Shanti Wellness, LLC
28 Millburn Avenue, Suite 7
Springfield, NJ 07081
908-447-8593
www.shantiwellnessllc.com

Practice Policies

Types of Services

- *Evaluation:*
  - A thorough evaluation of 90 minutes is conducted for children and adolescents. Additional tests may be ordered at the time of the evaluation (if needed).
  - Typically, a second 45-minute session is needed to complete the evaluation**.**
  - **Please note that medications may not be prescribed for every client, and they may not be prescribed at the first appointment.**
  - At the end of the evaluation session(s), it will be determined whether or not the client can be seen for ongoing services at this clinic. If the client cannot be treated in this clinic due to their higher needs/complexity or need for more specialized treatment, then other recommendations will be provided.

- *Medication Management:*
  - Once a client is evaluated, they may need routine appointments for medication management with occasional supportive therapy, and these appointments are 25 minutes in length.
  - If longer than 25-minute sessions are needed based on the intensity of the issues, then future appointments will be scheduled for 45 minutes.
  - If a client is accepted into the clinic for medication management, then the client and the guardian (for children/adolescents) will need to follow the treatment recommendations. A parent or legal guardian is required to actively participate in the treatment of children/adolescents.

- *Consultation:*
  - Evaluations for second opinion or only consultations are available**.** **Consultations are not provided for custody evaluations**.
  - The charges for these will be based on the complexity and the need to review other documentation and background information.

- *Therapy:*
    - If a client needs medication management and routine individual therapy that can be provided at this clinic, the appointment will be 45 minutes in length and would be scheduled at a frequency of once a week or every other week based on the intensity of the issues being addressed.

Electronic Medical Record (EMR)

This clinic uses an Electronic Medical Record (EMR) system through a vendor (Valant). This EMR is compliant with required privacy standards as deemed necessary by the Health Information Portability and Privacy Act (HIPAA). Your clinical information will be entered into this EMR. This clinic will require you to create a client/patient portal to receive questionnaires and invoices. You will be provided information about how to access the portal during the evaluation session. **Please do not reply to any email reminders or notifications through the patient portal. If you have any questions, please call the clinic.**

Clinical questionnaires

You and your child will be asked to complete clinical questionnaires that will be assigned through the EMR's patient portal. **These forms and questionnaires will need to be completed at least 2 days prior to the initial appointment, otherwise your appointment will be rescheduled.**

Intake Forms

Prior to the initial evaluation, you will be asked to fill some intake paperwork in order to provide the clinic with the necessary background information regarding your child/adolescent and the family. The paperwork can be found under the "Forms" tab on the website or it can be emailed to you. The forms from the website can be mailed, faxed, or dropped off at the office. **These documents are required to be returned to the clinic at least 2 days before the initial appointment, otherwise your appointment will be rescheduled.**

Confidentiality and Safety

Any discussions held in sessions are confidential, and, typically, the information will not be released without your consent. However, I am required by law to report suspected child abuse or neglect, elder abuse or neglect, and domestic violence. In certain circumstances, such as substance use, I will need your child/adolescent's permission to discuss that with you unless there is an immediate safety issue involved.

I am also required by law to take certain steps when a client is at risk of harming themselves or at risk of harming others. Those steps might include calling 911, asking that the client go directly to the emergency room, calling police, and/or calling the potential victim in the event of a client stating they want to harm someone else. **The steps discussed here are not fully inclusive, and other steps may need to be taken.**

Custody

For divorced parents who share joint legal custody, both parents will need to agree to the evaluation through a written consent form, which can be found on the website. Both parents will also need to consent to any medications or medication changes that are being recommended.

Appointments

Services will be provided through in-person visits or telemedicine. Telemedicine requires clients to be in the state of New Jersey and in a private and stable location. Clients must also have the following:

- Smartphone or computer with a webcam, speaker and microphone
- Stable internet connection to access the telepsychiatry website
- Quiet and private space for the session
- A phone line in case there are any technical difficulties

Scheduled Appointments:

- Please be on time for your appointment. **If you are late, your appointment may need to be rescheduled. At the discretion of the provider, if it's not too late, then the appointment may be held but will still end at the scheduled time. You will be charged for the time that was allotted for your full appointment.**

- Payment for appointments are due at the time of service, so please be prepared for this. At this time, payments are accepted via cash or credit card (Visa, Mastercard, American Express, Discover). This clinic will ask you to maintain a valid credit card on file. Your credit card will be charged for the appointment and any additional fees at the end of the session. **Refunds are not issued for services rendered or for any fees.**

- Clients are expected to come to appointments as recommended, otherwise, the appropriate level of care cannot be provided. **If you or your child/adolescent is not able to attend appointments as recommended, then it may be best to seek care elsewhere.**

Missed appointments or Late cancellations:

- The appointment that is scheduled for you or your child/adolescent is time that is being held for you, and this clinic does not double book clients. Any missed appointments or any appointments canceled **within 48 business hours of the scheduled appointment will be charged the full amount of the visit**. If you do not cancel within the appropriate cancellation period, your credit card on file will be charged for the original session fees.
- All efforts will be made to not cancel your scheduled appointment by this clinic. However, due to unforeseen circumstances, the clinic may have to reschedule your appointment. **This clinic will provide at least 24-hour notice, if possible, in case the clinic needs to cancel and reschedule your appointment.**

Appointment Reminders:

- This clinic provides automated appointment reminders through the patient portal, but these are not guaranteed as there can be technical difficulties with the software that is being used. **It will remain your responsibility to keep track of your appointments, even if you don't receive a reminder.**

