

Maryland Anxiety & Depression
TREATMENT CENTER, LLC

Primary Physician: _____ Phone number: (_) ___ - ___

Address: _____

Insurance

Policy Holder: _____
First MI Last

Insurance Company: _____

Plan Name: _____

Policy Number: _____

Group Number: _____

Patient/Guardian Signature

Date

Patient Intake Questionnaire

Patient Name _____ Date of Birth _____

Please attach additional pages as necessary.

What is the main issue you are seeking help for? What are your goals for treatment?

What treatments have you tried in the past? If you have seen a psychiatrist or therapist, please provide their name, dates you were seen, and what type of care was provided. If you were prescribed medications, please list them and give doses if possible. Was this treatment helpful?

Do any of your relatives suffer from an Anxiety Disorder, Depression, Addiction, or any other issues that might be considered a mental illness?

What was your home atmosphere like while growing up? Who did you live with?

Is there any personal history, such as an interruption in your education or employment or a relationship issue, that you feel has affected your mental health?

What is your current living situation?

Do you have any medical illnesses? How are they being treated?

Are you taking any medications, including over the counter medications or supplements? Please be as specific as possible, including doses.

Do you have any allergies?

Are you currently or have you recently been pregnant?

Do you have any history of head trauma?

Is there any other information that would be helpful for me to be aware of before your intake begins?

Consent to Receive Outpatient Treatment

I, _____, consent to psychiatric evaluation and, if it is judged appropriate, to receive subsequent outpatient psychiatric care at the Maryland Anxiety and Depression Treatment Center.

I understand that my care provider will make treatment recommendations that are felt to be in my best interests, and that these may include talk therapy, treatment with psychiatric medications, and other forms of treatment. I understand that I am under no obligation to comply with these recommendations, and that the risks and benefits of treatment and of not receiving treatment will be discussed with me.

I understand that, as it is my right not to take a medication that is prescribed, it is also the right of my provider to discontinue a medication whose continuation is not judged to be in my best interest.

Signature

Date

Name (print)

Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of the Notice of Privacy Practices for the Maryland Anxiety and Depression Treatment Center.

Signature

Date

Name (print)

Notice of Privacy Practices

Updated April 23, 2020

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information if we:

- Talk with family or friends about your condition
- Provide mental health care
- Market our services
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- Legally, we may contact you for fundraising efforts, but you can tell us not to contact you again. However, our office does not contact patients for fundraising purposes.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

We are required by law to break confidentiality in the following cases:

- You intend to harm yourself or another specific person.
- You disclose child abuse or elder abuse.
- We receive a subpoena stating that documents must be provided for a legal case.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

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- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Office Policies

In order to work together, it is important that all aspects of the therapeutic relationship be made clear. Please read this information about procedural matters carefully. If you have any questions, I would be happy to discuss them with you.

Appointments

Patients are seen by appointment only. Unfortunately, we are not able to accommodate walk-in visits, and those arriving without an appointment cannot be seen.

You may arrive early for your appointment, but your provider will not be able to see you until the scheduled start time. If you arrive late for your appointment, you will be seen, but please be aware that your appointment will end at the scheduled stop time.

Appointments are scheduled for times between 9:00AM and 5:00PM. Appointments for medication management are 25 minutes in length. Appointments for combined medication management and talk therapy are 50 minutes in length.

Cancellations

All cancellations or time changes must be made at least two business days prior to the scheduled appointment. Your appointment time is reserved specifically for you; we do not double-book appointments. If you cancel without proper notice your provider will not be able to see another patient during your appointment time. For this reason, cancellations without appropriate notice and no-shows are billed at the full appointment rate.

Your provider's schedule may be full for several weeks or months. Because of this, rescheduling an appointment may require a longer wait for an appointment or accepting a different treatment time.

Refills

Refills for prescriptions are typically provided during appointments. Enough refills are provided to last until the next appointment. If you must move your next appointment, it is your responsibility to make an effort to schedule at least one week before a new refill is needed.

In unusual or extenuating circumstances, you may request a refill by e-mail or by voicemail on the office telephone. Please contact us at least one week before the new refill is needed. Please be aware that requiring medication refills is not considered an emergency, and it is not appropriate to use the Emergency Contact line to request a medication refill.

If you have missed or rescheduled multiple appointments, your provider may choose not to refill your medications until you are seen for an appointment.

