

# Atara Health Solutions, Ltd.

## OUR POLICIES, YOUR RIGHTS, & YOUR RESPONSIBILITIES

**Services Provided:** Your Atara Health Solutions provider is licensed to conduct Psychiatric Medication Management, Psychotherapy, Psychoeducation, and other behavioral health services. Services are generally limited to patients age 18 to 64. In general, your care will be restricted to Psychiatric Medication Management. Other non-psychiatric medical problems will be referred to your Primary Care Provider or other provider as appropriate.

**Minors:** Patients under 18 years of age have significant specific legal rights under Virginia law when receiving outpatient behavioral healthcare. It is the responsibility of minor patients and their parent(s)/guardian(s) to read and understand *Code of Virginia, § 54.1-2969. Authority to consent to surgical and medical treatment of certain minors.*

**Electronic Portal:** Atara Health Solutions is teamed with Onpatient.com, a provider of secure electronic portal communications and access to your medical records. After your first visit, you will be emailed an invite to sign up for this portal; you are very strongly advised to enroll. The portal provides secure messaging with your provider, access to appointment scheduling 24 hours a day, ability to pay bills online, and some access to your medical records.

**Provider Communication:** Physical, face-to-face appointments at our office or scheduled Telemedicine visits will always be your provider's primary means of communicating with you. From time to time, other means of communicating may be employed, and these are our general guidelines:

- Your primary means of remote, asynchronous communication is secure messaging with your provider through our electronic portal, Onpatient.com.
- Your provider generally will not interact with you regarding *clinical matters* via email or text, as we are unable to verify security of your email or phone system; we may use email and text for clerical or administrative matters.
- Telephone calls are a brief and infrequent means of communicating with your provider, and shall be limited to emergencies, urgent reports of adverse events, or negative reactions to your treatment.
- BY PROVIDING US WITH YOUR CELLPHONE NUMBER AND EMAIL YOU AGREE TO EXCHANGE ADMINISTRATIVE MESSAGES WITH US, SUCH AS APPOINTMENT REMINDERS AND IMPORTANT NOTIFICATIONS.
- *Atara Health Solutions does NOT have 24 hour telephone coverage and you will reach voicemail when calling after hours, and frequently during normal business hours as well.*

**Follow-up Intervals:** After the Initial Consultation, *you are required to have a follow-up session at least every ninety days or less.* If you repeatedly miss appointments or do not schedule follow-ups, you are subject to termination from the practice (see **Termination of Care**).

**Prescriptions and Refills:** Your recent prescription history is available for our use electronically through our link with Sure Scripts, to ensure your safety and highest quality of care. The following are our general guidelines for prescribing psychiatric medications:

- A maximum of a ninety-day supply will be prescribed at each appointment;
- A refill will generally only be offered if you have an upcoming appointment scheduled, and only in sufficient quantity to last until that appointment (usually a thirty day supply);
- Refills should first be requested by contacting your pharmacy, as they often will have refills available for you;
- If your pharmacy cannot resolve your request, contact us via the Onpatient.com portal or via telephone;
- Refill requests will not generally be honored via email, fax, text, or other communication.

**Controlled Substances:** We will adhere to these guidelines when prescribing Schedule II-VI Controlled Substances:

- Your Virginia Prescription Drug Monitoring Program record will be checked at every visit that controlled substances are prescribed. Information about all Schedule CII-CVI drugs you have been prescribed in the past two years in Virginia and other relevant jurisdictions will be reviewed and that information will be used in making safe treatment decisions for you.

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- Controlled substances will generally be prescribed sparingly, at the lowest effective dose and for the shortest period of time to control symptoms.
- A lost or stolen controlled prescription fill will be replaced only once per calendar year regardless of the circumstances; a stolen controlled prescription fill will require a complete police report be provided before it will be refilled.
- Any patient who exhibits reasonable suspicion of abusing, transferring, misusing or otherwise violating reasonable use of controlled substances is subject to immediate termination of care and/or referral to law enforcement, as appropriate.

**Inclement Weather:** From time to time, particularly in winter, there are weather events that severely disrupt safe transportation in our region. During inclement weather events, we will likely change your in-person visit to a Telemedicine visit and conduct it at the appointed time.

**Health Status:** It is your responsibility to keep your provider informed at all times of your health status. This includes, but is not limited to, your pregnancy status, all medications you are taking, any change in medical condition/new medical conditions you have, and any side effects or negative reactions to your treatment.

**Students:** Atara Health Solutions is a teaching facility affiliated with several accredited institutions of higher learning. You will from time to time have a student with you and your provider during your session.

**Standards of Behavior:** All patients and any members of their party are required to show respect to any and all providers or staff, other patients, or anyone they may encounter on the premises of Atara Health Solutions or during any communication with Atara Health Solutions providers or staff. *Any form of verbal abuse, threatening or disrespectful behaviors are grounds for immediate termination of care at our sole discretion.*

**Documents, Forms or Letters:** If you require specific forms completed such as FMLA, DMV, Disability, or other forms or letters, the following guidelines apply:

- We will generally not complete any such forms after a single first visit, as a single visit does not provide sufficient information to complete documentation;
- You must provide the forms with as much relevant information (your name, date of birth, etc) completed for us;
- It will take five to ten business days before we can complete your forms;
- There will generally be a charge for completing any forms or letters on your behalf.

