

PRACTICE POLICIES

Office hours are Monday through Friday by appointment only. All first appointments are considered a consultation only. We will let you know if we are in the position to offer treatment services beyond the first appointment.

What to Expect When You Begin

We will call you to schedule your initial intake appointment. You may receive some additional forms and scales that you may fill out online. Often times it may take a few appointments at the beginning to come up with a plan of care. In rare cases, some patients may need to schedule a 30-minute to 60-minute follow up appointment within a few days of the initial intake for complex cases. You should expect an initial intake appointment and then two to three follow-up appointments in the first three months. This is an average number based on several factors such as stabilization on new medications, assessing medication effect, and assessing any side effects.

New Patient Evaluations and Rescheduling Policies

We want you to ultimately work with a psychiatrist that will be able to provide the utmost care and compassion. New patient appointments are 45- 60-minute appointments. These evaluation slots are limited and scheduled after you are able to complete and submit the practice intake forms for us to make sure that our practice will be a good fit for your individual needs. After we have reviewed your information, if we agree to move forward together, we will schedule an initial session with you and will request a credit card to be placed on file. If you need reschedule/change a new patient evaluation appointment, you must cancel at **least 24 hours ahead of** time to allow time to fill the slot with someone on the waitlist.

If you change or cancel your intake appointment within 24 hours you will be charged \$150 as a late cancel fee for intake appointments and \$100 for established patients. There will not be an exception to new patient evaluation no show/ rescheduling charges due to the time that we take to prepare for each patient that we see, the limited time slots available, and the time it takes to try and fill that spot with another patient.

Rescheduling Policy for Established Patient

When you schedule an appointment time with us, we make sure my time is reserved for you. If you need to cancel or reschedule your follow up appointment, you must do so at least 48 hours before your scheduled appointment time to avoid the no show fee. Patients will be charged the full session rate when cancellations occur unless notice is

given at least one business day in advance. If, for any reason, the doctor must cancel an appointment, the patient will be advised at the earliest possible time. There will be no exceptions made to this policy so please keep this in mind when scheduling your appointments.

Electronic Mail (Email) Policy

By agreeing to communicate via email, you are assuming a certain degree of risk of breach of privacy beyond that inherent in other modes of traditional communication (such as telephone, written, or face-to-face). We cannot ensure the confidentiality of our electronic communications against purposeful or accidental network interception. Due to this inherent vulnerability, we would caution you against emailing anything of a very private nature. Additionally, your doctor will save your email correspondence and these communications should be considered part of your medical record; therefore, you should consider that our electronic communications may not be confidential and will be included in your medical chart. Never send emails of an urgent or emergent nature. Your doctor will make an effort to check email regularly; however, call the office if you have not received a reply within 72 hours.

After Hours Clinical Care and Emergencies

Unfortunately, we are unable to provide emergency or after-hours clinical care. For any non-emergent issues, you will have the ability to leave us a message and/or send us a message through our secure portal. You may also send a text to the messaging service but please note that text messaging is not secure. Please allow up to 24 hours for any messages to be answered. Note that we cannot always provide clinical care or medication changes over the phone. These issues will need to be addressed in person at a follow up appointment. By signing this agreement, you acknowledge that you understand that any after hours emergencies or urgent clinical concerns will require you to call 911 or go to the Emergency Department.

Medication Refills

Please note when you will be out of medication and make an appointment PRIOR to running out of medication. We cannot refill 30-day supplies of medications after 3 months without a scheduled follow-up appointment. If you require several changes to pharmacies between visits you may be charged a fee. If you anticipate problems with your pharmacy, please let me know ahead of time to avoid an issue for all of us.

When requesting a refill, please provide:

- Your date of birth
- Name of medication requested
- Medication dosage
- Pharmacy complete address

Prescriptions Provided

We attempt to limit the prescription of controlled substances and are given on an as needed medical basis only. Controlled substances also require adherence to our substance use policy.

Termination Policy

Patients are under no obligation to continue services should they decide to terminate at any time. However, we strongly urge that the doctor be notified regarding this decision so that it can be discussed openly. If you have failed to make your follow-up appointment and have not communicated with your provider, we will assume you have left our care after 5 months. We will reach out with a termination letter just saying that, if you would like to return for an appointment then let us know, but otherwise our clinical relationship has been terminated at your discretion.

Telepsychiatry

Considering changes in daily life and healthcare since the COVID-19 pandemic, telepsychiatry (video-conference) appointments are available in addition to in-person appointments. We offers telepsychiatry (video conference) appointments to patients over a secure, HIPAA-complaint network. Under some circumstances, these appointments may also be conducted by phone. If you are interested in telepsychiatry, please ask your provider if he feels that this would be appropriate for your treatment. In order to conduct telepsychiatry, you agree to be within the State of Georgia during the appointment. You also agree to not operate a motor vehicle during the appointment. Therapy conducted online is technical in nature and problems may occasionally occur with internet connectivity. If something occurs to disrupt any scheduled appointment, the doctor will call the patient back by the phone number provided. A patient must be seen a minimum of once a year to maintain therapeutic services. A telepsychiatry scheduled appointment has the same late cancel/no show policy as an in-office appointment.

