



Policies and Procedures

Confidentiality:

Your patient records are confidential and no information concerning you as a patient will be released without your written consent with few exceptions listed in the HIPAA Notice of Privacy Practices. Disclosure of your medical information to other physicians, attorneys, family members or anyone else must be requested and will require you to sign a release of information. Please refer the HIPAA notice you signed for more detailed information regarding your medical records. A copy of the HIPAA Notice of Privacy Practice is also kept for your review on our website www.shinemaryland.com.

By using my insurance, I understand and consent to sharing medical information with my insurance company. This may include, but is not limited to a DSM and/or ICD-10 diagnostic code, psychiatric evaluations, and past-medical/surgical history. I have reviewed and understand my insurance company's billing and privacy policies.

Financial Policy:

You or your legal guardian are responsible for the full cost of services rendered. A valid credit card number is required to be on file for your convenience to process copayments, fees as explained in this policy, or for missed appointments without 24-hour notice. It is recommended that you supply a credit card in your own name. If you supply a credit card that is not in your name (ex. parent, spouse, etc) it is

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understood that by supplying all of the information required, you have permission to do so and that card will be charged. Balances must be paid in full at each appointment. We do not accept payment plans. We accept cash, most major credit cards, and checks with a valid driver's license or ID. There is a \$35 service fee for checks returned due to insufficient funds. Fees are subject to change and the most recent fee schedule will always be found on the website www.shinemaryland.com.

Insurance and Responsible Parties:

It is your responsibility to confirm your mental health benefits with your insurance company. You are responsible for all co-payments, co-insurance, and deductibles at the time of service. I understand that I am responsible for all portions of fees that the insurance does not pay. I understand that I will be charged my copay to the card on file. I agree to notify the clinician of any changes in my insurance policy. I understand that billing to my insurance is a benefit provided to me by Shine Behavioral Health, LLC. I understand that I am responsible for any fees that are not authorized or covered by my insurance policy.

Out of Network Responsibility:

Many insurance plans offer partial coverage for out-of-network providers and/or allow you to count your office visit fee towards your out-of-pocket maximum. Upon request, we will provide you with a "superbill" that you can submit to your insurance company for this type of reimbursement. I understand that there will be no surprises if my insurance may not reimburse me for the full amount charged to

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me by Shine Behavioral Health, LLC, as my insurance reimbursement may be lower than the out-of-pocket charges.

Office courtesy:

Please place your cell phone on silent and refrain from speaking on your phone during your appointment and while you are in the waiting room.

Telehealth:

In the case that your appointment is conducted via telehealth, please follow appropriate guidelines:

1. Be in a private location.
2. Be sure you have a strong wifi connection.
3. Be focused on your appointment.

Telehealth appointments will not be conducted while you are driving a vehicle or are not in a private location. It is your responsibility to be sure you have access and a good connection to your appointment prior to being seen. If you are unable to be seen for these reasons, you will need to be rescheduled and will be charged a NO SHOW/Late Cancellation Fee.

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Telehealth clients seen remotely are also required to have access to a scale and blood pressure cuff for monitoring vital signs to be reported at visits.

Appointments:

Appointments are scheduled according to each patient's needs and the availability of their provider. The scheduled time is reserved specifically for you. If you are unable to keep your appointment time, we ask that you please contact the office by phone at 410-513-4513 or by direct messaging. Please allow 24 hours' notice prior to your scheduled appointment to avoid NO SHOW/Late Cancellation fees.

Except in the case of emergencies, missed appointments that were not cancelled in advance with at least 24-hour notice will be subject to a fee. The fee for less than 24 hours' notice for the first no show/late cancellation of appointment is \$100, additional no show/late cancellations will be charged at \$150. Missed appointments of 2 or more will result in discharging from treatment and services.

Attending follow-up appointments:

At the end of each appointment, your provider will inform you of when you should be seen again in follow-up. In this area of healthcare, it is very important for you to be seen regularly. If you have not been seen in over 120 days and have not discussed it with your provider, we will conclude that you have terminated the patient-provider relationship and are discharged.

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No Show and Late Cancellation Policy:

Except in the case of emergencies, missed appointments that were not cancelled in advance with at least 24-hour notice will be subject to a fee. The fee for less than 24 hours' notice for the first no show/late cancellation of appointment is \$100, additional no show/late cancellations will be charged at \$150. Missed appointments of 2 or more will result in discharging from treatment and services.

Leaving Phone Messages:

If you have questions or need to speak to your provider, you are encouraged to schedule an appointment.

Please be sure to include your full name, your date of birth, your question or concern, and your call back number. Most calls will be returned within 24-48 hours. If you are feeling suicidal and/or there is another imminent safety concern, call 911 or go to your preferred Emergency Room. You can also find a list of emergency resources that are kept updated on our website: www.shinemaryland.com.

Medication changes and lengthy conversations are conducted at your scheduled appointments. If medications or doses need to be changed or there is an issue that requires discussion with your provider, please schedule an appointment. They will not be conducted by phone, email, or direct messaging. Likewise, if you are making repeated phone calls or emails, your provider may request that you schedule more frequent appointments.

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Direct Messaging:

If you have questions or need to speak to your provider, you are encouraged to schedule an appointment.

We are able to provide our clients the convenience of direct messaging through our patient portal for communication. Direct messaging is sometimes the most convenient way to discuss straightforward clinical questions as well.

We do not recommend using email to contact your provider. Please use your discretion when determining how much sensitive information to include in your messages as we cannot guarantee the privacy of email communication if you are using an email account that is not HIPAA compliant.

Medication changes and lengthy conversations are conducted at your scheduled appointments. If medications or doses need to be changed or there is an issue that requires discussion with your provider, please schedule an appointment. They will not be conducted by phone, email, or direct messaging. Likewise, if you are making repeated phone calls or emails, your provider may request that you schedule more frequent appointments.

Medication refills:

We do not accept fax requests for medication refills from your pharmacy.

Medication refills are handled during scheduled appointments.

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You are encouraged to keep your regularly scheduled appointments to avoid a \$40 associated fee for medication requests handled outside of appointments.

Allow a minimum of 3 business days for refill requests to be handled.

Forms and Letters:

There is a fee of \$35 per page for letters or paperwork filled outside of appointments.

Medical Records:

Requested medical records are assessed at \$.80/per page plus preparation fee of \$150 per hour.

Disability Evaluations:

We do not provide evaluations for the purposes of disability determination.

Emotional Support Animals:

We do not provide letters for Emotional Support Animals.

Judicial Proceedings:

The patient as well as parent(s) and/or legal guardian(s) of the patient, understand that clinician(s) and/or member(s) of Shine Behavioral Health, LLC, will not

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participate in any custody hearings or any other civil, administrative, or other legal proceedings, unless explicitly agreed upon by the provider/clinician at a fee of \$500/hour.

Inclement Weather:

Please call the office and listen to our message for updates on inclement weather. If your appointment is cancelled for any other reason, you will be contacted by your provider. In most cases if Anne Arundel County Schools are closed, the office will be too.

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