# Serene Minds, LLC

410 Foulk Road, Suite 102
Wilmington, DE 19803

80 Omega Dr, Bldg C
Newark, DE 19713

## GUIDELINES FOR CLIENTS

Welcome to Serene Minds, LLC. We are an outpatient behavioral health provider offering medication management and therapy to people ages 3 through 95+. These documents will be retained in your record. You may request a copy, for your own records upon completion.

## SERVICES OFFERED AND CLIENT RESPONSIBILITIES

| **Services offered:** | **The following services are not provided:** |
|---|---|
| 1. Psychiatric assessments | 1. In-patient services |
| 2. Medication management | 2. Substance abuse detoxification |
| 3. Therapeutic services | |

If Serene Minds, LLC, does not provide the service requested, our staff will try to provide you with information of other community services.

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## ELIGIBILITY

All persons are eligible to receive services regardless of race, gender, religion, socio-economic status, sexual orientation, or special need. Specialized programs have clearly defined criteria for admission.

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## APPOINTMENTS

Appointments must be scheduled during the normal business hours of operation during the week days. Your appointment time is reserved for you and it begins at the appointed time. For your information:

- Psychiatric evaluations are approximately 45 to 50 minutes;
- Routine medication management checks (for refills) are approximately 15-20 minutes;
- Therapeutic intake evaluations are approximately 60 minutes;
- Routine therapy follow-up sessions are approximately 45-60 minutes.

If you are having concerns regarding your medication, please inform our scheduling staff before your scheduled appointment day. If you experience a clinical emergency during non-business hours, please call 911.

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## FEE SCHEDULE (as of March 1, 2018)

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|---|---|---|---|
| PSYCHIATRIC ASSESSMENT | $250.00 | THERAPY INTAKE | $150.00 |
| MEDICATION CHECK | $105.00 | THERAPY FOLLOW-UPS | $100.00 |

Serene Minds, LLC, accepts most insurance plans that contain mental health coverage. You are responsible for paying the co-pay, deductible and the co-insurance for your health plan as dictated by the Explanation of Benefits provided by your insurance company. Your co-pay must be paid at the time of service. Please pay your co-pay prior to being seen. If you do not have your co-pay with you, your appointment may be rescheduled. Serene Minds, LLC accepts cash, checks, VISA, Mastercard, Discover and American Express cards. Serene Minds, LLC reserves the right to make changes to this fee schedule without client notice.

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## CANCELLATION/NO SHOW

If you must cancel your appointment, it **must** be done, at least, 24 hours prior to your scheduled appointment. **If you do not cancel within this time or do not show for a scheduled appointment, you are responsible for the administrative cancellation fee of $35.00.** Your insurance carrier will not pay this fee. This fee must be paid prior to rescheduling any further appointments.

If you cancel with less than 24 hours' notice or no show for two (2) appointments in six (6) month time frame with your therapist or psychiatrist, either provider reserves the right to discontinue care and refer you to seek care with another coordinating provider.

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**PAYMENT FOR SERVICES**

Insurance Co-Pays or fees must be paid prior to each session. You will not see the psychiatrist if the co-pay or fee is not paid prior to the session, unless reasonable arrangements are made otherwise.

**PAYMENT OPTIONS**

**1. Insurance coverage** for outpatient behavioral health services can be different from coverage for medical visits to a physician. To insure you are aware of what type of coverage you have, we strongly suggest you verify your benefits for outpatient mental health coverage by calling your insurance carrier. When speaking with your insurance carrier you should consider asking the following:

- What types of behavioral health services are covered?
- Can I receive services through Serene Minds, LLC? Is Serene Minds, LLC an approved provider?
- Do I need an authorization number to bring with me to the first session?
- Is there a co-pay? How much do I need to pay for the first session? After that?
- How many sessions am I allowed in one year?

Serene Minds, LLC will do their best verify your insurance coverage before services begin. Any additional authorizations needed as services continue are obtained by Serene Minds, LLC, unless the insurance carrier requires you to call for the additional authorizations. It is the insurance carrier's responsibility to explain your benefits to you. Please be aware that:

- Most insurance companies do not pay the entire fee for outpatient behavioral health services.
- You will be held responsible for the remainder of the fees under the terms of your insurance.

If insurance coverage terminates prior to the completion of your service, you will be responsible for payment of the continuation of services.

**2. Out-of-Pocket**

If you choose to pay out-of-pocket, our fees are provided on the page 1 of these guidelines. If there are financial circumstances which impact your ability to pay for this service at the rates, please speak with our Practice Manager and your provider(s).

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**CONFIDENTIALITY**

Serene Minds, LLC, does not disclose to any person outside the agency that you have used our services or disclose any identifying information about you. All records and information are kept in strict confidence, within legal limits. However, Federal and State laws require us to share information under certain circumstances, listed below:

1. Information is shared if there is a suspicion of child abuse or neglect of children, elderly and/or disabled persons.
2. Information is shared with medical personnel in a medical emergency.
3. Information is shared with state or local authorities, as well as persons threatened to be harmed, in order to prevent or report a threat or a crime committed against property or

person. As per Delaware's state case law, it is the Agency's "duty to warn" of imminent harm, defined specifically as per an individual or if a general threat is made.

4. Information is shared if it is required by court order.
5. Information is shared as per fee collection.

Professional agencies can review records to make sure that Serene Minds, LLC is providing you with high quality services and that we meet our contractual agreements. The agencies that review records for this purpose are health insurance carriers, State of Delaware departments, the Council on Accreditation, auditors, and other funding and regulatory agencies.

___I acknowledge that I am signing this consent in the absence of coercion, duress or deceit and am aware of the exceptions noted above (please initial acknowledgment).

I understand that my mental health, substance use or other addiction disorder issue records are protected under the Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996, 45 CFR, Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. The consent shall be valid only for the period reasonably necessary to accomplish the purpose for which it was given.

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**NOTICE OF PRIVACY PRACTICES AND PATIENT RIGHTS**

By my signature below I _____ acknowledge that I received a copy of the Notice of Privacy Practices & Patient Rights for Serene Minds, LLC.

I acknowledge that I am signing this consent in the absence of coercion, duress or deceit.

_____ _____

Signature of client (or guardian) Date

I understand that my mental health, substance use or other addiction disorder issue records are protected under the Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996, 45 CFR, Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. The consent shall be valid only for the period reasonably necessary to accomplish the purpose for which it was given.

**If this acknowledgment is signed by a personal representative on behalf of the client, complete the following:**

Guardian's Name: _____

Relationship to Client: _____

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**TREATMENT AUTHORIZATION**

I, _____, authorize the staff of Serene Minds, LLC to provide mental health medication management &/or therapeutic services to:

__Myself __My Child

This consent will remain in effect during the time services are being provided by Serene Minds, LLC. **I also acknowledge that my case will close after ninety (90) days if I have not seen my psychiatrist or therapist in person, unless other arrangements have been made.**

**I HAVE READ ALL THE ABOVE AND AM SIGNING THIS CONSENT IN ABSENCE OF COERCION, DURESS OR DECEIT.**

**Signed _____ Date _____ (Client or parent/guardian)**