

Comprehensive Collaborative Care, PLLC

Info@comprehensive-care.com

PRACTICE POLICY

Comprehensive Collaborative Care, PLLC

Main Address: 117 Manchester Street, STE 5A, Concord, NH 03301

Service Locations:

- 260 Western Ave, STE 207, South Portland, ME 04106
- 117 Manchester Street, STE 5A, Concord, NH 03301
- 9 Vose Farm Road, STE 100, Peterborough, NH 03458
- 1400 Crane Street, STE 115, Rome, GA 30161

Phone: 603-606-9357 (NH)

Phone: 207-292-9522 (ME)

ABOUT COMPREHENSIVE COLLARATIVE CARE:

At Comprehensive Collaborative Care, we offer specialized outpatient mental health services with a strong emphasis on collaborative care. Our goal is to achieve the best possible patient outcomes by integrating the expertise of our multidisciplinary providers. We work to ensure accurate diagnoses and swift stabilization through a combination of psychotherapy and pharmacological management, emphasizing a collaborative approach. As a practice emphasizing collaboration, your medication provider and therapist will communicate with each other if pertinent information needs to be relayed to ensure the highest quality of care for our clients.

Unlike other practices, our stabilization phase for medication management involves consultation with two providers at once: a clinical psychiatric pharmacist, board certified in psychiatric pharmacy, who focuses on optimizing medication regimens and a board-certified psychiatric nurse practitioner, who handles medication management, as well as performing an in-depth psychiatric evaluation, to help in

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establishing a diagnosis. Additionally, our Clinical Psychologist specializes in diagnostics, psychotherapy, psychological and neuropsychological assessments and is available for consultation. We have other skilled staff members, our therapist available for ongoing psychotherapy. By leveraging each professional's expertise to its fullest, we deliver comprehensive and effective care.

PRACTICE POLICIES: APPOINTMENTS AND CANCELLATIONS/NO-SHOW

Please remember to cancel or reschedule 24 hours in advance.

The standard meeting time for Psychiatric Diagnosis Evaluation with Medical Services is 50-60 minutes, Medication Management is 15-40 minutes, and psychotherapy 45-60 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the [NUMBER OF] minute session needs to be discussed with the health care provider in order for time to be scheduled in advance.

A \$50.00 service charge will be charged for any checks returned for any reason for special handling.

Cancellations/No-show and re-scheduled session will be subject to a dismissal from practice after 3 cancellations < 24 hours before appointment or no shows. The following our practice Cancellation/No-Show warning/fee schedule:

Cancellation > 24 hours before appointment

- No charges or warning of offense will occur.

No show/Cancellation < 24 hours before appointment

- 1st Occurrence (New Intakes): \$75 charge applied to your account, your required to contact us for rescheduling your appointment.
- 1st Occurrence (Follow-up Appointments): Follow up appointments: No charge, required to contact us for rescheduling your appointment.
- 2nd Occurrence: \$50 charge applied to your account, your required to contact us for rescheduling your appointment.
- 3rd Occurrence: Termination of services. Comprehensive Collaborative Care PLLC will terminate services due to missed appointments effective immediately.

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This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time. **Client Location During Appointments** If you are traveling or temporarily staying outside of the state of residence that you have documented with our company, please inform your provider before you depart. Your location may affect our ability to provide care due to licensure requirements and regulations. **COPAYMENTS. DEDUCTIBLES & CO-INSURANCES:**

- **All patients must store a credit card on file.** The credit card will be charged at time of visit if copayment, co-insurance or deductible is due for the service rendered.
- If you need a few days before we charge your credit card on file, please inform the staff to properly coordinate.

TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please call 603-606-9357, leave a message on my voicemail or contact by email info@comprehensive-care.com. We are often not immediately available; however, we will attempt to return your call within 24 hours. Please note that Face - to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If a true emergency situation arises, please call 911 or any local emergency room.

SOCIAL MEDIA AND TELECOMMUNICATION Due to the importance of your confidentiality and the importance of minimizing dual relationships, we do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

ELECTRONIC COMMUNICATION

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, we will do so. While we may try to return messages in a timely manner, we cannot guarantee immediate response and request that you do not use these methods of communication to

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discuss therapeutic content and/or request assistance for emergencies. Secure messaging can occur by using simple practice client portal. Additionally, our clinicians use HIPAA compliant phone and text message platform called Dialpad to ensure your security for text messages sent directly to you.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of New Hampshire. Under the New Hampshire Telemedicine Act, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that:

1. You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
2. All existing confidentiality protections are equally applicable.
3. Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.
4. Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.
5. There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to treatment, better continuity of care, and reduction of lost work time and travel costs. Effective treatment is often facilitated when the healthcare provider gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. The provider may make assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in services, potential risks include, but are not limited to the provider's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises

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or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the provider not being aware of what they would consider important information, that you may not recognize as significant to present verbally to the provider.

MINORS If you are a minor, your parents may be legally entitled to some information about your treatment. We will discuss with you and your parents' what information is appropriate for them to receive and which issues are more appropriately kept confidential.

TERMINATION Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. We may terminate treatment after appropriate discussion with you and a termination process if we determine that the treatment is not being effectively used or if you are in default on payment. We will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If treatment is terminated for any reason or you request another provider, we will provide you with a list of qualified mental health professionals treat you. You may also choose someone on your own or from another referral source. Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued.

CANNABIS USE POLICY

- If our clinician feels cannabis use is contraindicated for your disease state we reserve the right to discontinue treatment.
- For clients with traumatic brain injuries (TBI) we will not treat via medication management when a client is utilizing cannabis as it interferes with our ability to effectively stabilize and treat the disorder.
- We also reserve the right to test at random if illicit drug is suspected.

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