Emotional Support Animals

We do NOT write letters for emotional support animals in our practice but may be reviewed on a case by case basis. An additional fee may be charged.

Disability

We may fill out FMLA/disability paperwork on a case-by-case basis after an established relationship. **An established relationship requires at least 6 appointments.**

Paperwork

We can provide basic short form letters quite easily if you notify us of this ahead of time. For any longer requests you may be charged \$25-100 per packet of paper depending on the length of time outside of your appointment time it will take to complete.

We know all of these policies seem overwhelming at first, but we always try to be as understanding and as flexible as possible to provide the best service for our patients. We encourage all of our patients and families to communicate their needs with us. Please do not hesitate to ask about any concerns or questions you may have.

Payment/Insurance Information

All information completed for Altum Psychiatry is true to the best of my knowledge. I certify that I, and/or my dependent(s) have insurance coverage with listed insurance and authorize payment directly to Altum Psychiatry of all insurance benefits, if any, otherwise payable to me for services rendered.

I understand that I am financially responsible for all charges whether or not paid by insurance, and for all services rendered on my behalf or my dependents. The above named physician practice may use my healthcare information and may disclose such information to the above-named Insurance Company and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services. I understand that I am responsible for ensuring authorization for services has been obtained as required by my insurance company. I agree to pay all deductible, co-insurance, and/or copayments at the time services are rendered. I further understand that payment for services by my insurance company is contingent upon my benefit and coverage details and final determination of my responsible charges is made after my insurance has processed the claim. I authorize the use of my signature on all insurance submissions. This authorization will expire once my treatment plan has ended or I am formally discharged from the clinic.

Before your first scheduled session, you are required to have a valid credit on file. For private pay clients and for any co-pays, co-insurances or deductibles that are not captured by a separate service, I utilize my electronic health record system (AthenaHealth) that is HIPAA and PCI Compliant. There is a form below to capture your CC information.

CONSENT FOR TREATMENT AUTHORIZATION I authorize and request my (and/or my child's) behavioral healthcare professional to carry out psychological evaluations, psychiatric evaluations, treatment and/or diagnostic procedures that now, or during the course of my treatment, become advisable. I understand the purpose of these

procedures will be explained to me upon my request and that they are subject to my agreement. I also understand that while the course of my treatment is designed to be helpful, my/my child's behavioral healthcare professional can make no guarantees about the outcome of my treatment. Further, the psychotherapeutic process can bring up uncomfortable feelings and reactions such as anxiety, sadness, and anger. I understand that reactions will be worked on between my behavioral healthcare professional and me. With these understandings, I hereby authorize treatment for myself/my child. I give permission Altum Psychiatry Staff to develop a treatment plan and provide treatment.

AUTHORIZATION TO RELEASE INFORMATION TO PRIMARY CARE PHYSICIAN (PCP)
(Communication between behavioral health providers and your primary care physician is important to ensure that you receive comprehensive and quality care.) I hereby authorize release of my protected health information which may include mental health diagnosis, treatment plan, progress and medication information if necessary. I understand that I may revoke this consent in writing at any time except to the extent that it has been relied upon.

ACKNOWLEDGE OF RECEIPT OF PRIVACY PRACTICES & ORIENTATION MATERIAL My signature below acknowledges that I have been provided a copy of Altum Psychiatry Patient Paperwork that describes information important to my receipt of services. This information includes fees, my rights and responsibilities as a consumer, health care privacy information (HIPAA), and office policies and procedures. I have been given the opportunity to review this information and ask questions.

PATIENT PAYMENT POLICY

Altum Psychiatry is committed to providing you with quality and affordable behavioral health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this patient payment policy. Please read over it, ask any questions you may have and sign in the space provided. A copy will be provided to you upon request.

INSURANCE: We participate in most insurance plans, however, all insurance policies have different benefits. Your insurance policy is basically a contract between you and your insurance company. Knowing your insurance benefits is your responsibility. We advise that you contact you insurance directly to determine your benefits for behavioral health services. We will file your insurance claim if you assign the benefits to us with your signature on the Insurance Assignment and Release Section of this paperwork.

