

# Mind Power & Wellness, LLC

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## Practice Policies

Welcome to my practice at Mind Power & Wellness, LLC. Your agreement to the following terms and conditions is required for you/your child to receive professional services from me. If you do not agree, I will be glad to give you referrals to other providers. The practice policies are subject to changes and you will be notified of any such changes.

## Clinical services

You consent for yourself/your child to receive a comprehensive psychiatric diagnostic assessment. At the end of the psychiatric evaluation, we will mutually decide if we will continue treatment together.

If there is a potential of any physical danger to you, your child, or others, you will call 911 immediately or go to the closest emergency room. To reach me outside of standard business hours, follow the instructions on my voicemail.

Note I do not have admitting privileges, nor am I affiliated with or on staff at any hospital. Should I deem more intensive services and higher level of care are needed than I can provide (e.g. partial hospital program, hospitalization etc), I will do my best to ensure safety and give referrals for the appropriate level of care, but I cannot provide that care directly and cannot guarantee the receipt or quality of care that others provide.

All communication and clinical treatment will be documented in the patient chart. Both the law and the standards of the profession require such. I use electronic medical records via Luminello. This EMR is in compliance with HIPAA (Health Insurance Portability and Accountability Act). You will be provided with the information to sign up for Patient Portal. All forms and questionnaires and invoices related to treatment will be sent to you via patient portal and it is important to fill and send those forms via the patient portal before the appointment. You are entitled to receive a copy of these records unless I believe that seeing them would be emotionally damaging. If this is the case, I will be

happy to provide the records to an appropriate mental health professional of your choice or to prepare an appropriate summary instead. Because client records are professional documents, they can be misinterpreted and can be upsetting. If you wish to see the records, it is best to review them with me so that we can discuss their content.

## **Confidentiality**

Information provided by you during the treatment process is confidential and will not be released to anyone without your consent. It is important to be honest with me in your communication in order to provide treatment.

Exceptions to confidentiality is as follows:

- If I suspect you/your child are/is in imminent danger of harm to self or others, or a child or elderly person is being abused or neglected (as I am a mandated reporter)
- If a court orders a release of information
- If you initiate a malpractice lawsuit, or a billing dispute with a financial institution
- If your insurance company requests to review your/your child's case
- If you pay by credit card, my name will appear on your credit card statement
- If you do not pay your bill, your balance due statement (including diagnostic and procedural codes) may be sent to a collections agency or other responsible party
- Between me and my administrative staff, or colleagues with whom I consult professionally

You confirm you have reviewed my HIPAA privacy practices.

## **Types of Services**

**Psychiatric Evaluation:** This is your first appointment with me. It is important to fill the intake forms and questionnaires completely and to the best of your ability before this first appointment.

Psychiatric evaluation includes comprehensive clinical history taking, Mental status

Examination/Observation so as to reach a diagnosis and formulate a treatment plan. Treatment plan would include recommendations for possible interventions. This visit will be to decide the level of care and if this clinic will be the best fit for your child's needs so as to have follow up visits for ongoing treatment. Please note as discussed above if on assessment it is decided your child needs higher level of care that this clinic cannot provide then appropriate referrals would be recommended and there is a possibility of this being your last visit with me instead of ongoing treatment.

**Follow up visits:** If it is decided that you are eligible for ongoing treatment at this clinic then you will be provided follow up appointments after the psychiatric evaluation.

- a. **Medication management Visits:** This follow up visit is for child in need of medication, a decision made clinically after the psychiatric evaluation and after your consent. Your child may not be prescribed medication at time of psychiatric evaluation if further assessment is warranted or if baseline labs are recommended or based on clinical judgement. Psychiatric Medication visit includes more than just prescribing medication, it includes psychoeducation, supportive psychotherapy and I also use psychodynamic principles to address psychological aspects of medication management. Frequency of follow up medication visits is based on clinical decision. Prescriptions for medications are provided at time of medication visit. Any request for refill outside of scheduled appointments will be charged at 150\$ each time e.g. if you do not schedule timely follow up visits and are requesting refill then it will be charged, this charge does not include any assessments that may be needed along with the refill request.

If there is any issue with the prescriptions at the pharmacy or you are in need of refills on missing the appointment, it is important that you communicate directly with Dr Shah and NOT leave it for pharmacist to contact Dr Shah.

- b. **Psychotherapy visits:** I also provide individual psychotherapy visits for the child, family sessions and parent session for behavior modification. Frequency of therapy visits is based on clinical decision. Many times patients have or may choose outside therapist (psychologist, social workers etc) and in such cases to prevent duplication of services it is best to follow up with outside therapist for therapy services. I would be happy to collaborate with your child's outside therapist.
- c. **School Interventions:** Many times the psychiatric symptoms can affect your child's school functioning. After discussion with you and at your request I may provide diagnosis letters, letters of recommendations for school interventions e.g. 504 plan or IEP services based on your child's diagnosis, academic functioning and academic/emotional needs.
- d. **Psychiatric consultation for Second Opinion:** I provide psychiatric consultation for second opinion and the process is similar to psychiatric evaluation visit. At your request I will provide you with a diagnosis letter and my recommendations which you can share with other providers at your discretion. I do not provide forensic psychiatric evaluations.

