

Harmony United Psychiatric Care

Office Policies Effective 01-01-2026

This is a required form that must be completed for service

Missed Appointment:

There is a charge for missed appointments or cancellations that occur less than 24 hours (or one business day) before the set appointment time. Please know that we value you as a client of our practice, and we have set aside a specific appointment time just for you. While we understand that situations occur that may prohibit you from making it to your scheduled appointment, there is still a cost incurred by our practice even when you don't make it to your scheduled appointment. For this reason, we have a missed/cancellation fee in place as part of our office policy directives. All New Patient Paperwork must be completed at least 24 hours before your appointment; otherwise, it may be rescheduled. All our providers strive to make their appointments on time; therefore, we request you arrive on time. If you are a new patient, please arrive 15 minutes early. If you are returning for a follow-up, please arrive 5 minutes early. If your appointment is scheduled via telemedicine, please connect 10 minutes early to allow time for troubleshooting. You may be marked as a no-show if you are more than 10 minutes late for your appointment.

New Client Appointments: \$100 fee

Established Client Appointments: \$50 fee

****Please note: The No-Show fee for Neuropsychological testing differs from regular appointments. Please refer to the NEUROPSYCHOLOGICAL TESTING missed appointment charges listed below.***

No Walk-In Visits: Due to the high volume of clients and the inconvenience this may cause other clients who are already scheduled, we cannot accommodate clients who walk into the office.

Controlled Medications: (Narcotics/Benzodiazepines/Stimulants/Hypnotics): The state of Florida follows all controlled substance medications in a secure website called **E-FORCSE**. Harmony United Psychiatric Care does check on clients to see what controlled substances are prescribed. If it is found that you are being prescribed the same controlled medication from another provider or getting prescriptions for other controlled medications from another provider and failed to disclose to the provider at our practice, this will be cause for termination of care.

Stimulant/ Controlled Medication Prescription/Appointments: If you are prescribed a stimulant or other schedule II medication, you must be seen by a provider at least once every 30 days. If you are prescribed any other schedule III-V medications (including benzodiazepines and hypnotics), you must be seen by a provider at least once every 90 days.

Urine Drug Screen: As part of your psychiatric evaluation and ongoing care, you may be required to get a Urine Drug Screen test at a laboratory as per your provider's request and our clinic policy.

Insurance Coverage: The Company will make its best efforts, based on our research and experience, to verify your eligibility. Ultimately, it is your (the client's, Guardian's, or Legal Representative's) responsibility to ensure your benefits cover your services. We recommend reviewing your policy and contacting your carrier to confirm coverage before receiving our services. You will be responsible for paying in full for all services not covered by insurance.

Photo ID: Our practice requires clients or parents/legal guardians to provide their Photo ID if they would like to receive services from our practice.

Minor Clients: Clients under the age of 18 must have a parent/legal guardian attend their first appointment with them. Follow-ups for medication management appointments would require a parent to be present for at least part of the appointment. Follow-ups for psychotherapy or neuropsychological/neurocognitive testing can be done without a parent/legal guardian present during the appointment with parental consent.

Minors' and Split Parental Disclosure:

Medical Records: Florida Statute. § 61.13(2)(c)(7)

15544 W. Colonial Drive, Winter Garden, FL 34787

Phone: (800) 457-4573 | Fax: (800) 443-6422 | www.hupcfl.com

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Access to records and information about a minor child, including, but not limited to, medical, dental, and school records, may not be denied to either parent. Full rights under this subparagraph apply to either parent unless a court order expressly revokes these rights, including any restrictions on these rights as provided in a domestic violence injunction. A parent having rights under this subparagraph has the same rights upon request as to form, substance, and manner of access as are available to the other parent of a child, including, without limitation, the right to in-person communication with medical, dental, and education providers.

As such, barring a court order limiting either parent's access to the child's medical records, either parent has the right to obtain information regarding a minor child.

