



Fern River Psychiatry

PRACTICE POLICIES AND PROCEDURES

Welcome to my practice! I look forward to meeting with you. This document provides important information about practice policies and what to expect for appointments and ongoing treatment. Please read it carefully. If you have any questions or concerns, I will be happy to discuss them with you.

Appointments:

All new patient evaluations will begin with an initial psychiatric evaluation. These appointments last about 1 hour. During the initial psychiatric evaluation, we will extensively review current symptoms, psychiatric history including previous psychiatric medication trials, social history, family history, medical history including current medications you are taking, and discuss goals for treatment. Most follow up appointments last about 25 minutes and will focus primarily on current symptoms and response to medications. Depending on individual needs, follow up appointments may also include supportive and/or brief psychotherapy in addition to medication management. If more focused and individual therapy is warranted, I may suggest finding a therapist. For more information on the differences between psychiatrists, psychologists, therapists, and counselors please visit the FAQ section at www.fernriverpsychiatry.com.

Office Hours:

Appointments and office hours are subject to change and are currently offered Mondays, Tuesdays, Wednesdays, and Thursdays 9:30AM to 2:00PM. The office is closed on all major holidays. To schedule an appointment, please call the office at 207-956-0050. I make every effort to be on time and appreciate your effort to be on time as well. Occasionally, there will be unforeseen circumstances where I am running late. Thank you in advance for your patience and understanding.

Communication:

Routine communication

Routine contact should be made via the patient portal or telephone by calling 207-956-0050. Most likely I will be unavailable at the time of your call and you will be connected to my confidential voicemail. Please leave your first and last name, DOB, call back number, and a brief description of the reason for your call. Voicemails are checked periodically weekdays 9AM to 5PM. I do not routinely check voicemails in the evenings, on the weekends, holidays, or during vacations. For non-urgent matters, please allow 24-48 business hours for a response. I have limited availability via email (akeenan@fernriverpsychiatry.com) as it is not used for clinical or time-sensitive matters.

Urgent communication

Please note that my practice is not oriented to emergency care. For urgent matters, please call the number above twice in a row and indicate in your message that it is urgent. I will do my best to return your call as soon as possible. If you are unable to wait or are in an emergency situation where you fear you will do harm to yourself or others, suspect you may be experiencing a severe allergic reaction to a medication, or face a life-threatening emergency, please go to your nearest emergency room or call 9-1-1- or crisis at 207-774-HELP.



Fern River Psychiatry

PRACTICE POLICIES AND PROCEDURES

Lab Work:

Some medications require lab monitoring. You may have labs done at any lab of your choice. I will request that the results be faxed to our confidential fax number: 833-606-1216. If labs are within normal limits, I will usually not call you and will discuss them at your next office visit. If you they abnormal, I will call you to discuss. If you would like to review lab results at any time, feel free to call.

Medication Refills:

Most of the time medications will be prescribed to last until your next appointment. Please check with the pharmacy for refills before contacting Fern River Psychiatry for a refill. If the prescription bottle says “No Refills” I still recommend calling the pharmacy because often there is an additional prescription on file. Press “0” when calling the pharmacy to speak directly to a pharmacy staff person and ask them if there is a refill or prescription on file. If they are unable to find a prescription on file, and you will be out before your next appointment, the pharmacy can usually send a medication refill request directly through the electronic prescribing system, or you can request a refill by calling the office at 207-956-0050 or via the patient portal. I reserve the right to decline issuing a prescription refill if medications have been lost or stolen, if you have missed an appointment, or have not been seen within the last 3 months.

- ❖ Medication refill requests must be made at least 3-5 business days before you are due to run out.
- ❖ Include your name (first and last), DOB, medication, dose, and pharmacy (including town) on all refill requests.
- ❖ Refill requests will be processed within 1-2 business days.

Occasionally the electronic prescribing system and pharmacy records do not match, which can be very frustrating for everyone involved. If this happens, I will work with you and the pharmacy to resolve the situation.

Some medications require prior authorizations. Pharmacies usually send prior authorization (PA) requests directly to the physician via fax. Sometimes pharmacies do not have the most up-to-date information on where to send the prior authorization in which case I may not get the request and thus you will not be able to fill your medication. If you have been told by the pharmacy that a prior authorization is required or needs to be renewed and it is taking longer than usual to fill your prescription, please let me know as soon as possible as I may not be aware that a prior authorization is needed. Pharmacies should send prior authorization requests to the confidential fax number: 833-606-1216.

Cancellations and no-shows or missed appointments:

Understandably, there may be situations in which you need to cancel or reschedule your appointment. At least 24 hours’ notice is required when cancelling or rescheduling an appointment. You can call or use the patient portal to let me know. You will be charged the full fee for missed or cancelled appointments with less than 24 hours’ notice. Exceptions will be made for serious medical emergencies or illness. I will extend the same respect and courtesy to you if I need to cancel or reschedule your appointment by letting you know as far in advance as possible. If I need to reschedule your appointment the day of due to unforeseen circumstances, I will do my best to fit you in my schedule as soon as possible. Please note that if you miss your appointment or have to cancel or reschedule last minute, it may take a few weeks until another appointment is available and insurance will not reimburse you for missed appointments.