PROOF OF INSURANCE: We will require that you complete all patient information forms and provide us with a copy of your insurance card and driver's license (or the driver's license of the parent/guardian) before seeing the doctor/therapist. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

CO-PAYMENTS / DEDUCTIBLES / CO-INSURANCE: Co-payments are due prior to your scheduled appointment. Deductibles and coinsurance are the patient's responsibility, and the exact amount may only be determined once we receive the Explanation of Benefits (EOB) from your insurance provider. By signing our intake forms, you authorize us to charge the card saved on file for any remaining balance after we receive the EOB. This process aligns with your agreement with your insurance company, and failure to collect these amounts may be considered insurance fraud. For your convenience, we accept Visa, Mastercard, American Express, and Discover.

CLAIMS SUBMISSION: We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information to them directly. It is your responsibility to comply with their request in a timely manner to ensure claims payment. Please be aware that any balance on your account is your responsibility until we receive a payment from your insurance company. If your insurance company does not pay the practice within a reasonable period, we may have to look to you for payment.

NON-INSURED PATIENTS: If you do not have insurance coverage, we expect payment in full at each visit. A payment plan is available for those individuals who qualify with proof of income.

PAYMENT PLANS: We understand that healthcare expenses may be a financial burden. We are willing to work with you to establish a reasonable payment plan for any balances over \$100.00. We will require a recurring credit/debit card on file and a signed payment agreement. Specific payment plan policy and procedures are found on the payment agreement.

NON-COVERED SERVICES: Any care not paid for by your existing insurance carrier will require payment in full at the time services are provided or upon notice of insurance claim denial.

FEES: Certain fees for administrative functions are not covered by insurance and are payable by you.

- **Forms and Letter:** Our providers' first priority each day must be to see the patients in the office, therefore, they will complete forms and letters as time permits.

Most will be completed within 7—10 business days. Fees range from \$25-\$250 per request depending on time required to complete the request.

- **Medical Records:** The confidentiality of your medical record is our number one priority at Altum Psychiatry. All medical record requests must be submitted in writing on Institute for Better Living medical record release form. The Fee for Medical Record Request starts at \$25.00 and increases with the number of pages in the record.

NONPAYMENT: If you have a balance on your account, the balance is due immediately upon receipt of an account statement or bill from our office. All balances are due prior to your next scheduled appointment. If your account is over 90 days past due, you will receive a notice stating you have 20 days to contact our office to pay your account in full or set up recurring payment arrangements. Please be aware that if a balance remains unpaid, we will take necessary steps to collect this debt. We may discharge you and any immediate family members from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative care. During the 30 days, our physician will only be able to treat you on an emergency basis.

CARD ON FILE POLICY: We require all patients to keep a valid credit or debit card on file for future payments, including co-pays, deductibles, co-insurance, late fees, and other patient-responsible balances. By signing our intake forms, you authorize us to securely store and charge your card as needed. All card information is stored securely in compliance with PCI-DSS standards.

QUESTIONS OR CONCERNS: If you have any question or concerns about our policy or about your bills, please call us. Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for taking the time to familiarize yourself with our policy.

I have read and understand Altum Psychiatry policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

Privacy Policy

Last updated: [July 1, 2025]

Information We Collect

- Contact details (name, email address, phone number) and your SMS opt-in/consent status
- Account details and communications with us
- Payment and transaction information
- Usage data (pages viewed, actions taken) and device/cookie data

How We Use Personal Information

- Provide, maintain, and improve our services and website
- Process orders and customer support requests
- Send transactional updates and, with your consent where required, marketing communications (including SMS)
- Monitor security, prevent fraud, and comply with legal obligations

SMS Communications

We only send SMS messages with your consent. **SMS consent is not shared with third parties or affiliates.** Message and data rates may apply. Text **STOP** to opt out and **HELP** for help.

How We Share Information

We do **not** sell personal information. We may share limited personal information with:

- Service providers who help us operate our website and services under confidentiality obligations
 - Authorities when required by law or to protect rights, safety, and security
 - A successor entity in connection with a merger, acquisition, or asset sale
- We do **not** share SMS consent with third parties or affiliates.

Your Choices

You can update your information, opt out of marketing emails, or withdraw SMS consent at any time (see “SMS Communications” above). Depending on your location, you may have additional rights to access, delete, or restrict use of your data.

Data Retention

We keep personal information only as long as necessary for the purposes above or as required by law.

Security

We use reasonable administrative, technical, and physical safeguards to protect personal information.

Changes to This Policy

We may update this Policy from time to time. We will post the revised version with the "Last updated" date.

Contact Us

Questions or requests? Contact us at **support@altumpsychiatry.com**

Acceptance of Policies

Altum Psychiatry is committed to providing professional services of the highest quality and standards. In order to serve our patients efficiently and responsibly, we require that agreements be made regarding the policies stated above. Patients are encouraged to ask questions before signing.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

I have read the policies, understand, and agree with them.

Patient Signature: _____ **Date:** _____