Dispute over Medical Decisions:

Florida law does not require both parents to consent, only one. The medical provider is not required to play arbiter for both parents who may disagree. When consent is necessary for a medical action, the medical practitioner informs the consentor about the procedure and any potential risks or harm under accepted medical standards and practice. Once the medical practitioner has provided the consentor with information about the risk of harm, the medical practitioner has done their duty to receive informed consent before any medical action is practiced on the child.

New or Established Client Appointments Disclosure: By scheduling an appointment with our provider, you (the client, Guardian, or Legal Representative) confirm a consultation visit, and it is not a pre-confirmation of a prescription. The Company cannot ensure that any prescription will be issued. Prescription determinations will be made solely by the provider, based on medical necessity, after a consultation, evaluation, and fulfillment of all required criteria.

Balance/Payment: Payment is due at the time of service. It is your responsibility to keep your account in good standing. If there is a balance, this should be paid in full, or an acceptable payment plan must be made with the Billing Office. The payment plan will be approved on a client-by-client basis. Failure to keep your account in good standing can result in termination of care.

Returned Checks: Returned checks will result in a fee of \$35.00 plus the current balance due amount. This must be paid before any future appointments are scheduled, or an approved payment arrangement must be made with the Billing Office.

Medical Records: Medical Records will be released with a completed HIPAA (Health Insurance Portability and Accountability Act) compliant medical record release form. There will be a fee charged for paper or electronic copies of medical records provided directly to the patient or to governmental or non-governmental entities. Fees:

- Records requested by someone other than the patient (Non-Governmental): Records will be charged \$1.00 per page; Sales Tax and Actual Postage will be charged additionally.
- Records requested by the patient or governmental entities: Records will be charged \$1.00 per page for the first 25 pages. For each page in excess of 25 pages, there will be a charge of \$0.25 per page. The cost of reproducing non-written records such as X-rays will be charged at the actual cost of the reproduction.
- There is no charge for medical records sent to a healthcare provider when arranging a transition of care or related to communications between healthcare providers.

Phone Visits or Provider Callback Services:

Telephone communication with our office staff regarding any aspect of your care (insurance, billing, medication refills, questions related to side effects of medications, prior authorization requests, medical records, any other paperwork request, etc.) is free of charge.

If you would like to request to speak with the provider over the phone directly to discuss your mental health condition, discuss your medications, seek medical advice, or discuss any aspect of your care, these services are billable time, and its approval is contingent upon our provider callback policy.

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Clients with Insurance: Your phone services will be billed to your insurance carrier. Please be aware that if you have a co-pay, coinsurance, or deductible with your insurance plan, it will apply to these phone visits in a similar fashion as it would to your regular office visit.

Self-Pay Clients: Clients without insurance coverage must pay a \$100 deposit before their first visit is scheduled, which can be refunded if their balance is paid at the end of their treatment.

Medication Management Self-Pay Clients:

- New Client - Initial evaluation for medication management for MD/DO: \$400
- Established Client- Follow-Up Appointments per visit for MD/DO: \$275
- New Client - Initial evaluation for medication management for APRN/PA: \$325
- Established Client- Follow-Up Appointments per visit for APRN/PA: \$225

Psychotherapy/Counseling Self-Pay Clients: Including Individual and Couples/Marriage Counseling

- New Clients - Initial psychiatric evaluation for psychotherapy/counseling for Psychologists/post-doctoral: \$250
- Established Clients – Follow-Up Psychotherapy Appointments per session for Psychologists/Post-Doctoral: \$200
- New Clients - Initial psychiatric evaluation for psychotherapy/counseling for Therapists (LMHC, LCSW, LMFT, Interns): \$175
- Established Clients – Follow-up psychotherapy Appointments per session for Therapists (LMHC, LCSW, LMFT, Interns): \$150

For marriage/couples counseling, the first visit with the therapist must consist of individual sessions for each client. Then, follow-up visits will include both clients seeing the therapist as a couple during the same session.