Forms

If you have a form that must be completed by your provider, the form will be filled out during your next appointment. Please inform your provider at the beginning of the session or by voicemail or e-mail prior to the appointment that a form must be completed during the session.

If a form is too long to complete during an appointment, please be aware that there will be an additional charge to complete the form.

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Fees

Appointments are billed as follows:

Intake (90-120 minutes) \$400

Psychotherapy (50 minutes) \$250

Medication Management (25 minutes) \$160

Appointments by telephone and by video conferencing are billed at the same rates as in-office appointments.

For all new patients, a \$100 deposit toward the cost of the intake evaluation is due at the time of scheduling an intake evaluation. If the intake is cancelled with adequate notice, this deposit is fully-refundable. If the intake is cancelled without notice of two business days, the deposit is non-refundable.

If a form must be completed outside of the normal appointment time, a fee of \$50 per 15 minutes time spent completing the form will be charged.

There is no charge for emergency calls or for brief routine calls.

During the course of treatment, it may be necessary to increase fees due to increased costs and inflation. If this occurs, you will receive at least one month notice prior to increase in fees.

Payment

Payments may be made by credit card, in cash, or by money order. Personal checks are not accepted.

Payment is due at the time of service. If you do not have a form of payment with you at the time of appointment, your appointment will be charged to the card on file.

We are out of network for all insurance providers, and do not bill insurance companies directly. A paper bill will be provided at the time of service for submission to your insurance company; some insurance companies will reimburse part or all of the cost of care to you. However, we cannot guarantee that you will be reimbursed.

Dr. Brown has opted out of Medicare, and due to this Medicare will not reimburse for care at the Maryland Anxiety and Depression Treatment Center. All patients with Medicare benefits must sign a separate contract stating that they will not submit a bill to Medicare.

Inclement Weather

If the office must close due to inclement weather, you will be contacted via your preferred contact method to reschedule the appointment. You will not be charged for the cancelled appointment.

Behavior Policy

Any behavior in the office, waiting room, building, or parking area that is deemed threatening, dangerous, or inappropriate, including substance use, may result in a request that you leave the premises. If deemed necessary by your provider to ensure the safety of other patients or staff, such behavior may result in the termination of treatment.

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Professional Boundaries

For ethical reasons, providers' relationship with patients must be solely professional. For this reason, our providers do not treat patients who they know on a personal level and do not engage in personal relationships of any type with current or former patients.

Providers do not accept gifts from patients.

If a provider encounters a patient outside the office setting, it is our policy not to initiate any interaction. If you encounter your provider and wish to initiate a brief interaction, your provider will respond by greeting you as well.

Termination of Treatment

Ending care typically involves a mutual decision between you and your provider. You have the right to end therapy at any time with no legal or financial obligation other than payment for past sessions or sessions that are not cancelled with notice of two business days.

If you decide at the end of a session, or between sessions, to discontinue care, you will be asked to attend one additional session to discuss the decision. In many cases, ending mental health care can be due to misinterpretation or difficulty of therapy. This final appointment will ensure that the decision to discontinue care is made appropriately, and is often of benefit to you. However, you are under no legal or financial obligation to schedule this session.

Other forms

Several policies are explained in detail on separate forms. These include our Credit Card Policy, Controlled Substances Policy, Privacy Practices, and Contact Policies.

I have read and understood the Maryland Anxiety and Depression Treatment Center's Office Policies and agree to follow these policies.

Signature

Date

Name (print)

Policy for Contacting your Provider

It is our goal to be accessible to meet your mental health needs. However, as many forms of contact are available, we hope to clarify which forms are most appropriate for you to reach us.

Office Telephone: During the day, your provider may be seeing patients and unable to answer the office phone. Messages on the office telephone are checked regularly, and will be returned within one business day during normal business hours. This telephone may be used to schedule or cancel an appointment or to request medication refills, as well as to ask brief non-urgent questions. Please leave a brief message that includes your name and the reason for the call.

Emergency Number: Calls made to your provider’s emergency line will be answered immediately if possible. This line is to be used only in situations in which a delay in response could risk serious damage to your health. Conversations on the emergency line are typically brief, with a goal of providing an emergency intervention rather than an extended conversation. Emergency calls are often a sign that you need to be seen sooner, and you may be asked to schedule an appointment during the call. If your provider is unable to respond to a call on the emergency line and you are in the midst of a life-threatening emergency, please dial 911 for emergency care.

