MIND HEALTH, P.L.

Lynn M. Williams Psy.D., APRN-IP, PMHNP-BC
Clinical Health Psychologist
Board-Certified Family Psychiatric Mental Health Nurse Practitioner
2770 Indian River Blvd, Suite #318
Vero Beach, FL 32963
772.231-1379

IMPORTANT INFORMATION AND CLIENT CONSENT: Please read and sign at the end stating you have fully read and understand the information below.

Professionals Include:
Dr. B. Lynn M. Williams

CLIENT/THERAPIST RELATIONSHIP: You and I have a professional relationship existing exclusively for therapeutic treatment. This relationship functions most effectively when it remains strictly professional and involves only the therapeutic aspect. Your Therapist can best serve your needs by focusing solely on therapy and avoiding any type of social or business relationship. Gifts are not appropriate, nor is any sort of trade of service for service.

AVAILABLE SERVICES: I offer a wide array of counseling services and medication management to children, adolescents, adults, and the elderly. Effective psychotherapy and/or medication management is founded on mutual understanding and good rapport between client and therapist/prescriber. It is my intent to convey the policies and procedures used in my practice, and I will be pleased to discuss any questions or concerns you may have.

RISKS AND BENEFITS: Psychotherapy and medication management are often beneficial. In addition, I will prescribe medications that are FDA approved for the your diagnosis. I will go over any side effects with you, but I also impress upon patients the need to read any handouts that the pharmacy provides for you.
If you are also seeing me for therapy please note that during counseling, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The benefits of counseling can far outweigh any discomfort encountered during the process, however. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving. I cannot guarantee these benefits, of course. It is my desire, however, to work with you to attain your personal goals for psychotherapy and/or for medication management.

COUNSELING: I provide counseling/therapy/coaching designed to address many of the issues my clients are dealing with. I also provide medication management in the event that you are already working with a counselor or therapist. However, your first visit will be an initial assessment and evaluation for treatment session lasting 60 minutes in which you and I will determine your concerns, and if both agree that I can meet your therapeutic needs, develop a plan of treatment.

The goal of our therapeutic relationship is to provide the most effective therapeutic experience available to you. If at any time you feel that you and I are not a good fit, please discuss this matter with me to determine if transferring to a more suitable Therapist/prescriber is right for you. I will address your concerns with respect and care. If you and I decide that other services would be more appropriate, I will assist you in finding a provider to meet your needs.

Wellness is more than the absence of disease; it is a state of optimal well-being. It goes beyond the curing of illness to achieving health. Through the ongoing integration of our physical, emotional, mental, and spiritual self, each person has the opportunity to create and preserve a whole and happy life. My services are designed to provide my clients an integrated solution for their mind, body, spirit, and life to enhance their lives and resolve issues.

Appointments and Fees

APPOINTMENTS: Initial Evaluation and Assessment for Treatment for all patients is a 60-90 minute Mandatory appt. Medication Management appointments are 30 minutes in length and are scheduled every 3-4 weeks until that patient is stabilized or in remission and then follow-ups are usually every three – six months. Initial Evaluations and Assessments are mandatory for any Therapy appts. Therapy sessions without medication management are 60 minutes.

For other fees and times, please refer to my website under the NEW PATIENTS and FEES section:

*** *When first meeting with my patients I collect the balance of payment for the Initial Evaluation* ***at the time of service and NOT in advance****. A non-refundable deposit of $140.00 (one-half of the total fee) is due at the time of booking the Initial Evaluation. However, please note that unless previous arrangements have been made with me payments are billed* ***the week prior to your follow-up appointment****. Attached to this policy statement is a credit card authorization for you to bring into your first appointment. Please let me know asap if you want a Superbill supplied to you after each visit for you to file with your insurance company. Medicare Patients are not eligible for a Superbill for insurance purposes.*

If you must cancel or reschedule your appointment, I ask that you call my office number at 772-231-1379 OR **by email at drlynnwilliams50@yahoo.com with a *minimum* of 48 Business work day hours in advance. This will free your appointment time for another client. Should you not call a *full* 48 Business work day hours in advance, my regular full session fee will be charged, except in true emergencies. If there is a 48 hour Business work day notice than appointments may be reimbursed *minus any fees charged to me by the credit card company or the venue used to make payment or it can be applied to a future session.***

RESPONDING TO VOICEMAILS, TEXTS, OR EMAILS AFTER HOURS: **Please note that after 6pm Eastern Time Monday through Thursday, or anytime on Friday's, Holidays & Weekends that I will not be able to respond until the next business day between 8-9 a.m. The EXCEPTION is if there is any reaction to or any concern about any effects that you are experiencing from any medication which I have ordered. IF that is the case, then I will do my very best to be available 24/7.**

FEE SCHEDULE: I do NOT accept any insurances. You may request a Superbill should you desire to file with your own insurance company, however, there is no guarantee that any monies will be paid to you.