IN-PERSON NEUROPSYCHOLOGICAL TESTING:

Testing for ADHD/Dementia/TBI/Autism Spectrum Disorder, etc. The Evaluation will be conducted in two to three parts. The Initial Appointment will take up to three (3) hours. The follow-up appointment will be for two (2) hours for test interpretation, and any additional follow-up visit will be scheduled if recommended by the Provider.

Missed Appointment Policy: A \$150 fee is charged for any New or Follow-Up IN-PERSON Neuropsychological testing missed appointment or cancellation that occurs less than 48 hours (or 2 business days) prior to the appointment time. There is no missed appointment fee for Online-Neuropsychological Testing.

The Missed Appointment Fee must be paid, or an acceptable payment arrangement must be made prior to scheduling another appointment. Failure or refusal to pay the fee will result in termination of care.

Insured Clients

- An Advance Deposit of \$200 is required before scheduling your testing appointment. \$100 will cover the cost of testing materials, and the remaining balance (\$100) will be refunded to you upon completion of the testing.
- Any missed appointment fees charged will be deducted from the Advanced Deposit.

Self-Pay Clients:

- An Advance Deposit of \$200 is required before scheduling your testing appointment. This Advance Deposit will be applied towards the Testing Fee. Any missed appointment fees you incur will be deducted from the advanced deposit.
- The Testing Fee for the Evaluation is \$1,500. This includes the cost of testing material and up to 6 hours for the evaluation, test administration, test interpretation, and generating the report.
- If additional time is required, it will be billed at \$200 per hour.

ONLINE NEUROCOGNITIVE TESTING

Testing for ADHD/Dementia/TBI/Autism Spectrum Disorder, etc., can be done online on a computer in the clinic office, or it can be emailed to you to be completed at home.

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The initial appointment will take up to one hour and be held on the computer. You will receive an email with a link to the test, which you can complete remotely or take in the Clinic if you prefer.

- The Initial Neurocognitive Test charge is \$200.00 for one hour and is scheduled in the clinic, or the test can be sent to your email to be completed online. The cost of this testing is not covered by insurance.
- The testing result interpretation will be part of your next scheduled follow-up visit, and if you are a self-paying client, you will be responsible for the follow-up visit fee.
- There is no Missed Appointment fee for online testing.

NOTICE TO CLIENTS REGARDING PROVIDER’S RESTRICTIVE COVENANTS

The client is advised that there is an agreement by and between the Provider and Harmony United Florida, LLC, d/b/a Harmony United Psychiatric Care (“Harmony”) wherein the Provider agrees to provide the client with psychiatric care, services, and/or treatment through Harmony. Under the terms of that agreement, while the Provider is under contract with Harmony, the Provider may not provide me with psychiatric care, services, and/or treatment through any other clinic, doctor’s office, mental health platform, etc. If the Provider’s working relationship with Harmony is terminated, the Provider is contractually bound not to solicit, attempt to solicit, or engage in discussions or other communications with me to promote, sell, or obtain orders for any psychiatric care, services, and/or treatment.

The client is advised that accepting psychiatric care, services, and/or treatment from the Provider in violation of the Provider’s agreement with Harmony could result in the client appearing as a witness at a deposition or trial or being named as a defendant in a lawsuit for tortious interference with a business relationship and/or contract.

I acknowledge that I have read, understood, and accepted the office policies. I have been made aware of the availability of office policies in the offices of Harmony United Psychiatric Care and on the website at hupcfl.com. HUPC reserves the right to revise and change its Office Policies at any time. It is my responsibility to obtain the most up-to-date Office Policies and/or to make myself aware of these policies in the lobby area of Harmony United Psychiatric Care offices or online at hupcfl.com. If I do not agree to this consent or later revoke it, HUPC may decline to provide treatment for me or my client.

Signature of Client/ Patient or Parent/ Legal Representative

Date

Print Name