**Emergencies:** If your child is a danger to self or others then you need to call 911 or go to the nearest emergency room. This clinic does not provide emergency care and I will advise you to take

your child to nearest emergency room or call 911 if your child is a danger to self or others during office visit assessment. You may call me from the emergency room to speak with emergency room psychiatrist if need arises and to co-ordinate care.

Non urgent matters will be addressed during normal office hours. Phone call is the advised means of communication to address clinical concerns due to limitations of communication with text/emails.

### **Appointments:**

Patients are seen by appointments only. Appointments for psychiatric evaluation are provided over phone. Appointments for follow up visits are provided at time of each visit. It is your responsibility to be on time for your visits. It is in your best interest to be on time so as to provide appropriate psychiatric care. If you arrive late the visit will still end at the scheduled time and you will be charged full visit fee.

Appointment reminders: Though the clinic will send a reminder for your appointment via Luminello there may be unforeseen technical issues with the software and you may not receive timely reminder. It is your responsibility to keep track of your appointments and keep your scheduled appointment.

All efforts will be made to not cancel your scheduled appointment with me. However if any unforeseen circumstances arise that warrant canceling of appointment then you will be informed about the same and efforts will be made to reschedule you for the earliest available appointment.

**Fees:** This clinic does not contract with an insurance/does not accept insurance. You will be provided with a superbill/invoice if you choose to submit it to your insurance for out of network benefits reimbursement. This clinic will not contact your insurance for reimbursement, it will be between you and your insurance.

Psychiatric Evaluation : it is generally upto 90 minute visit, fee for this visit is \$600

If more than 90 minutes are needed for complex cases then evaluations will be divided into first visit of 90 minutes for 600\$ and second visit will be a follow up visit of 30 min for 200\$ or 45 min for 350\$

Medication visit: it is generally upto 30 minute visit, fee for this visit is \$ 200

Complex cases/longer medication visits : fee for upto 45 minute medication visit is 350\$ and for upto 60 minute medication visit is 400\$

Therapy visits: fee for 45 minute session is 350\$ and for 60 min session is 400\$

Psychiatric Consultation: 90 minute visit is 600\$

Review of previous records will be prorated at 400\$/hour rate

## **Payment**

Payment for services is collected at time of each visit. Payment can be made by credit card or personal check. This clinic will enter your valid credit card information on the electronic medical record and it will be processed for any charges due.

Refunds are not issued for any services provided or for any fees due.

You agree to pay professional fees as listed above. Please note fees are subject to increase in rate in future.

**Missed appointments/Cancellations/Rescheduling** with less than 48 business hours notice will be charged full session fee. For example, if you or your child's appointment is on Monday, you will communicate your cancellation no later than the previous Wed; if an appointment is on Tuesday, you will communicate no later than Thurs. if an appointment is on Wednesday, you will communicate no later than Friday and so on. Treatment is a commitment and the scheduled time is reserved for you.

**Communications and Services outside of scheduled visits:** You agree to pay for any time of more than 5 minutes spent in your or your child's care outside of session time on a prorated basis of 400 \$/hour during office hours and any time spent in your child's care after office hours on prorated basis of 600\$/hr (unless otherwise detailed below).

- Phone calls, video sessions between me and you/your child/or other physicians/ therapists,/ teachers/ family members/ insurance companies, etc.
- Prescription refills outside of session time will be charged 150\$
- Time spent obtaining prior authorizations
- Coordination of care for emergencies, hospitalization, intensive outpatient, residential treatment, rehabilitation, etc.
- All forms requiring more than 5 minute of time will be charged on prorated basis of 400\$/hr
- Paper copy of medical records will be charged at 1\$/page
- Testimony in court, at depositions, administrative hearings, board reviews, and all time required for preparation and travel, whether requested by you or ordered by a court, board, government agency or other legal authority
- There is a fee for returned checks (which will also result in your credit card automatically being run for the balance due) and for credit card chargebacks that are unsubstantiated

**You are financially responsible for all charges, whether or not:**

- Insurance pays for any services for out of network benefits
- We decide to proceed with treatment
- Treatment is successful, for which there cannot be any guarantee

You affirm you are an authorized user of the credit card whose number and expiration date supplied, and you do authorize its use for all fees incurred.

**Discharge policies:** You may choose to discontinue services at your will and it is recommended that you clearly communicate it with me. If there is any conflict or clinical issue it is recommended that you communicate with me so as to make all efforts to resolve the issue and continue our work as a team for your child's treatment.

Appointments are made at time of visit. If you choose to not take an appointment or cancel the scheduled appointment it will be assumed you are not interested in treatment and case will be closed if you do not make follow up appointment within one month of last kept visit.

If patient has cancelled 3 consecutive appointment

Nonpayment of service provided

Patient needing higher level of care.

Misuse of prescribed medication or drug diversion

Any disorderly conduct, disruptive or aggressive behavior towards me will lead to discharge from my care.

Any patient/parent not following my recommendations inspite of psychoeducation and discussions may lead to discharge from my care.

By typing your signature below, you confirm you are the have read the above and agree to these terms and conditions and that you have the legal authority for medical decision making .

**\* Signature (required)**

**Signature (required)**

**Signature (required)**

Name of Parent

Name of Patient

Name of Parent ( Joint Custody)

