



Policies & Practices

Appointments: The initial appointment for an extensive evaluation is scheduled for 45-60 minutes. Follow-up appointments are typically scheduled for increments of 15-20 minutes.

Confidentiality: All visits are confidential to people outside of the patient and myself, with some notable exceptions. I cannot and will not share any information from patient appointments without the patient's express written permission unless I determine that the patient is in danger of harming themselves or someone else, in which case I will take appropriate action as determined by the situation. The patient may direct me to share information with specific individuals and has the right to revoke that permission at any time. Additionally, patient information may be shared for the purposes of supervision or consultation with other clinicians or to collect payments from your insurance company. Communication by email is able to be intercepted on rare occasions by 3rd parties and is therefore not considered a confidential means of communication. *Your initials here: _____ indicate that you are aware of this and agree to communicate with me in this manner.*

Privacy Rights: *Your initials here: _____ acknowledge that you have received a copy of your privacy rights and have had the opportunity to discuss them with me.*

Record-keeping: I keep written records of any appointments with patients.

Payment Timing: Payment is due at the time of service.

Insurance Billing: Patients must provide current insurance details. I will bill your insurance for the visit when applicable.

Copays and Deductibles: The patient is responsible for all copays, deductibles, outstanding balances and visits not covered by insurance.

Fees: Initial evaluation fee is \$200.00; follow-up appointments are \$150.00.

Insurance as a Courtesy: Insurance payments are accepted directly as a courtesy. If insurance details are incorrect or invalid, the patient is liable for payment for services rendered and any outstanding balance incurred.

Voicemail Availability: My voicemail is checked regularly between 8 AM to 5 PM, Monday to Friday.

Returning Calls & Portal Emails: Messages are responded to during these hours.



deborahfarber, aprn

Direct Contact: For confidential voicemails or to speak with me directly, call my office at (781) 749-2278.

Emergencies: In urgent situations, please call 781-749-2278 and follow the paging instructions.

Credit Card Charges: For your convenience, we will keep your credit card information securely on file. It is your responsibility to let us know if your payment information changes. No-shows or late cancellations will result in automatic charges to your credit card on file. This also applies to any outstanding balances deemed "patient responsibility" by your insurance after 60 days. *Your initials here:_____ indicate read, understood, and agree to the terms of this payment policy.*

Missed In-Person/Telehealth Appointments and Late Cancellations: In the event of a no-show or a cancellation with less than a 24-hour notice, a \$150 fee will be automatically charged to your credit card on file. This helps us manage our appointment schedule and availability for all patients effectively. The same holds for any outstanding balances determined by your insurance carrier to be "patient responsibility" over 60 days old. Since you would already have been billed twice for this amount, these will be billed to your credit card on file after 60 days. Kindly understand that I have a strict policy regarding this. However, please inform me in the event of unforeseen emergencies. *Your initials here:_____ indicate you have read, agree and understand the cancellation/no show policy.*

Patient Portal: My Patient Portal software is called Valant/MYIO. If you haven't set up your patient portal, please let me know, and I'll resend the link. You can also download the MYIO app for easy access on your smartphone. If you are having an issue logging in or are not receiving a forgot password email, please leave me a voicemail at 781-749-2278 to let me know, and I will generate a temporary password for you to use that you can change at a later date.

Email Communication: Please visit my patient portal at www.valant.io/MYIO/DFARPN to send me a secure email, request an appointment, or request a refill. Emails sent to my email address **will not be answered**. All email communication **must** be sent to my secure patient portal within Valant/MYIO website or mobile app.

I have read, understand and agree to all of the above policies and practices and agree to abide by them.

Patient Signature:_____ Date:_____