**Termination of Care:** You may terminate your care with us at any time; a notification of your intent to stop care is greatly appreciated. Your care may be terminated by us at any time for any of these situations:

1. You do not abide by the policies as spelled out in this agreement;
2. You repeatedly fail to keep appointments without due notice of cancellation at least twenty-four business hours before the scheduled appointment (“no-show”);
3. You are significantly non-adherent to treatment plans, therapy recommendations or medications;
4. There is evidence you are abusing, misusing, or distributing any medication we prescribe to you;
5. You are engaged in substance or alcohol use to a degree that undermines our ability to care for you;
6. You do not abide by our financial policies;
7. You forge or otherwise misuse official communications from us for legal, business or personal benefit;
8. You withhold, exaggerate or falsify vital information about your medical or health status that makes it impossible for us to render safe care to you; or
9. Your provider, in their professional opinion, believes that you would be better cared for by another provider for any reason.

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**Telemedicine:** Atara Health offers Telemedicine visits via video chat. During certain times, such as the COVID-19 Pandemic or during severe weather, Telemedicine visits are the only appointments offered. It is possible that Atara Health Solutions, Ltd, will not offer in-person visits for significant periods of time and will offer only Telemedicine visits.

### **Informed Consent for Telemedicine:**

I understand that my healthcare provider wishes to evaluate, diagnose, manage, and/or treat my medical condition through an interactive video communication involving the electronic transmission of information referred to as “telehealth” or “telemedicine.”

I further understand that because my provider and I are not in the same room, a telehealth consultation will not be the same as an in-person visit as my provider must rely solely on the information reported to make recommendations.

I understand that while steps are taken to secure the telehealth communication, there is no guarantee of security and there are potential risks to this technology, including interruptions and disconnections of the audio/video link, unauthorized access, and other technical difficulties.

I understand that my healthcare provider or I can discontinue the consultation at any time for any reason. I further understand that I can be seen in person at another time and confirm that my participation in telehealth is completely voluntary.

I understand that while a telehealth session will not be recorded, it will be documented.

By participating in a telehealth consultation, I confirm that the risks, benefits and any practical alternatives have been discussed, I have had the opportunity to ask questions regarding the process, and that my questions have been answered to my satisfaction.

I understand that to participate in telemedicine visits with Atara Health Solutions, I must be physically located in Virginia. I further understand that ***I must NOT be driving a motor vehicle*** or engaged in other activities which can endanger myself or others while participating in the telemedicine visit.

### ***Emergencies and After-Hours:***

- *In the event you are suffering a psychiatric emergency or crisis, or are in danger of self injury or injury to others, call 911 or go to the nearest emergency room. We cannot guarantee that electronic communication or telephone calls will be responded to in a timely enough manner to assist you in such a crisis.*
- *If you believe you may be suffering severe negative effects of a medication such as an allergic reaction, call 911 or go to the nearest emergency room, as we will not be able to see you fast enough to determine the cause of your symptoms.*
- *For non-crisis or non-emergent problems or concerns contact us as noted above in **Provider Communication**.*

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### FINANCIAL POLICIES

**Payment:** Your full payment for your visit is due at time of service.

- All major credit cards (including FSA/HSA cards), checks and cash are accepted;
- ***If the patient is not the person responsible for payment (for example when a parent is the guarantor), we may require that a major credit card be kept on file so we may process payment at time of service;***
- We prefer that all patients provide us with a Credit Card on file as a convenience for both you and Atara Health Solutions.

**Health Insurance:** Atara Health Solutions does not currently participate with any health insurance program.

- You may be eligible to receive some reimbursement from your insurance company for fees paid to Atara Health Solutions; ask us for an Itemized Receipt (“Superbill”) after you have paid for your visit, if needed.

**Pricing:** The following pricing structure is in place, but is subject to change:

- *First Visit/Initial Consultation* (generally 75 minutes): **\$275**
- *Follow-Up* (generally 15-25 minutes, depending on complexity): **\$99**
- *Complex Follow-Up* (generally 26-45 minutes, depending on complexity): **\$149**
- *Reopening an inactive account:* In the event you have not had an appointment with us for greater than 180 days, you may be charged a fee of **\$199** for your return visit regardless of length of the meeting.
- *Missed Appointments:* if your appointment is missed (“no-show”), or canceled without notification at least 24 hours in advance, a fee of **\$70** will be added to your account.
- *Forms Completion:* **\$50** is due for any form or letter you need completed by your provider at request of your employer, disability insurance, school, a governmental agency, or any other reason.
- *Chart Printing:* **\$0.15** per page may be charged for printing of your records (in general we do not charge for electronic delivery of records).
- *Returned/Denied Payment:* There will be a **\$50 surcharge** for any form of payment that is returned or noncollectable, e.g. a check returned for insufficient funds or credit card payment that is disputed.

**Payment Plans:** In the event you are unable to pay your outstanding balances, we will generally offer very generous terms for an installment plan, usually 0% interest with no fees, provided you make a good-faith effort to meet your obligations and make payments regularly. Ask us to help you make arrangements for outstanding balances that you cannot pay in full at one time.

**Unpaid Balances and Collections:** Unpaid balances beyond 90 days may be submitted to a collections agency for recovery. In such an event, the patient or guarantor will be responsible for paying the collection fees as allowed by law, as well as the outstanding principle balance.

Atara Health Solutions, Ltd  
Norman M Jacobowitz, MSN, PMHNP-BC  
CEO/President  
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