Days of Operation:

- Both in person and virtual visits are offered. In-person visits are available on Mondays, Thursday afternoons, and Fridays. Virtual visits are offered Mondays, Tuesdays, Thursdays, and Fridays.
- **Please note that before school or after school hours are typically highly sought after and may not be available for you/your child if those times are already booked.**

Fees and Insurance

- **Fees for the services are to be discussed with the provider directly. Please note that fees are subject to change over time, but you will be given 3 months notice before changes are made.**
- **This clinic is out-of-network for all health care plans, therefore, billing services will not be provided.** An invoice (superbill) will be provided after the appointment for you to seek reimbursement for any out-of-network benefits through your insurance company. This clinic will not negotiate claims with insurance companies and cannot guarantee that you will be reimbursed. Please note that this clinic does not serve any clients with Medicare, so clients with Medicare will need to seek services elsewhere.
- If your insurance company questions a billed service, any requested records can be sent if you authorize the release of those records. This clinic will not be available for phone calls/interviews and conversations to justify billing.
- If your insurance company requires phone calls/conversations, then you may have to consider finding a new treatment provider that has the resources to engage in these communications.

Emergencies

If your child/adolescent is in a crisis, such as having thoughts or behaviors related to self-harm, suicidal, or homicidal thoughts, then you need to seek emergency help right away by calling 911 or going to the nearest emergency room. If there are thoughts about suicide or self-harm, you may also call 1-800-273-TALK (8255) or text 741741. You can also call NJ's Hope Line at 855-654-6735. Please ask your child/adolescent to add these phone numbers to their cell phones.

Please do not call the office line to request an appointment for an emergency unless it could be a serious side effect to medication. This office is not meant to handle emergency situations.

Medication Refills

- Dr. Mahajan needs to see you/your child regularly to provide medications and to review side effects as well as any progress being made. Medication adjustments are made depending on these and other factors.

- Prescription refills should be requested during scheduled appointments. Please consider any medication refill needs (such as vacations) prior to your appointment and discuss them at the time of your visit. If you are running low on your current medication, please contact the office to schedule the first available appointment.

- If prescription refills are requested outside of appointment times, a phone call should be made to the office during the hours of 9am-5pm on Monday-Friday. Please leave your **name, date of birth, name of medication, dosage, pharmacy name with street and city, and pharmacy phone number.** Refill requests may take up to **72 business hours** to process, so please keep track of your prescriptions and come to appointments as recommended. **Refill requests are not completed on weekends or holidays.**

- **Please note that any prescriptions that are refilled outside of routine appointments will incur a $15 fee. However, a prescription for a controlled substance will be charged a fee of $25, due to the additional time required to review the request.** This clinic will not provide repeated refills of controlled substances outside of scheduled appointments

Phone Calls/Letters/Forms

- **Any messages left on the phone line will be returned within 48 business hours. Business hours are considered 9am-5pm, Monday- Friday.**

- After hours phone calls are only for unexpected medication reactions or situations in which someone is unclear if it is an emergency. Any emergencies should be managed as described previously in this policy.

- Phone calls will be charged at the following rates:
  - Less than 10min: no charge
  - Between 10-20min: $40
  - Between 20-25min: $80
  - Phone calls over 25min will be charged as a full 25-minute or 45-minute session depending on the total time spent on the call.

- Letters and forms that require more than 5 minutes of time will be charged based on a rate of $100/hour, which will be pro-rated based on the time required.

- **Emails to the clinic should not be the routine form of communication since the email account is not checked regularly. Any emails sent to the clinic should not contain any**

identifying or clinical information. Any clinical questions or information should be discussed via phone.

Discontinuing Services

- **In the event that services need to be discontinued, the clinic can provide any necessary records to the next provider, or, alternatively, can provide a treatment summary or letter to you.** A full copy of the records should only be sent to providers who are assuming the care, as clinical documents and notes contain protected and confidential information, especially as they relate to treatment of children and adolescents, who have built trust in their psychiatrist.

- Circumstances that may lead to discontinuation of services:
  - Client progresses to the degree that they no longer need to be on medication and can be managed with alternative treatments, if needed
  - Client and/or guardian(s) is not in agreement with the treatment recommendation(s) or client is refusing to take the medication as prescribed
  - Client and/or family member misuses the prescribed medication, takes doses that have not been approved, or gives the prescribed medications to others (which can constitute illegal behavior)
  - Client is using illicit substances which makes it difficult or unsafe to treat with medication
  - Client needs a higher level of care for safety reasons (such as harm to self or others), serious mental illness, or excessive substance use which cannot be treated with just medication management and/or individual therapy
  - Client's inability to maintain regular appointments that are required for safely prescribing medication and managing the current concerns
  - Missing 3 or more appointments
  - Client and/or guardian(s) becoming verbally or physically aggressive or disrespecting the clinician
  - Nonpayment of services rendered

Your signature below indicates that you have read the entire Shanti Wellness LLC practice policies, which contains information on my approach, services provided, confidentiality, appointment scheduling, professional fees, cancellation and no-show policies, billing and payments, insurance reimbursement, medication refills, managing emergencies, contacting this clinic, and reasons for discontinuing services. By signing below, you confirm that you understand the policies and agree to abide by the terms**.**

Name of patient (print):_____
Signature of patient: _____ Date: _____

Name of parent/guardian (print):_____
Signature of parent/guardian: _____ Date: _____