

Medication Refills: If you need a refill for any medication, please call your pharmacy first to see if a prescription is already sent or ready. Please allow up to 3 business (72 hours) for a prescription to be refilled by the Freedom BHS's staff. If you have not had an appointment within the last 3 months, you may be required to schedule an appointment or call in with requested vitals, to be seen before we refill your medication. Refills may be delayed if you do not schedule and attend regular appointments. Omega Mental Wellness medical staff will not receive requests for medication refills on **weekends, holidays, or outside regular office hours.**

Late Notice: We ask that you call our front desk office and let us know if you are running late for your appointment. If you are **more than 10 minutes late** for an appointment, it is at each provider's discretion whether you can be seen that day. If you are seen, it will only be during the remaining allotted time of your appointment. There will unfortunately be times in which we will have to reschedule your appointment to another day and/or time in respect to the provider's schedule, as well as the patient who is also scheduled for that day. Getting you in for your appointment will always be a priority for Omega Mental Wellness.

Rescheduling/Cancellation: If you become aware that you will miss an appointment or need to reschedule, please call the front office. Should you require the cancellation or rescheduling of an appointment, we respectfully request a minimum of 48 hours' notice. This advance notice allows us the opportunity to allocate your appointment slot to another patient in need. Maintaining a full schedule for our providers enhances our ability to deliver services more efficiently and promptly to you.

Omega Mental Wellness Contract for Adults and Parent/Guardian of Minors: This document contains important information about our professional services and business policies. When you sign this document, it will represent an agreement between you and Omega Mental Wellness.

Acknowledgment: I acknowledge that all information provided, whether verbal, in writing, or through any form of digital communication, will be utilized and binding to Freedom BHS.

Receipt of Privacy Practices: We are required by law to provide this notice to you and obtain your acknowledgment of this receipt before providing any services to you. I acknowledge receipt of Notice of Privacy Practices.

Consent to Treatment: After reading below, I consent to receive mental health care to include initial evaluation and ongoing treatment by staff from Omega Mental Wellness.

Contacting your provider: Due to the nature of our outpatient clinic, your provider is often not immediately available by telephone. However, our providers are generally in the office between 9:00 AM and 5:00 PM Monday-Friday and 9:00 AM to 12:00 PM on Saturdays. If you have a treatment-related message during business hours, you can contact our office and request to speak with a staff member to discuss your needs. Someone from our office will make every effort to talk to you when you call.

Confidentiality: The privacy of all communications between a patient and a psychotherapist is protected by law. Generally, our providers can only release information about you to others with your written permission. There are some important exceptions to confidentiality. Further information on this can be found in the Notice of Privacy Practices. Omega Mental Wellness providers are required by law or by the guidelines of their profession to disclose information, whether they have your permission or not, in the following situations:

In most legal proceedings, you have the right to prevent your mental health provider from releasing any information about your treatment. In some legal proceedings, a judge may order the release of records or testimony if he/she determines that the issues demand it, and our providers may be obligated to comply with that court order.

- There are some situations in which our providers are legally obligated to take action to protect others from harm, even if they must reveal some information about a patient's treatment. For example, if the provider believes that a child, elderly person, or disabled person is being abused or has been abused, our provider must make a report to the appropriate state agency.

- If the provider believes that a patient is threatening serious bodily harm to another, they may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm themselves, the therapist may be obligated to contact family members or others who can help provide protection and safety. If a similar situation occurs during your treatment, the provider will attempt to fully discuss it with you before taking any action.

- **Adult patients still using parents' medical insurance:** When a person receives services using medical insurance, the insurance company sends a statement called an Explanation of Benefits (EOB) that explains which services were used and paid for. If you use your parents' insurance for mental health services, your parents may receive an EOB outlining the services you used. However, they will not be able to access your records or find out what you discussed during your sessions with a provider. Your therapist may occasionally find it helpful to consult other professionals about a case.

Within Omega Mental Wellness, we believe strongly in team-based and integrated care. Therefore, if you see a psychiatry provider and a psychotherapy provider, they will consult with each other and share information about your treatment.

Fees for required court/legal proceedings: If a specific case in which a provider of Omega Mental Wellness was required to be involved in legal proceedings, the following guidelines will be followed: If Omega Mental Wellness professionals were to receive a subpoena, the attorney or office staff needs to call Omega Mental Wellness and set up a time for the subpoena to be served during office hours. We request a **minimum of 72-hour notice of any court appearance** so that schedule changes for the professional can be made within a reasonable time. - - **Please note: If a subpoena or notice to meet attorney(s) is received without a minimum of 72- hour notice, there will be an additional \$500.00 express charge, which must be paid prior to the professional's involvement in the court or legal situation.** When it comes to court and legal actions required, the following fees are in effect so that our business is not harmed by the provider being pulled out of their regular duties:

1. Preparation time from the professional (including submission of records): \$500.00/hr (billable in 15- minute increments)

2. Phone calls with attorneys or legal representatives: \$500.00/hr (billable in 15-minute increments)

3. Depositions: \$500.00/hour.

4. Time required in being available for a court appearance, needing to be present at the courthouse, or providing testimony: \$500.00/hour

5. Mileage: Current Federal reimbursement rates. All attorney fees and costs incurred by Omega Mental Wellness professionals due to the legal action. This includes paying the Omega Mental Wellness provider's legal representation to prepare for court responsibilities.

6. Paper copies of medical records: The fees allowed by your current state in which we operate in will be charged. If an Omega Mental Wellness professional is subpoenaed, and the case is continued with less than 24 hours' notice before the beginning of the day of the scheduled court appearance- and/or the testimony is not given. The attorney will be charged \$1,000.00. After reading through and considering all the conditions above and having the opportunity to ask questions please sign below to continue with treatment at.

7. Telehealth Consent I hereby consent to participate in telehealth with Omega Mental Wellness as part of my treatment with my provider. I understand that telehealth is the practice of receiving clinical health care services via technology assisted media or other electronic means between the provider and the client via two differing locations. I understand the following with respect to telehealth: I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.

1. There are risks, benefits, and consequences associated with telehealth, including but not limited to, disruption of transmission by technology failures, interruption, and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.

2. There will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.

3. Omega Mental Wellness follows the primary law that protects the confidentiality of my protected health information (PHI) when partaking in any telehealth appointment.

4. If I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms, or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telehealth services are not appropriate, and a higher level of care is required.

5. Patient Name, Patient DOB Month/Day/Year During a telehealth session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within five minutes, please call our front desk to discuss options of completing your visit in full. Unfortunately, there may be times in which we may need to reschedule your appointment to a future time.

6. My provider may need to contact my emergency contact and/or appropriate authorities in case of an emergency.

7. Professional Fee Policy We require that you provide a credit card on file with our office for all telehealth visits. Your payment information is stored on our EHR secure system. Office personnel will not have access to your card. For your protection, only the last 4 digits of your card will show in our system. Your credit card on file will be used to pay account balances after insurance adjustments. Once your insurance has processed your claims, they will send an Explanation of Benefits (EOB) to both you and our office showing what your total patient responsibility is. You typically receive the EOB before we do, so if you disagree with the patient responsibility amount owed, it is your responsibility to contact your insurance carrier immediately. X By checking this box, I agree to use electronic records and signatures and I acknowledge that I have read the related consumer disclosure.