



## DEBORAH FARBER, APRN

Lauren Wilson, PMHNP-BC  
Beth Chadwick, PMHNP-BC, CPNP-PC

### Policies & Practices

**Appointments:** Initial appointments last 45–60 minutes; follow-ups are typically 15–20 minutes.

**Confidentiality:** All visits are confidential to people outside of the patient, with some notable exceptions. We cannot and will not share any information from patient appointments without the patient's express written permission unless we determine that the patient is in danger of harming themselves or someone else, in which case we will take appropriate action as determined by the situation. The patient may direct us 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 3<sup>rd</sup> 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 us 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 us.*

**Record-keeping:** We maintain written documentation of all appointments.

**Patient Portal:** Our patient portal is powered by Valant/MYIO. If you haven't set up your portal account, please let us know so we can resend the link. You can also download the MYIO app for smartphone access. If you are having an issue logging in or are not receiving a forgot password email, please leave us a voicemail at 781-749-2278 to let us know, and we will generate a temporary password for you to use that you can change at a later date.

**Fees:** Initial evaluation fee is \$250.00; follow-up appointments are \$150.00.



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### Private Pay Fee Schedule:

- **Initial Appointment (Private Pay):** \$275
- **45-Minute Therapy Session or Medication Evaluation:** \$250
- **Medication Follow-Up Visit:** \$200

Sliding scale fees may be available on a case-by-case basis. Please discuss this directly with your provider.

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

**Insurance as a Courtesy:** Insurance is billed as a courtesy. If insurance information is outdated or invalid, the patient is responsible for all charges incurred.

**Insurance Billing:** If you have insurance with a participating carrier, we will bill your insurance directly. You will be responsible for any copays, coinsurance, or deductibles not covered by your plan. Patients must provide current and valid insurance information to avoid being liable for the full cost of services.

**Copays, Coinsurance & Deductibles:** We will automatically charge your credit card on file for any copay or coinsurance due after your insurance is processed. You will be invoiced for any deductible amounts. Any unpaid balance over 45 days will be automatically charged to your card on file.

**Credit Card Charges & Outstanding Balances:** We securely store your credit card information on file for convenience. Your card will automatically be charged for missed appointments, late cancellations, copays, balances over 45 days old, including any outstanding balances deemed "patient responsibility" by your insurance after 60 days. *Your initials here:\_\_\_\_\_ indicate that you have read, understand, and agree to the terms of this payment policy.*

**Missed Appointments & 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. To avoid this charge, please provide at least 24-hour notice for cancellations or rescheduling. This allows us to offer the appointment slot



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to another patient in need of care. Kindly understand that we have a strict policy regarding this. However, please inform us in the event of unforeseen emergencies. *Your initials here:\_\_\_\_\_ indicate you have read, agree, and understand the cancellation/no-show policy.*

**Telehealth Appointments:** Please ensure your **cell phone ringer is turned on** and that you are available during your scheduled appointment time. **Failure to answer or be reachable** may result in a missed visit fee and/or a requirement to attend future appointments in person. *Your initials here:\_\_\_\_\_ indicate that you have read, understand, and agree to abide by the terms of the telehealth policy.*

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

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

**Direct Contact:** For confidential voicemails or to speak with us directly, call the office line at (781) 749-2278.

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

**Email Communication:** For secure messaging, appointment requests, or medication refills, please use our patient portal at [www.valant.io/MYIO/DFARPN](http://www.valant.io/MYIO/DFARPN) . Emails sent directly to our staff email addresses will not be answered.

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

**Patient Signature:\_\_\_\_\_ Date:\_\_\_\_\_**