Practice Policies

PLEASE READ THIS DOCUMENT CAREFULLY

Raelin Bright Wellness. and/or its affiliates located at [www.raelinbrightwellness.com](http://www.raelinbrightwellness.com) from which you may purchase services (“Book Now”), or call, email or any method of contact to book an appointment.

There are no refunds for any services provided.

## BILLING, FEES, APPOINTMENTS, NO-SHOWS, TARDINESS, CANCELLATIONS

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**BILLING, FEES, APPOINTMENTS, NO-SHOWS, TARDINESS, CANCELLATIONS**

(1) Please remember to cancel or reschedule 24 hours in advance. If you cancel of reschedule your appointment in less than 24 hours, this is considered a No-Show. You will be responsible for a **$100 fee**, if cancellation is less than 24 hours or if you do not attend the appointment. Three No-Shows can result in being discharged from this practice.

(2) Practice consents, new patient intake questionnaires, and insurance name and identification/group numbers MUST be completed at least 48 hours before your scheduled appointment.

(3) You have a 10-minute grace period before being considered a No-Show and/or Late. Showing up for an appointment after the 10-minute grace period is considered late. You will be charged a $100 no-show fee. Appointments can be rescheduled after you have paid the no-show fee.

(4) The standard meeting time for appointments are between 20-60 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the session need to be discussed with the provider to be scheduled in advance. Appointments may be monthly in the early states of treatment; scheduling appointments further out is considered carefully based on your progress and stability.

(5) \*\* You are responsible for contacting your insurance carrier to verify your telehealth (videoconference) eligibility benefits. If you have an appointment and are seen during your scheduled appointment time and later realize your insurance does NOT cover your scheduled visit-you will be charged the full visit costs. \*\*

(6) All outstanding balances are expected to be paid in full at the time of your scheduled appointment.

(7) You will notify Raelin Bright Wellness immediately of any changes to your credit card. You acknowledge that you are fully responsible for all services received and any late fees accrued at Raelin Bright Wellness.

(8) You are responsible for any unpaid balances.

**THE INITIAL EVALUATION IS NOT A GUARANTEE THAT YOU ARE AN APPROPRIATE FIT TO CONTINUE IN OUR PRACTICE. THE PROVIDER WILL EVALUATE THE LEVEL OF CARE YOU NEED AND DETERMINE WHETHER OR NOT OUR PRACTICE IS ADEQUATE OR APPROPRIATE FOR YOUR NEEDS. IF IT IS DETERMINED THAT YOU NEED A HIGHER LEVEL OF CARE, APPROPRIATE INSTRUCTIONS AND RESOURCES WILL BE PROVIDED.**

**COST OF VISITS**

1) Initial Evaluation is$300

2) Follow-Up Visit (20-25 minutes) is $150

3) Extended Follow-Up Visit (45-60 minutes) is $220

**DISABILITY, TRANSPORTATION, UTILITY COMPANY, etc. PAPERWORK**

(1) Disability of any kind will not be filled out by any provider at Raelin Bright Wellness. If you have been serviced by Raelin Bright Wellness, YOUR RECORDS and/or A DIAGNOSIS LETTER can be provided. Please utilize your psychologist, therapist, counselor, primary care provider or disability caseworker for the completion of disability paperwork.

(2) Letter request fee for work, school, etc., is **$35** per request. Correspondence may take up to 5-7 days to be completed.

3) FMLA paper costs, vary depending on the length of pages and required information needed and range from $**75-150** per occurrence.

4) Paperwork completion for disability of any kind and/or paperwork for community resources will cost **$200-300** per occurrence. Paperwork of any kind will not be completed prior to at least 6-9 months of frequent and completed visits. Full compliance with appointments is mandatory for paperwork completion.

**ALL SCHEDULED VISITS**

(1) Three no-shows will jeopardize your ability to continue receiving care from Raelin Bright Wellness.

(2) You are responsible for selecting appointment notification reminders through text, voice and/or email appointment reminders. You have to choose the form of preferred appointment reminders. If you cannot keep your appointment, please have the courtesy to cancel your appointment at least 24 hours in advance.

**MEDICATION REFILLS**

(1) Medication refill outside of the appointment schedule requires a **$35** fee.

(2) Schedule an appointment if you have side effects with your medications. Medications will NOT be adjusted or changed without a visit.

(3) We do not prescribe controlled substances of any kind.

**TELEPHONE ACCESSIBILITY**

(1) If an emergency arises, please call 911 or any local emergency room.

If you need to contact your provider between appointments, please leave a message on Raelin Bight Wellness’s voice mail or message via EMR, securely via Patient Portal or secure email: contact@raelinbrightwellness.com. If your provider is not immediately available, he/she will attempt to contact you within 72- hours, excluding holidays or weekends. If an emergency arises, please call 911 or go to any local emergency room.

**PHYSICAL LOCATION**

To receive telehealth services, you must reside and currently be in the designated state where Raelin Bight Wellness provides services.

**SOCIAL MEDIA AND TELECOMMUNICATION**

Due to the importance of your confidentiality and the importance of minimizing dual relationships, Your provider will not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). Adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when you meet with your provider to talk more about it.

**ELECTRONIC COMMUNICATION**

We cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, we will do so through secure messaging within the EMR or Patient Portal or secure email: contact@raelinbrightwellness.com. While we may try to return messages in a timely manner, we cannot guarantee immediate response and request that you do not use these communication methods to discuss therapeutic content and/or request assistance for emergencies. Allow 72 hours for a response, excluding weekends or holidays.

If you and your provider chose to use information technology for some or all of your treatment, you need to understand that: (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. (2) All existing confidentiality protections are equally applicable. (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee. (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent. (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to treatment, better continuity of care, and reduction of lost work time and travel costs.

Effective treatment is often facilitated when the provider gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Providers may make clinical assessments, diagnoses, and interventions based not only on direct verbal or auditory communications, written reports, and third-person consultations but also on direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the provider's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition, including deformities, apparent height, and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming, and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of speech and facial or bodily expression. Thus, potential consequences include the provider not being aware of what he or she would

consider important information that you may not recognize as significant to present verbally to the provider.

**TERMINATION**

Ending relationships can be difficult. Therefore, it is important to have a termination process to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. We may terminate treatment if we determine that the psychiatric treatment is not being effectively used, you need a higher level of care, if you have aggressive behavior or if you are in default on payment. Termination of care may also happen if the working relationship is no longer therapeutic. We will not terminate the therapeutic relationship without first discussing and exploring the reasons via videoconference, email or notifying you by certified mail and the purpose of terminating. If you are non-compliant with mandatory treatment recommendations (labs, PCP visits, urine drug screens, follow-up visits, etc.) or if you need a higher level of care, you are subject to termination. If your treatment is terminated for any reason or you request another provider, we will provide you with a list of qualified mental health providers, directories or defer you to your insurance carrier to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment every 90 days, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued or terminated.