

100 Merrimack Street, 301-3C Lowell MA, 01852 | 69 Technology Way, Ste 4E9, Nashua NH, 03060

Main: 603.600.8513 Fax: 603.600.8503

Website: [www.newenglandpsychiatry.org](http://www.newenglandpsychiatry.org)

## PRACTICE POLICIES

Thank you for scheduling an appointment with New England Psychiatry (NEP) PC, an innovative, comprehensive, independent private psychiatric practice. We offer our patients everything from alternative to conventional medicine for psychiatric disorders and optimal well-being.

Your treatment may include holistic advice/treatments, psychopharmacology, psychotherapy, supplements (vitamins and minerals) and alternative treatment options (Ketamine, TMS, etc). Please request pricing on these additional therapies, as they do change.

We stay informed of the most recent developments in diagnosing and treating illness. We do our best to find the factors of your psychiatric conditions and the most efficient and effective treatment.

Our relationships with our patients are based upon integrity, kindness, respect, honoring of personal choices, and the belief that everyone deserves to be supported in reaching their full health potential. It is our intent to offer you hope, along with the better quality of life that comes with improved mental and physical health.

If you need any further information before this appointment, please call during our clinic phone hours, Monday – Thursday, 8:00 AM – 4:00 PM and Friday 8:00 AM to 12:00 PM. Thank you for your confidence and your time. We look forward to working with you.

### For your first appointment:

Screening intake form will be used as initial health history. A provider at New England Psychiatry will ask for detailed information during initial evaluation.

Please upload any pertinent lab test results, ECG, and medical records to the patient portal before initial appointment. Please also upload a scanned copy of any Health Insurance Cards and Government issued ID to the patient portal.

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## SERVICES OFFERED

### PSYCHOTHERAPY

Psychotherapy, or talk-therapy, is a powerful treatment for many mental complaints. It offers benefits of improved interpersonal relationships, stress reduction, and a deeper insight into one's own life, values, goals, and development. It requires a great deal of motivation, discipline and work on both parties for a therapeutic relationship to be an effective one. Clients will have varying success depending on the severity of their complaints, their capacity for introspection, and their motivation to apply what is learned outside of sessions.

Clients should be aware that the process of psychotherapy may bring about unpleasant memories, feelings, and sensations such as guilt, anxiety, anger, or sadness, especially in its initial phases. It is not uncommon for these feelings to have an impact on current relationships you may have. If this occurs, it is very important to address these issues in session. Usually these unpleasant sensations are short lived.

At your initial visit, your clinician will conduct a thorough review of your current complaints and of your background. By the end of the initial visit, your clinician will offer my preliminary impressions, and we will discuss your treatment options. Sometimes, psychotherapy alone will suffice. Often times, however, a combination of psychotherapy and medication management is optimal (see below). One of the most important curative aspects of a therapeutic relationship is the goodness-of-fit between therapist and client, so, the initial visit is also your opportunity to determine for yourself if your clinician is the right



therapist for you. If you feel that your clinician is not well matched to your needs, New England Psychiatry will be happy to provide you referrals to other mental health professionals. We do offer specific therapy modalities. If your clinician recommends a specific therapy modality (CPT, EMDR, etc.), they will refer to surrounding therapists.

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## **MEDICATION**

Medications may be indicated when your mental symptoms are not responsive to psychotherapy alone. When a mental illness markedly impacts your ability to work, maintain interpersonal relationships, or properly care for your basic needs, medication may offer much needed relief. If it is agreed that medications are indicated, your prescriber will discuss with you all of the medication options that are available to treat your current condition. Your prescriber will present information in language that you can understand. You will learn how the medication works, its dosage, and frequency, its expected benefits, possible side effects, drug interactions, and any withdrawal side effects you may experience if you stop taking the medication abruptly. By the end of the discussion, you will have all the information you need to make a rational decision as to which medication is right for you.

You may already be receiving psychotherapy from another therapist and are referred to New England Psychiatry for medication management. In this case your prescriber will make a strong effort to coordinate care with your therapist (with your consent, of course). New England Psychiatry believes communication between mental health professionals is key to providing effective care.