Fern River Psychiatry

PRACTICE POLICIES AND PROCEDURES

Professional Fees:

Please note that fees may be subject to change. If fees increase, Fern River Psychiatry will provide you with a thirty (30) day notice to alert you to the change. I believe that coordination of care with other treatment providers (i.e. primary care physicians, therapists) is key to successful treatment. Time spent coordinating care with others and reviewing records is included in the fees listed below.

Current fees are:

Initial psychiatric evaluation (60 minutes): \$400

Follow up (50 minutes) appointment*: \$240

Follow up (25 minutes) appointment*: \$160

One time consultation (90 minutes): \$480

**Medication management appointment with or without supportive or brief psychotherapy.*

Billing and Payment:

I do not participate with any insurance companies. I am unable to accept patients with Medicare or Medicaid, even if you wish to pay for services yourself. Most PPO insurance plans will allow you to see an “out-of-network” provider with an option to submit the bill for partial reimbursement. After each visit, I will provide you with a receipt that includes all of the necessary information should you choose to submit it to your insurer for partial reimbursement. Please note that if you qualify for partial reimbursement, your insurance company will send the reimbursement directly to you. It is strongly encouraged that you call your insurance company prior to scheduling an appointment to determine your “out-of-network” benefits.

Payment is expected at the time of your visit. Patients are billed directly and submit payments to Fern River Psychiatry, LLC. As stated above, you will be charged the full fee for missed or cancelled appointments with less than 24 hours’ notice unless there is a serious medical emergency or illness. Fern River Psychiatry, LLC uses BlueFin Payment System to bill and collect payments. BlueFin Payment System is secure, HIPAA compliant, and integrated into our cloud-based HIPAA compliant electronic health record, ChARM. Fern River Psychiatry, LLC requires all patients to keep a debit or credit card on file as a convenient and secure method of payment. If you are unable or unwilling to place a debit or credit card on file and update it as needed, you will not be able to schedule further appointments.

Medical Records:

I am required by law and bound by professional standards to keep complete medical records. Medical records will be electronic and encrypted through the electronic medical record, ChARM, which is HIPAA compliant. You are entitled to review your medical record at any time, unless it is deemed that by viewing your records, your emotional or physical well-being could be potentially damaged. If you wish to view your record, I recommend that we review them together to minimize any confusion or misinterpretation of medical terms. If you believe that there is a mistake or missing information in your medical record, you may also request that the information be changed. Please make these requests in writing. You will find more information about the right to correct your medical record in Fern River Psychiatry’s Notice of Privacy Practices.



Fern River Psychiatry

PRACTICE POLICIES AND PROCEDURES

Confidentiality:

The content of your medical record and what we discuss during our appointments is confidential. I will release information to third parties only with your permission, or, in unusual circumstance, by court order. Basic information about your diagnosis and treatment may be disclosed to your insurance company for purposes of prior authorization, if necessary. There are several exceptions to this confidentiality, where disclosure is mandatory and required by law. These exceptions include:

- ❖ **Danger to self** – if there is concern that you are in immediate danger of serious physical harm to yourself, including threatening to end your life, I may seek hospitalization for you, determine the most appropriate level of care, or contact family members or others who can help provide protection.
- ❖ **Danger to others** – if there is threat or concern of immediate serious bodily harm to others, I am required by law to take protective action, which includes notifying the potential victim, notifying police, or seeking appropriate hospitalization.
- ❖ **Suspicion of abuse (physical/emotional), neglect, or exploitation (sexual/financial) of a child, elder, or dependent/vulnerable adult** – if there is an indication of, or I receive information, that a child, elderly person, or disabled adult is being abused or is at serious risk of harm, I am obligated to report it to the appropriate state agency.
- ❖ **Grave disability** – if there is concern that you are unable to care for yourself and meet basic needs such as clothing, food, and shelter, I may need to disclose information in order to access services to provide for your basic needs.
- ❖ **Certain judicial proceedings** – in most legal proceedings, I will decline to testify or provide information unless you request I do so and waive your right of confidentiality. However, a judge may order my testimony/records if she/he determines the issues demand it.

In the event that a situation occurs and an exception is made, I will make every effort to discuss it with you prior to taking action.

I may also legally release mental health records as necessary:

- ❖ To ensure continuity, accountability and coordination in service delivery, and must make community support services records available for continuity of care during a psychiatric crisis.
- ❖ To allow psychiatric hospitals (and general hospitals with psychiatric bed) to admit, diagnose, care for and treat involuntary patients.

I may occasionally find it helpful to consult other professionals. In these circumstances, your identity will not be revealed and only important clinical information will be discussed. Please note that such consultants are also legally bound to keep this information confidential.

Coverage:

When I am unavailable for an extended period of time or out of town another psychiatrist will be covering for me. I will provide you with the name and contact information for the covering physician whom you may contact, if necessary. In order to best serve you in my absence, I may share information about you and your treatment with the covering physician.



Fern River Psychiatry

PRACTICE POLICIES AND PROCEDURES

Your signature below indicates that you have read, understand, and agree to abide by the Practice Policies and Procedures.

Signature of Patient or Authorized Representative

Date / Time

Printed Name of Patient or Authorized Representative

Relationship of Authorized Representative

Thank you.