



## Office Policies and Procedures Consent

Welcome to our practice! We want the process of establishing care here to be a straightforward and open. Below you will find our policies regarding billing and fees, communication, and certain other pertinent information. Please review this document carefully, as by signing this document you are acknowledging and agreeing to these policies. We welcome discussion regarding any elements of this document during session. We look forward to working together!

### Financial Policies:

- Unless otherwise specified, payment is due at the beginning or initiation of services to the patient.
- Acceptable forms of payments include cash, check, or credit card.
  - For credit card payments, when a card is placed on file, you may notice a \$1 charge on your credit card to ensure future transactions are executed smoothly. This \$1 amount will be credited to your following session.
  - For payments conducted through check, a \$30 fee will be added to your billable account for any returned checks.
- Our office is completely private-pay/out-of-pocket. However, we encourage patients to speak with their insurance provider regarding reimbursement for “out-of-network” provider costs. Our office will work with you to provide you the appropriate information on your receipt which you can subsequently submit directly to your insurance provider. We cannot guarantee reimbursement.

### Cancellation Policies:

- Cancellations are accepted by phone or email when initiated greater than 48 hours prior to the appointment. You will not receive a charge for the appointment in these instances.
- You will be responsible for the full fee of the appointment if cancellation occurs less than 48 hours before the scheduled appointment time.
- You are responsible for the full fee of a missed appointment.

### Session Duration:

- When setting expectations for your appointment, please note the time parameters of your session. We aim to address all your concerns during the session, although it may not be possible to address all your concerns in a single visit. If there are additional concerns you would like to address and we run out of session time, we will make every effort to promptly schedule a follow-up visit for you.

- We respect the time of our patients and clinicians. To achieve this end, all sessions will end at the originally scheduled time even if you are late for a session. If your provider is late, you will receive the full length of the session either on the same day or as added time to a future session.

### **Phone Policies:**

- If you are experiencing an emergency, immediately call 911 or go to the nearest emergency room.

#### *Office Phone:*

- Phone calls to the office should be for appointment scheduling and rescheduling, billing questions and receipts, office information, and record requests.
- Patients can call the office at any time. In the case that you reach the office voicemail, please leave a brief message.
  - When leaving a voicemail, please include your name, date of birth, and the best number we can use to return your call.
  - Voicemails are checked regularly during business hours (9am-5pm) throughout the week. Messages are not checked after business hours, on weekends, or on national holidays.
  - We may not be able to return your call on the day it was received. Generally, calls can be expected to be returned within 1 business day.
  - Voicemail should not be used as a substitute for an office visit or a scheduled telemedicine appointment.

#### *Clinician Phone:*

- For clinical questions or concerns, please contact your clinician directly via the clinician's email or phone.
  - For non-urgent questions, please contact your clinician by email.
  - For urgent questions or concerns, please contact your clinician by phone.
- When your clinician receives your call, they will determine if the issue would be best handled at that current time or at the next scheduled appointment.
  - You may be charged for an official office/telemedicine visit if the call meets applicable criteria pertaining to the duration and usage of clinical resources.
  - If you have not heard back from your provider and you still have concerns over your health issue or if you believe you are experiencing a medical emergency, do not hesitate to call 911 or go to the nearest emergency room.

## **Email Policies:**

- Email is an appropriate form of communication for non-urgent matters which may include (but are not limited to) prescription requests, scheduling issues, or any brief questions or concerns that do not need a timely reply. Email is generally checked during business hours but we cannot guarantee that an email will be responded to on the same day you send the email (please note, it can take up to five business days to receive a response to an email).
- Email is not a confidential form of communication. Your clinician's email and server are not encrypted, nor are other personal accounts. If you choose to disclose personal or health information in an email you are accepting the risks of this method of communication which may include malicious interception by hackers and even publication.
- Please also note that all email will become a part of your permanent medical record and cannot be removed.
- Email, similar to voicemail, is not a substitute for an office visit. Emails may be subject to fees for the time it takes to read, process, or document the information included. While it can be difficult to determine which emails would be subject to office visit charges as a general rule if it takes more than 15 minutes to compose it likely represents a billable visit. Multiple shorter emails will be considered as one longer email.
- We do not aim to discourage open communication but understand that important information should be included in office visits and as a part of your treatment.

## **Texting Policies:**

- Texting, as a general rule, is not a preferred method of communication. Some providers do not use texting at all. Please do not use texting as a method for emergencies.
- Phone (for urgent but not emergencies) and email (for non-urgent issues) are preferred conduits of communication.
- Please note that time spent reviewing text messages is subject to similar billing guidelines as emails and phone calls as outlined above.

## **Other Services**

- It may be necessary to coordinate care with other health care providers you see, or speaking to significant parties you designate as being able to help you in your mental health (family, friends, etc.). At the beginning of treatment this coordination is usually performed without charge as part of an initial evaluation. In ongoing treatment, however, it may be necessary to arrange for an appointment, either in the office or by phone to speak to these individuals which would be billed at the usual appointment rate. Email correspondences may also be subject to similar fees. You would be fully informed and involved in this process and know ahead of time if such coordination is needed. You will usually have a choice of whether or not you want these coordination sessions to occur.

- It is sometimes requested that reports or summaries of treatment be written to provide to a third party. You may discuss with your provider the fees associated with completing these reports which generally vary by time required.

**Referral Policy/Disclaimer**

- If, in the course of treatment, it is determined that your needs exceed the scope of care we provide we will provide referrals outside the practice.
- We aim to be an active participant in this referral process but it is your right and responsibility to select the professional of your choice.
- Mosaic Infusions & Wellness is not liable for any services provided or not provided by the referred professional.

**Doing Business As**

- Adam O’Neill & Associates, LLC a Virginia company DBA Mosaic Infusions & Wellness

I acknowledge that I have received, read and fully understand the above office policies of Mosaic Infusions & Wellness and agree to these terms in order to receive psychiatric/ psychotherapy treatment by Logan MacLean or one of his associates.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date