Not everyone is a good candidate for medication therapy. Such therapy requires strict adherence to dosage, and frequency, close follow-up, and sometimes regular blood tests. Your ability to adhere to medication treatment will be taken into consideration in making the decision to start such therapy. Overall, New England Psychiatry is a strong proponent of the bio-psycho-social model of medical treatment. Treatment that considers your biological status, genetics, your psychological development, and social issues together will yield the best chance for success in achieving your goals.

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## **FREQUENCY AND DURATION OF VISITS**

At your initial sixty-minute visit, your provider and you will decide together the structure of your therapy. If medications are prescribed, or changed, your prescriber may prefer to conduct a 30-minute follow-up visit in two weeks. This is necessary to ensure proper administration and minimize any side effects you may experience. If your symptoms improve, follow-up visits can be spaced out at monthly intervals. For clients on maintenance therapy, follow-up visits can be held at three-month intervals. If you are to undertake psychotherapy, weekly 50-minute sessions will provide the best results. Your provider and you may discuss an alternate treatment structure depending on your circumstances.

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## **FEES**

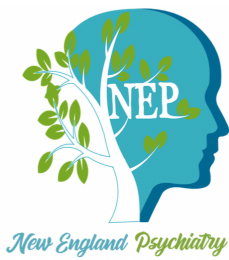
FEE FOR SERVICE (Private Pay Patients Only):

For a 60-minute initial psychopharmacology evaluation, NEP's fee is  
\$250.00

The fee for a 30-minute medication management follow up visit is  
\$175.00

For a 60-minute initial psychotherapy evaluation, NEP's fee is  
\$175.00

The fee for a 50-minute psychotherapy follow up visit is



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\$150

Other miscellaneous services such as filling forms, telephone correspondence, prior authorizations, court hearings, etc. requiring more than ten minutes of time, will start at

\$50.00 per 30-minute interval.

Fees may be subject to change (Please see "SERVICES NOT COVERED BY INSURANCE" for a detailed report). If our fees are to increase, we will provide you a thirty-day notice to alert you to the change.

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## OFFICE HOURS

Our clinic phone hours are Monday-Thursday 8:00am to 4:00pm and Friday 8:00 AM to 12:00 PM and may be reached at (603) 600-8513. Our providers are NOT available after hours and may have a different working schedule. If you need an appointment, prescription refill or test results, please call during regular business hours or contact us via the patient portal.

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## APPOINTMENTS

New England Psychiatry is committed to providing quality care to our patients. To ensure timely continued care, we encourage patients to schedule appointments in advance of follow-up due dates. When calling for an appointment, please provide your name, telephone number, reason for visit, as well as any updated contact or insurance information.

For Telehealth appointments, you have to be physically in the state that your provider is licensed in. It is a federal law, not an office policy.

We strive to give all of our patients the time that they require. For this reason, we kindly request your patience and understanding should a delay or rescheduling become necessary on your appointment date.

To ensure quality care, New England Psychiatry does not treat patients we have not seen (i.e., we will not call-in prescriptions or offer medical advice for patients prior to their initial visit). Follow up may be required to be scheduled after testing has been completed, so that results may be reviewed together, so an effective and appropriate plan for your healthcare can be determined.

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## CANCELLATIONS AND NO-SHOWS

For first-time appointments, there will be no charge for rescheduling or cancellation requests made at least 72 hours (3 business days) before the time of appointment. For follow-up appointments, we ask for 48 hours (2 business days) notice.

If we don't receive adequate notice, you will be charged a late cancellation fee, unless we are able to fill your appointment time with another patient.

Cancellations that occur with less than 24-hour notice or failure to show to an appointment will be charged the full fee for the session. A failure to present at the time of a scheduled appointment will be recorded in your medical chart as a "no show".

If a patient arrives later than 10 minutes to a scheduled appointment, the appointment will be rescheduled. If you are having issues with your telehealth link, please contact the office. If NEP does not receive contact from you within 10 minutes of scheduled appointment, it will be recorded in your medical chart as a "no show".

