



AVANT  
WELLNESS ASSOCIATES

1 Elizabeth St., Suite 10, Towanda, PA 18848 T# 570-783-5480 F# 570-783-5481

[WWW.AVANTWELLNESSASSOCIATES.COM](http://WWW.AVANTWELLNESSASSOCIATES.COM)

**Notice of Privacy Practices-Brief Version**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE FULL HIPAA NOTICE IS AVAILABLE ON [WWW.AVANTWELLNESSASSOCIATES.COM](http://WWW.AVANTWELLNESSASSOCIATES.COM) OR IN OUR OFFICE.**

**Our commitment to your privacy**

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We also are required by law to keep your information private. These laws are complicated, but we must give you this important information. This page is a shorter version of the full, legally required Notice of Privacy Practices (NPP) that you received along with this, so refer to it for more information. However, we can't cover all possible situations so please talk to our Client Care Coordinator (see below) about any questions or problems you might have.

We will use the health information that we get from you or from others mainly to provide you with **treatment**, to arrange for **payment** for our services, and for some other business activities that are called health care **operations**. After you have read this NPP we will ask you to sign a **Consent Form** to let us use and share your information in accordance with Pennsylvania and/or federal law, whichever protects you more.

If we or you want to disclose (send, share, release) your information for any other purposes, we will discuss this with you and ask you to sign an Authorization Form to allow this.

We will keep your health information private, but there are some times when the laws require us to use or share it without requiring your written consent. For example:

- When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization that is able to help prevent or reduce the threat.
- Some lawsuits and legal or court proceedings.
- If a law enforcement official requires us to do so.
- For Workers Compensation and similar benefit programs.

There are some other rarely occurring situations like these. They are described in the longer version of the NPP.

**Your rights regarding your health information**

- You can ask us to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
- You have the right to ask us to limit what we tell people involved in your care or the payment of your care, such as family members and friends. While we don't have to agree to your request, if we do agree, we will keep our agreement except if it is against the law, in an emergency, or when the information is necessary to treat you.
- You have the right to look at the health information we have about you such as your medical and billing records. You can even get a copy of these records but we may charge you. Contact our Client Care Coordinator (below) to learn how to see your records.
- If you believe the information in your records is incorrect or missing important information, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to our Client Care Coordinator. You must tell us the reasons you want to make the changes.
- You have the right to a copy of this notice. If we change this NPP we will post the new version in our waiting area and you can always get a copy of the NPP from the Client Care Coordinator.
- You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Client Care Coordinator and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide you in any way.

If you have any questions regarding this notice or our health information privacy policies, please contact our Client Care Coordinator, Lynsi Cobb, at 570-783-5480.

**Revision Date: December 1, 2018**

**Client Name:**

**Provider Name:**



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### **Members' Rights and Responsibilities**

#### **Members have the right to:**

- Be treated with dignity and respect.
- Fair treatment; regardless of their race, religion, gender, ethnicity, age, disability, or source of payment.
- Their treatment and other member information kept private. Only where permitted by law, may records be released without member permission.
- Easily access timely care in a timely fashion.
- Know about their treatment choices. This is regardless of cost or coverage by the member's benefit plan.
- Share in developing their plan of care.
- Information in a language they can understand.
- A clear explanation of their condition and treatment options.
- Information about clinical guidelines used in providing and managing their care.
- Ask their provider about their work history and training.
- Give input on the Members' Rights and Responsibilities policy.
- Know about advocacy and community groups and prevention services.
- Freely file a complaint or appeal and to learn how to do so.
- Know of their rights and responsibilities in the treatment process.
- Receive services that will not jeopardize their employment.
- Request certain preferences in a provider. Have provider decisions about their care made without regard to financial incentives.

#### **Members have the responsibility to:**

- Treat those giving them care with dignity and respect.
- Give providers accurate information they need. This is so providers can deliver the best possible care.
- Ask questions about their care. This is to help them understand their care.
- Follow the treatment plan. The plan of care is to be agreed upon by the member and provider.
- Follow the agreed upon medication plan.
- Tell their provider and primary care physician about medication changes, including medications given to them by others.
- Keep their appointments. Members should call their provider(s) as soon they know they need to cancel visits.
- Let their provider know when the treatment plan isn't working for them.
- Let their provider know about problems with paying fees.
- Openly report concerns about the quality of care they receive.

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### **Psychiatric Policies and Procedures**

Thank you for using our medication management services. Below are important facts for you to know about our services.

#### **Appointment Scheduling**

In order to safely manage your medications, you must be seen on a regular basis. You must keep your appointments at the intervals recommended by our clinicians to have your medications refilled. Appointments cannot be conducted over the telephone. Medication management appointments fill up very quickly. In order to keep up to date on appointments, and to avoid any lapse in care, we require a follow-up appointment to be made at the end of every session. If you are unable to schedule an appointment at this time, you may have a longer delay than expected.