E-mail: E-mail messages are checked regularly by your provider, and will be responded to in one business day. Our e-mail server is encrypted and fully HIPAA compliant, but please be aware that your own e-mail server may not be secure, and unsecure e-mails can be intercepted by third parties. Email may be used to schedule or cancel appointments, to request medication refills, or to ask brief non-urgent questions.

Text/SMS Messages: We do not communicate with patients by text message in most circumstances. Unexpected text messages will NOT be answered by your provider.

Social Media: Social media sites are public, and interactions on these sites would make our therapeutic relationship publically visible. Because of this, in order to respect your privacy we do not respond to friend requests by patients, follow patients, or respond to messages of any kind sent on social media.

Any abusive communication may be cause for discharge from the practice. Any threats made will be reported.

I have read and understood the Maryland Anxiety and Depression Treatment Center’s contact policy, and agree to follow this policy.

Signature

Date

Name (print)

Controlled Substances Policy

Many different types of medications are used to treat mental illness. Some of these medications carry the risk of addiction or abuse, and are referred to as Controlled Substances. Prescriptions and refills of these medications are monitored by the State of Maryland and by the Federal Drug Enforcement Agency.

Controlled Substances prescribed at the Maryland Anxiety and Depression Treatment Center may include stimulants (such as Adderall and Ritalin), benzodiazepines (such as Klonopin or Ativan), and some sleep medications (such as Ambien or Lunesta).

Because these medications can be abused, if you are prescribed a Controlled Substance you must follow specific guidelines:

1. You must take the medication only as directed
2. If you feel that your dose is not high enough, you must discuss this with your provider before adjusting your dose
3. You are responsible for your medication and must take precautions to ensure that it is not lost or stolen

If you require an early refill because you have increased your dose without first speaking to your provider, or because your medication was lost or stolen, you are in violation of the Controlled Substances Policy.

We understand that circumstances outside of your control may result in the need for a refill, and will allow ONE violation of the policy to account for this. Subsequent violations of the policy will result in discontinuation of the Controlled Substance, and further Controlled Substances will not be prescribed. If we have reason to believe that you have intentionally misled your provider to obtain Controlled Substances, you may be discharged from care at your provider's discretion.

Please also be aware that, in most cases, benzodiazepines are prescribed only as a temporary measure. You are expected to be willing to gradually wean off of these medications as your symptoms improve with safer medications and coping skills.

Finally, in accordance with Maryland State law, all patients prescribed Controlled Substances will be monitored at times on the Maryland CRISP system to ensure that they are not also receiving Controlled Substances from other providers.

I have read the above and agree to the Controlled Substances Policy

Signature

Date

Name (print)

Credit Card Use Policy

I understand that my credit card may be used as a form of payment for treatment at the Maryland Anxiety and Depression Treatment Center. I understand that there is no additional fee for use of a credit card as a form of payment.

I allow my credit card to be used for any fees involved in my psychiatric care. I further allow my credit card number to be kept in a secure file for use in payment of fees automatically in some situations, including no-shows and cancellations without notice of at least two business days. I understand that if the card on file is no longer active, I must provide a new card number to the office. If an automatic payment cannot be made due to an inactive card, I understand that I will not be seen for a new appointment until the payment is made.

I have read and understood the Maryland Anxiety and Depression Treatment Center's credit card policy, and agree to follow this policy.

Signature

Date

Name (print)

CRISP Policy

The Maryland Anxiety and Depression Treatment Center participates in the Chesapeake Regional Information System for our Patients (CRISP), a Health Information Exchange in the state of Maryland and the District of Columbia. The purpose of this program is to share health information securely between healthcare providers.

Records from Maryland Anxiety and Depression Treatment Center are not uploaded to CRISP, but most hospitals and select primary care providers in the region make their records visible through this Exchange. Our institution does maintain a list of active patients with CRISP, but this list is not visible to other providers or to any agency other than CRISP.

Connecting to CRISP allows your provider to access medical records and results of laboratory testing from other facilities, as well as medications prescribed by other physicians, more effectively.

You may “opt out” of participation in CRISP by calling 1-877-952-7477 or by completing an Opt Out form available on their website at www.crisphealth.org. This will disable access to all records other than reporting of prescriptions of Controlled Substances.

I have read and understood the Maryland Anxiety and Depression Treatment Center’s CRISP policy, and agree to follow this policy.

Signature

Date

Name (print)