



COLLABORATIVE COUNSELING TMS

5560 Sterrett Place, Suite 201
Columbia, MD, 21044
p. (443) 546-1100
f. (443) 546-4005

www.collaborativecounselingtms.com

Notice of Office Policies and Procedures

PURPOSE OF THIS INFORMATION

In order for Collaborative Counseling TMS to provide the best care possible, we want our patients to have as much pertinent information as possible. If you have any questions or concerns about the healthcare or business practices of this office, please feel free to discuss them with our Clinicians and Physicians.

PRIVACY AND RELEASE OF INFORMATION

Services you receive in this office are confidential, except in the circumstances listed below:

1. Threats of harm to self or others
2. Abuse of a child, vulnerable adult, or developmentally disabled person
3. A court order to release information
4. Subpoena of treatment records by an attorney. If you do not want this information released, you must obtain a protective order from the court within fourteen (14) days.
5. If you will be applying your health insurance benefits, we may be required to provide information to your health plan, including some or all of your record of treatment, in order for your carrier to pay for services. By signing the Acknowledgement of Receipt of Office Policies and Procedures form you consent to release of that information to your health plan. Psychotherapy notes are handled separately under HIPAA and have additional protections.
6. If you are party to child custody litigation at any time in the future, the court may order release of information about your treatment in this office.
7. In some instances, as provided by the state law of Maryland, information about your healthcare may be exchanged with other healthcare professionals involved in your treatment.

In circumstances other than these, CC TMS will not release information about your treatment without your authorization.

EMERGENCY CONTACT

Messages left on voicemail are retrieved regularly and calls are returned as soon as possible. If you need more rapid attention for your own or someone else's safety, do not delay while waiting for a Clinician or Office Administrator to return your telephone call. In a mental health emergency, please call 9-1-1 or report to the nearest hospital emergency room.

PATIENT RECORDS

An electronic record (file) is kept of services you receive in this office. You have a right to see the record and receive a copy of it upon request. You may ask that factual errors in the record be corrected. You may authorize in writing that copies of the record be released to entities you designate, at your expense, according to charges stipulated by the state law of Maryland. Under certain circumstances where seeing the record may put a patient or other person at risk, CC TMS may redact certain information in the record and/or require that you review the record in consultation with another healthcare provider. You may



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receive an accounting of non-routine uses and disclosures of your record. You may receive a free copy of your record and a free accounting of non-routine disclosure(s) each year. Please contact Collaborative Counseling TMS to obtain these documents. We require your request to be in writing:

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If you have questions, please contact our office at (443) 546-1100.

SECURITY PROCEDURES

CC TMS makes reasonable efforts to prevent access and disclosure to unauthorized personnel. CC TMS keeps an ongoing log of potential risks and the physical and electronic safeguards implemented to limit these risks. CC TMS requires all of its clinicians and staff to abide by all applicable privacy regulations.

INSURANCE BENEFITS AND PATIENT RESPONSIBILITY FOR FEES

It is the patient's and the patient's guarantor's responsibility to work with the TMS Coordinator to discuss the financial obligations associated with this treatment. Patients may use insurance, pay a co-pay or pay in full for TMS Treatment. TMS Coordinator will work with you during the benefits eligibility process to determine benefits and determine cost of treatment and payment options. Only your health insurance plan can describe your benefits to you or verify provider eligibility. We will work with you to contact your health insurance plan directly for verification. The benefits investigation and financial agreement provided to you by CC TMS is an estimate of your financial obligation, insurance payments are subject to change based on your policy's claim and benefit determination. The processing of the claims by your insurance company may change your amount owed. If the amount owed changes based on your insurance claims processed for services rendered, you are financially responsible for payment in full of the remaining balance owed.

FEES AND PAYMENT

Payment is due in full at the time services are rendered as agreed upon with the patient, the TMS Coordinator and your insurance company and then outlined in your TMS Financial Agreement. Billing and patient accounts are administered by Collaborative Counseling TMS. Please telephone CC TMS directly with any questions or concerns about your account statement.

UNPAID BILLS

It is important that you discuss with CC TMS any financial hardship that you may have. Doing so may allow us to arrive at a mutually agreeable payment plan that allows the continuation of your treatment. If this cannot be accomplished, seriously delinquent accounts may be referred to a collection agency and we may have to terminate our relationship as provider and patient. Information necessary to effect collection will be released to the collection agent. Should it become necessary to file suit in this context,



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you agree to pay reasonable attorney fees. A service fee of 3% will be charged on balances more than thirty (30) days past due.

LATE CANCELLATIONS AND MISSED APPOINTMENTS

TMS Coordinator will work with you to determine a TMS schedule that best meets your needs. It is important that you attend your scheduled appointments. If you cannot be at your appointment time, we ask that you provide us at least 24 hours' notice (business days) so that we may plan accordingly. CC TMS may charge a fee for missed visits on a case by case basis.

GRIEVANCE PROCEDURES AND COMPLAINTS

If you have any questions or concerns about administrative or business matters in this office, please discuss them with the TMS Coordinator. We may involve the Clinical Director, Emily Greenberger, LCSW-C, if it would be mutually beneficial to do so.

If you have any questions or concerns about your treatment, you are encouraged to discuss them with your Clinician. In addition, or instead, the following avenues are available:

1. You may contact your health insurance plan or behavioral health benefit manager;
 2. If you feel the problem is serious and/or you have not reached resolution through one of the avenues above, you can file a complaint with the Maryland Department of Health and Mental Hygiene. Contact information can be found on the DHMH website www.dhmf.maryland.gov
 3. You may also file complaints regarding privacy practices to the Secretary of the U.S. Department of Health and Human Services.
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FEES

TMS Treatment amounts vary by patient and insurance provider. TMS Coordinator will work with each patient to determine the cost of treatment solidified by a patient signed Financial Agreement.