All Fees below are discussed with clients **prior to service** and are paid via Credit Card or Debit Card. If you need to pay by any other means, please feel free to discuss this with me. Any returned check is charged a $100.00 fee.

Follow-up Appointments are not considered confirmed until Payment is received. Follow-up appts. are charged the week before your scheduled appointment. If you need to discuss other arrangements, then please let me know at the time of booking a follow-up appt.

- **Initial Diagnostic & Evaluation Session** (1st visit – 60 - 90 minutes) - $290.00
- **Regular Therapy Office Visits *AFTER*** completing the Initial Evaluation (60 minutes) (Individuals) - $ 225.00
- **Therapy Plus Medication Management** (60 minutes) - $250.00
- **Medication Management Sessions** (30+ minutes) – ***MUST*** have completed the Initial Psychiatric Evaluation First – $150.00
- **Consultations for one hour** - $250.00
- **Bariatric Surgery Evaluations:** (90 minutes) - $290.00 this fee includes the written report faxed to your surgeon
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- **Typed Written Reports** (insurance companies, supervisors, any kind of medical record related to treatment under my care, etc.) pro-rated at $250.00/hour

- **Telepsychiatry Fees:** My regular rates are charged with the same regulations stipulated within this Policy. Sessions are being conducted over telepsychiatry/telehealth.

- **Disability Claims**: **PLEASE NOTE THAT I DO NOT FILE DISABILITY CLAIMS NOR DO I PARTICIPATE IN THE FILING OF DISABILITY CLAIMS SUCH PROVIDING TREATMENT NOTES, DIAGNOSIS, ETC.**

- **Malpractice Legal Issues/Law Suits of any kind: Please note that I do not participate in any kind of legal lawsuit, Malpractice or otherwise. Should you be considering a current or future law suit or if there is any potential for opening a past legal issue based on psychiatric care please let me know before our first appt. If a legal issue presents itself as a fact or possibility after anytime after our first appointment, then I expect to be informed ASAP to discuss options from that point on.**

A reasonable fee of $1.50 per page for the first 20 pages and $1.00 for each page thereafter, will be charged for **copies** of any **typed** records requested by the Client.My client notes are handwritten and abbreviated by me. I would need to charge my hourly fee in order to put them into a typewritten format.

PAYMENT/EMAILS/PHONE CONTACTS/INSURANCE FILING/REVIEW OF MEDICAL RECORDS:

- **A patient may contact me via email, but any email that takes me more than 5 minutes to read and respond to will be prorated at $250.00 an hour.**
- **A phone call that requires more than 5 minutes is also prorated at $250.00 an hour.**
- **Emails, texts, or phone calls to verify an appointment are not charged.**
- **A review of Medical Records that are more than 10 pages in length will be charged based on the hourly fee of $250.00 an hour.**
- **Any Typed written records needed for insurance companies, other offices, or individuals or businesses are prorated based on the hourly fee of $250.00 an hour.**
- **If you request that I speak with you about a minor or an elderly patient outside of normal appointment times than I will be happy to schedule a consultation time with you at my hourly fee of $250.00 an hour.**
- **Requests for med refills that are needed due to not scheduling an appointment on time or not showing up may be charged $30.00 to bridge meds until the next appointment time. If the medication is a schedule II stimulant and there is a shortage of prescribed and recommended medication then the patient will need to shop around for a pharmacy that has it available OR I would need to charge a pro-rated hourly fee to contact pharmacies, be placed on hold, consult with pharmacist and the patient. Sadly, this appears to be an issue every single month since November 2022 and the time involved has become necessary to charge. To date, the minimum amount of time I have spent on any one patient for this issue has been 30 minutes.**
- **Requested consultations with other professionals are also prorated based on the hourly fee of $250.00 an hour. This does NOT include the initial contact with referring professionals.**