Two (2) "no-shows" within one (1) calendar year will result in a temporary suspension of services. The patient will receive a letter from New England Psychiatry. A copy of the letter will be placed in your medical record. In order to reinstate services, you will be required to meet with your provider within 30



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days of the second no show letter to evaluate your situation. In the event you do not respond and/or schedule an appointment within 30 days, we will consider your patient status as terminated.

*Please note that No-Show and late cancellation charges are the patient's responsibility and cannot be billed to your insurance company.*

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### **PRESCRIPTION REFILLS & PHARMACY INFORMATION**

Please inform New England Psychiatry of which Pharmacy you use and update us if this should change. Please allow two (2) business days for refill requests. We encourage our patients to review their medications prior to their office appointments and to request refills at that time, if needed. Your provider will ask during appointments if refills are needed before your next follow up appointment.

*Please note that we do not fill Controlled Substance medications or make medication changes over the phone.*

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### **CONFLICT RESOLUTION**

New England Psychiatry works hard to make sure that you have a positive experience. However, if a conflict occurs, it is agreed that any disputes shall be negotiated directly between the parties. If these negotiations are not satisfactory, then the parties *agree to mediate any differences with a mutually acceptable third-party mediator*. If these are unsatisfactory, then the parties shall move to arbitration, and then binding arbitration, choosing an arbitrator mutually agreeable to both. Litigation shall be considered only if and after all of these methods of resolution are given a good faith effort and are unsatisfactory.

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### **PAYMENTS**

Payment will be requested at the time of service, unless we have agreed on other arrangements. We accept cash or personal checks, and major credit cards (Mastercard, Visa, American Express, Discover). Checks should be made payable to "New England Psychiatry, PC." Interest or finance charges may be levied. Payments can be made on the patient portal. If payment is 60 days past due, we reserve the right to utilize legal resources such as collection agencies or small claims court in order to obtain payment for services. (Discretion and compassion in hardship cases will be conducted on a case-by-case basis, in keeping with ethics guidance regarding financial barriers to health care access.)

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### **INSURANCE POLICIES**

New England Psychiatry are participating providers for select insurance companies. We opted into Medicare on January 1, 2023. We do bill insurance directly. If you have health insurance that is not accepted at this practice, we will be happy to provide you with a Superbill to send to your insurance company for reimbursement for Out of Network insurance companies. It is not NEP's responsibility to know the details of your policy and benefits and ultimately your responsibility to be aware of your mental health coverage including copays, coinsurance, and deductibles.

We currently accept select insurance policies. If you are on a PPO plan, we may be considered "out of network." If you wish to be reimbursed for your sessions, you will need to consult your insurance company to determine their policies regarding mental health benefits for out-of-network providers. I will provide you a paper "super bill" that you can submit to your insurance company for reimbursement. Most PPO plans will reimburse between 20%-60% of the fee.

Many insurance companies have limitations on the number and frequency of visits, and types of medications that will be covered. Occasionally, certain forms of treatment, or a large number of sessions



require a prior authorization. If this is the case, your provider may need to provide information about your diagnosis, history, and treatment plan to your insurance company. Once this information is provided, it will be subject to the privacy policies of the insurance provider and is out of my control.

*Your health information will be kept confidential. If a claim is submitted to your insurance company, your health information may be shared with that company.*

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### **MEDICAL RECORDS**

NEP is required by law to keep complete medical records. Most of my medical records will be electronic, encrypted, and under fingerprint security. Any written records including the initial consent forms, letters, outside medical records, will be kept locked. You are entitled to review your medical record at any time, unless your provider feels that by viewing your records, your emotional or physical well-being will be jeopardized. If you wish to view your records, NEP recommends that you review them with your provider together to minimize any confusion or misinterpretation of medical terms. Time spent collecting, printing, copying, and summarizing the medical record will be charged the appropriate fee (see above).

