware that insurance carriers will not reimburse you for cancellation charges.

Regular attendance at our appointments is a key component of successful and ethical medication management. If problems arise with attendance, it may not be possible to continue our work together. We, in turn, will not cancel unexpectedly except in the event of a personal or clinical emergency, and will give you significant notice about planned absences.

Please note that you may receive automated confirmations and reminders of appointments. These notifications are a courtesy. Technical problems can sometimes occur. In the event a reminder is not received, you are still responsible for keeping track of the date and time of your appointments.

Insurance

While Green House Group, PA will bill your insurer for services you receive, it is your responsibility to understand your insurance coverage. Please contact your insurance company before your first visit to determine what is covered and what your deductible and copayment will be. These may be different if you are using an out-of-network benefit. If a particular service at our practice will be covered by your insurance, you will still be responsible for any co-pays or co-insurance or deductibles that are not covered. Please notify us promptly of any changes in your insurance plan. We require a copy of your insurance cards to be kept on file.

Communication Outside Scheduled Appointments

The best way to contact your prescriber is via the Patient Portal. You can also leave a voicemail message. Messages are generally returned within 48 hours.

Jeremy Freund Voicemail: (603) 668-3050 ext. 23

In a life-threatening psychiatric or medical emergency, please go to the nearest emergency room or call 9-1-1 rather than waiting for a response or a call back. You can also call or text 988, the National Suicide and Crisis Line, for additional support between sessions, although we are not affiliated with this service and it should not be used for medical emergencies.

Communication with Other Providers and External Entities

Physical and mental health are inextricably linked. Excellent mental health treatment often depends upon a team approach that involves communication among all mental health and general medical providers. To provide high-quality care, we may contact others involved with your care: medical (PCP and relevant specialists) and mental health providers at or outside of GHG, PA. Should this be needed, you will be asked to give permission by signing a release of information form. Within GHG, PA, we work collaboratively; by joining the practice, you agree to your prescriber’s communication with other GHG, PA clinicians directly involved with your care.

Freedom to Withdraw

You have the right to end treatment at any time. If you choose to seek medication management elsewhere, the names of other qualified mental health professionals or programs can be provided to you should you desire that information. If our practice or a prescriber within our practice has made the decision to discontinue your treatment, we will generally provide you with a 30- day supply of medication.

Informed Consent

I understand that receiving medication consultation and management is an added service to my existing treatment through the Green House Group, PA. As such, I maintain my consent to treatment and acknowledgement of all privacy practices and financial policies, which are located in my clinical file.

I have read and understood the preceding statements. I have had an opportunity to ask questions about them, and I agree to enter treatment with my prescriber and Green House Group, PA.

Prescriber: Jeremy Freund, PMHNP

Patient Signature: _____ **Date:** _____

Printed Name of Person signing form and relationship to the patient if signing on their behalf:

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AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

_____ DOB: _____ gives permission to _____

[Client Name]

[Clinician Name]

to release to / obtain from _____.

[Name/Address/Telephone/Fax of Person, Facility or Organization]

the following information:

- A complete copy of my medical record, including psychological evaluations and psychotherapy notes
- Alcohol/drug abuse history (42 CFR, part 2)*
- Infectious disease status, including HIV (NH RSA 141-F8)
- Court testimony, if requested
- Only the following specific information:
- Other:

Purpose of Release: Treatment coordination / Other: _____

Methods of Release (circle one or more): **Verbal** **Written** **Fax**

Release Expiration (specific date, event or condition): _____

I have the right to revoke this authorization, in writing, at any time. However, my revocation will not affect information already released prior to the revocation, or, if this authorization was given to obtain insurance coverage and the insurer has a legal right to contest the claim. I understand that any information used or disclosed by this authorization may be subject to re-disclosure by the recipient of that information, and thus may no longer be protected by the HIPAA Privacy Rule.

Client Signature

Parent/Guardian Signature

Signatory's Printed Name

Date

If this is signed by someone other than the client, describe the nature of your authority to act on the client's behalf (e.g., "Parent"):

***Notice to Person/Organization Receiving Alcohol/Drug Abuse Information:**

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42CFR, Part 2). The federal rules prohibit you from making further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.