EMERGENCIES: You may encounter a personal emergency which will require prompt attention. In this event, please contact me at 772-231-1379 regarding the nature and urgency of the circumstances. I will make every attempt to schedule you as soon as possible or to offer other options. Because clients may be scheduled back-to-back, it is not always possible to return a call immediately. However, I will make every effort to respond to your emergency in a timely manner. If you do not hear back from me within 24 hours please assume that the message may have become garbled (often happens with cell phones) and call back from a land line.
If you are experiencing a life-threatening emergency or crisis, **call 911** or have someone take you to the nearest emergency room for help. **THIS WEBSITE IS NOT TO BE USED FOR EMERGENCY PSYCHIATRIC CARE!** When I am out-of-town, you will be advised ahead of time OR it was be on my voicemail at 772-231-1379. .

CONFIDENTIALITY: I follow all ethical standards prescribed by state and federal law. I am required by practice guidelines and standards of care to keep records of your sessions. These records are confidential with the exceptions noted below and in the Notice of Privacy Practices provided to you.

Discussions between a Therapist/Prescriber and a client are confidential. No information will be released without the client's written consent unless mandated by law. **Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of the elderly or disabled; abuse of patients in mental health facilities; sexual exploitation; AIDS/HIV infection and possible transmission; criminal prosecutions; child custody cases; suits in which the mental health of a party is**

in issue; situations where the Therapist has a duty to disclose, or where, in the Therapist's judgment, it is necessary to warn or disclose; fee disputes between the Therapist and the client; a negligence suit brought by the client against the Therapist; or the filing of a complaint with the licensing or certifying board. If you have any questions regarding confidentiality, you should bring them to my attention when you and I meet for our first session. By signing this Information and Consent Form, you are giving consent to me to share confidential information with all persons mandated by law and with the agency that referred you and the insurance carrier responsible for providing your mental health care services and payment for those services, and you are also releasing and holding harmless me from any departure from your right of confidentiality that may result.

DUTY TO WARN/DUTY TO PROTECT: If my Therapist/Prescriber believes that I (or my child-if child is the client) am in any physical or emotional danger to myself or another human being, I hereby specifically give consent to my Therapist to contact the any person who is in a position to prevent harm to me or another, including, but not limited to, the person in danger. I also give consent to my Therapist to contact the following person(s) in addition to any medical or law enforcement personnel deemed appropriate:

Name Telephone Number

_____ _____

INCAPACITY OR DEATH: I understand that, in the event of the death or incapacitation of the undersigned Therapist/Prescriber, it will be necessary to assign my case to another Therapist/Prescriber and for that Therapist/Prescriber to have possession of my treatment records. By my signature on this form, I hereby consent to another licensed mental health professional, selected by the undersigned Therapist/Prescriber, to take possession of my records and provide me copies at my request, and/or to deliver those records to another therapist/prescriber of my choosing.

CONSENT TO TREATMENT: By signing this Client Information and Consent Form as the Client or Guardian of said Client, I acknowledge that I have **read, understand, and agree** to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receiving mental health assessment, treatment and services for me (or my child if said child is the client), and I understand that I may stop such treatment or services at any time. NOTE: If you are consenting to treatment of a minor child, if a court order has been entered with respect to the conservatorship of said child, or impacting your rights with respect to consent to the child's mental health care and treatment, I will not render services to your child until I have received and reviewed a copy of the most recent applicable court order.
Please sign and date wherever there is a ******.

******_____ _____

Signature – Client/Parent Date

Date

_____ _____

Therapist Signature Date

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CREDIT CARD AGREEMENT

Patients who are uninsured, private pay patients, or whose insurance does not cover the total cost of psychiatric services covered by regular Medicare such as a secondary insurance are personally responsible for payment. This also includes any missed appointment fees or cancellations that were made in less than 48 hours (unless an emergency or the issue has been discussed with me).

Credit Card: ( ) VISA ( )MASTERCARD ( ) AMERICAN EXPRESS ( ) DISCOVER

CARDHOLDER'S NAME:

BILLING ADDRESS INCLUDING THE ZIP CODE:

CARD # _____ EXP. DATE _____

THREE DIGIT CID NUMBER_____ BILLING ZIP CODE_____

I agree to the above terms and I authorize this practice to charge my credit card if I do not cancel in less than 48 hours or if regular Medicare secondary insurance does not cover the full allowed Medicare fee.

_____ _____
SIGNATURE DATE