In the event that you do not need a monthly appointment, please call for an appointment when you have one (1) month of medication left. Failing to call ahead to schedule your next appointment may result in a delay, and may affect your quality of care. Except for rare occasions, please expect to obtain an appointment up to one month from the date of your request.

You are required to comply with suggested treatment frequency in order to continue receiving your medications. Failure to arrive to two (2) or more scheduled appointments may result in discharge from treatment.

#### **Missed Appointments/ Cancellations**

As previously mentioned, it is important to stay up-to-date with your appointments. If a situation arises in which you cannot keep your appointment and you will run out of medications because of this, we may provide a refill for you only if you,

- have another appointment scheduled within the month.
- are not taking a controlled substance.
- have consistently demonstrated compliance with treatment frequency.

If you cannot keep an INITIAL appointment, you must cancel within *2 business days*, not including Saturdays and Sundays, or you will be charged a fee of \$275.00. You must cancel within *1 business day*, not including Saturdays and Sundays for follow-up appointments as well. A missed follow-up without adequate notice incurs a fee of \$75. This fee will be automatically charged to your credit card that is required to be on file with us. This is a flat fee, and is non-refundable.

Please be aware that requests for medical records or documentation may necessitate a processing fee.

Please keep in mind that if you cancel an appointment, we will try our best to get you in as soon as possible, but cannot guarantee an immediate spot. In the event that you need to cancel an appointment over the weekend, or are otherwise unable to speak to an administrator, please leave a message or send an email to our administrative staff. Appointment cancellations will be honored based on the time of your contact. If you attempted to contact the office at least *48 business hours* before your appointment, your cancellation will be honored, and no fee will be applied. If you cancel or miss an appointment, you are responsible for re-scheduling your next session by calling or e-mailing our administrative staff. They can be reached by phone at 570-783-5480 or via e-mail at [frontdesk@avantwellnessassociates.com](mailto:frontdesk@avantwellnessassociates.com)

*\*\*Please note that appointment reminders sent automatically via email or text are a courtesy provided by our scheduling program. Failure to receive an automated reminder does NOT mean that an appointment is canceled. A missed appointment fee will still apply if for any reason you do not receive a reminder.\*\**

**Emergency and/or crisis services: We do not provide crisis intervention or emergency services. If you experience a mental health emergency go to the nearest emergency department or dial 911 for help. If a situation arises that needs attention sooner than your scheduled appointment please contact the office to reschedule your appointment to a sooner time.**

#### **Appointment Times**

It is important to arrive on time for your scheduled appointment. Intake appointments are 60-90 minutes in length. Follow-up appointments are conducted within 15-30 minute slots. **If you are more than 7-10 minutes late to an appointment, your appointment will need to be rescheduled.**

In the event that you are on time for your scheduled appointment, and have not been greeted by your provider, we ask that you remain patient. Although we do our best to stay on schedule, psychiatry appointments are unpredictable in nature and may occasionally go over the allowed time. We appreciate your patience in these cases. In the event we are running behind and you are unable to wait, we will do our best to give you the next available slot, and to address any needs that would otherwise be covered during your appointment.

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### **Psychiatric Policies and Procedures**

#### **Medications**

It is your responsibility as a patient to know how much medication you have on hand. It is important to monitor your medication supply and to make an appointment when needed.

**Controlled Substances** may only be obtained during scheduled appointment times. Except in the event that your provider instructs you to pick up a medication at the office, or in an otherwise agreed upon situation, please expect to **only** obtain prescriptions for controlled substances at your scheduled appointment.

If you accidentally lose, misplace, or otherwise destroy any medication falling under the controlled category (for example, benzodiazepines or stimulants), it will not be refilled early. **All controlled substances are managed during appointments only.** They will not be made available to you without an in-person appointment.

Once we have begun treatment, **you agree to not make any mental health medication changes on your own without a discussion with your prescribing provider first**, UNLESS directed by another healthcare professional.

If you have any **non-urgent questions** or concerns regarding your medication, side effects, or symptoms, they will be addressed at your follow-up. If your concern is serious, you should schedule an appointment for a sooner time or seek emergency services if needed.

#### **Refills and Prior Authorization**

In the event that you need a refill of a non-controlled substance outside of your appointment time, please allow up to three (3) business days for our office to process this request. All refills are subject to verification with your pharmacy, and may require a processing fee of \$15.00 per medication.

Ninety(90)-day prescriptions for schedule II medications (stimulants) cannot be provided.

Stimulant medications cannot be called into a pharmacy under any circumstances.