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### **FORMS/LETTERS**

We understand that at times, various forms or letters may be required to assist you with your healthcare needs. New England Psychiatry staff will be happy to complete forms and write medical letters as necessary upon your request. However, because this can be time consuming, please allow 3-5 business days for completion of requested forms/letters. Service fee of \$50 per initial form and \$25 per additional page.

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### **CONFIDENTIALITY**

The security of your sensitive information is of utmost importance to me, and I am bound by law to protect your confidentiality. Any disclosure of your treatment to others will require your explicit written consent. As described above, basic information about your treatment may be disclosed to your insurance company for purposes of prior authorization if necessary. There are exceptions to this confidentiality, where disclosure is mandatory. These include the following:- When there is a threat to the safety of others, I will be required by law to take protective measures including reporting the threat to the potential victim, notifying police, and seeking hospitalization· - When there is a threat of harm to yourself, I am required to seek immediate hospitalization, and will likely seek the aid of family members or friends to ensure your safety· I – Legal hearings, you do have the right to refuse your provider's involvement in the hearing. There are rare circumstances, however, in which your provider will be required by a judge to testify on your emotional, or cognitive condition. (Service fee starts at \$300/hour for legal consultation/collaboration with additional charge for travel). This fee will be charged to the responsible party of record regardless of which party requires consultation/attestation.

In situations where a dementing illness, epilepsy or other cognitive dysfunction prevent you from operating a motor vehicle in a safe manner, I will be required to report this to the DMV· If a mental illness prevents you from providing for your own basic needs such as food, water, shelter, your provider will be required to disclose information to seek hospitalization. These situations rarely occur in an outpatient setting. If they do arise, I will do my best to discuss the situation with you before taking action. In rare circumstances I may find it helpful to consult with other professionals specialized in such situations (without disclosing your identity to them).

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### **PRACTICE**

New England Psychiatry, PC is a corporation at present. Medical records are kept secure and separate within the EHR, Simple Practice. No person operating in my office suite will have access to your records without your written consent. NEP is fully responsible for the services we provide you. If provider refers you to another community therapist/physician, they may find it helpful to collaborate and



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coordinate your care, and this will require your written consent. Any clinician to whom your provider refers you will be responsible for the care they provide to you.

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**CONTACT INFORMATION**

Electronic communications, both telephone and Internet (including email), are not secure methods of communication, and there is some risk that one's confidentiality could be compromised with their use. New England Psychiatry sometimes communicate with clients using these mediums. If you would prefer to not be contacted by telephone or email, please inform your provider and we will honor this request. Our voice mail at (603) 600-8513 is the best way to contact your provider outside the office. When you leave a message, please state your name clearly, your phone number(s), reason for calling, and let us know when the best time is to contact you. Please note that your provider may be with a client/patient but will make every effort to address your issue as soon as possible. For non-urgent matters, please use the patient portal as this is the most secure way of communication. Please allow 24 business hours for a response. Messages left late in the day, on weekends or holidays, may not be returned until the next business day. If you or someone close to you is in immediate danger, please call 9-1-1 or proceed to the nearest emergency room. NEP does not check e-mails regularly, so it is not an appropriate way of contacting us in an emergency.

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**TREATMENT CONSENT**

By signing below, you certify that you have read and understand the terms stated in the Treatment Consent Form. I understand that my insurance company will likely not pay for all of the services I receive at New England Psychiatry's office, particularly the services listed in the list above. I agree to be personally and fully responsible for payment of such fees. My completion of this authorization form helps us protect me from credit card fraud and cannot hold New England Psychiatry, PC liable for charges on my account for services rendered and/or requested. I understand that, if I choose to appeal to my insurance company for any services that they denied, I may not depend on any further documentation from this office. In any instance that NEP may agree to writing a report to "justify" the charges, there will be a charge for that report that I am responsible for. I understand the scope of services, session structure, fees, cancellation/no-show policies, payment policy, insurance reimbursement, confidentiality, the nature of my practice, and contact information, and I agree to abide by the terms stated above during the course of the therapeutic relationship.

**BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_