If your insurance company requires a **prior authorization** for a medication please have your pharmacist notify us. In these cases, please allow up to **3 business days** for us to complete the paperwork and/or phone calls required by the insurance company. After that point, the insurance company may also require several days for processing the information and to make a decision. A prescription for a medication does not guarantee that your insurance company will cover the cost.

#### **Standards of Practice**

Although AVANT Wellness Associates, LLC operates as a group practice, all clinical decisions regarding your medication and psychiatric care is at the discretion of the **prescriber** and, when appropriate, our practice's Clinical Director.

#### **Treatment Plans**

Treatment plans are often based on agreed upon terms that have been discussed between a patient and their provider. However, treatment plans are subject to stipulations made by an individual provider if they feel a requirement needs to be met to continue care. An example of this could be when a prescriber mandates that a patient seek the treatment of a provider in order to remain on medication. Though our practice does not require a patient see a provider within our group in order to receive medication services, your prescriber may feel that it is necessary to continue treatment under their care.

The above are standard policies and procedures for our psychiatric services, but may vary slightly based on your provider's individual practice.

Avant Wellness Associates, LLC, as well as the prescribing provider, reserve the right to discharge a patient at any time in the event of non-compliance with treatment.

**Reasons for Discharge** include but are not limited to the following:

- Failure to comply with any treatment plan provided by your prescriber.
- Failure to arrive to more than 2 (two) scheduled appointments without notice.
- Any and all misuse and/or mishandling of a prescribed medication.
- Taking a medication at any time, frequency, or dosage that differs from the instructions set forth by your prescribing doctor. This includes increasing or decreasing your dosage without your provider's instruction.

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### **Billing and Payment**

In order to make our billing process as simple as possible for our patients, AVANT Wellness Associates, LLC has a system that may differ from other providers.

If you are a patient in the psychiatry department of AVANT Wellness Associates, LLC and are self-pay or out of network, a working credit/debit card must be kept on file. We process payment for your appointment by charging the card on file two (2) business days prior to your session. If for whatever reason our billing department is unable to clear payment the day before your appointment, you will be contacted to obtain an updated credit card. Valid payment must be submitted before 3:00pm, two business days prior to your appointment. Likewise, if you carry insurance that we are in-network with we will check eligibility 2 days prior to your appointment. Without valid payment on file or verification of current eligibility, we will need to cancel any upcoming appointments until we can obtain new information. Additionally, patients are not permitted to carry a balance at any time and cannot obtain an appointment while a balance is past due.

We find that this practice of removing administrative work from your appointment time guarantees the best possible use of your session. Close attention to your health, wellness, and progress on your medication(s) should be the sole purpose of your medication management session. Medication management appointments are your time to discuss any questions or concerns about your regimen with your provider, or to update them of any side effects or recent changes to your symptoms. This time is crucial to the continued quality of your care, and we do not feel it is appropriate to use any of this time discussing administrative matters.

Your provider will have very limited information regarding your insurance and payment history. If you have any questions about billing or the status of your account, you can call the scheduling line at 570-783-5480, where one of our staff can assist you.

Our policies and procedures are subject to change. AVANT Wellness Associates, LLC will provide notification in the event of any updates to these policies.

### **Consent to Treatment**

I acknowledge that I have received, have read (or have had read to me), and understand the "Policies and Procedures" description about the therapy I am considering. I have had all my questions answered fully.

I do hereby seek and consent to take part in the treatment by the provider named below. I understand that developing a treatment plan with this provider and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I understand that no promises have been made to me as the results of treatment or any procedures provided by this provider.

**I am aware that I may stop my treatment with this provider at any time.** I understand that I may lose other services or any have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)

**I know that I must call to cancel an appointment at least 48 business hours before the time of the appointment (staff is not available to receive cancellations on weekends or holidays). If I do not cancel or do not show up, I will be charged for that appointment. I understand that I will be responsible for full payment for such sessions, and that my insurance company cannot be billed for them.**

I am aware that an agent of my insurance or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. It may also be necessary to provide treatment information such as notes or diagnosis to third party payers. I agree to allow the release of any information necessary for third party payment to be remitted if I choose to use my insurance. I also understand that if payment for the services I receive here is not made, the provider may stop my treatment.

I am aware that I am fully responsible for payment for treatment I receive, regardless of the determination of insurance company eligibility. I further understand that my provider can employ the services of a collection agency to retrieve any monies I owe after a reasonable attempt has been made to request payment.

The provider has discussed the issues above with the client (and/or his or her parent, guardian or representative). In the state of Pennsylvania, a child who is fourteen (14) years of age or older and still below the age of eighteen (18), may seek, receive and consent to mental health care without the express consent of the parent/s or legal guardian.

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