



POLICIES AND PROCEDURES

Client Contract

Please take the time to carefully read this contract in its entirety. This contract sets forth the office policies of Bright Side Psychiatry LLC/Jessica Halpern, M.D. and contains many elements important to your care. Please ask us if you have any questions. We take your care very seriously and we want to make sure you agree to all of our policies before you become a client.

Consent for Treatment

I, the undersigned patient or legal guardian, consent to evaluation and medically necessary by Bright Side Psychiatry LLC/Jessica Halpern, M.D. I understand that I have the right to be informed of and participate in the selection of treatment modalities. I understand I can terminate consent for treatment at any time and that Bright Side Psychiatry LLC/Jessica Halpern, M.D. may terminate consent for treatment at any time. Potential reasons include but are not limited to misusing psychiatric medications or misusing psychiatric services. If this should occur, Bright Side Psychiatry LLC/Jessica Halpern, M.D. will discuss the reasons with me and will provide me with one or more referrals for another treatment provider.

Notice of Privacy

As required by law and professional ethics, we keep all client personal information in strict confidence, except as defined within this contract. I have received the Notice of Privacy Practices and I have been provided the opportunity to review it.

Confidentiality

There are limits to confidentiality as required by law. Confidentiality cannot be maintained when:

- A patient is in imminent danger of hurting themselves or another party
- There is suspicion of child or elderly abuse, neglect, or sexual molestation
- Assessment of mental competence in a legal proceeding
- The doctor/patient privilege is used to shield the planning of a crime or tort.

If our office is required to release information through subpoena, court order, or other action of law, then we will abide by the law and release the required information as directed.

While an appointment is in session, confidentiality does not apply to all participants in the session. If you are not comfortable releasing your personal information to an appointment participant, then you must require that the participant leave the appointment while it is in session. Bright Side Psychiatry/Jessica Halpern, M.D. accepts no liability whatsoever for release of personal information to appointment participants.

Adolescent Confidentiality:

Adolescents possess some unique rights as it pertains to confidentiality, specifically regarding pregnancy status, status of some sexually transmitted diseases, substance use, and use of oral contraceptives.



Release of Information

Upon your request and completion of our authorization form, Bright Side Psychiatry LLC/Jessica Halpern, M.D. will release your personal information to third parties as directed by you. This can be useful to involve other parties in your care, such as family members, schools, and/or professionals.

In the event of an emergency, Bright Side Psychiatry LLC/Jessica Halpern, M.D. may use her professional judgment to release your personal information as she feels is appropriate to respond to the emergency. In addition to your emergency contact, the authorities may be notified if Dr. Jessica Halpern becomes concerned about your personal safety or the safety of someone else.

Availability

Our services are provided by appointment only and walk-ins are not accepted; however, there might be instances in which you might call and an appointment will be available on the same day. You may call our office at (908) 379-8258 for any questions or concerns.

Non-urgent and Emergency Contact

I agree to call Jessica Halpern, MD for any non-urgent medical or psychiatric issues, including side effects to medications. Jessica Halpern, MD might not always be available when you call, but will make every effort to return your call within 1 business day. In the event of an urgent situation in which you cannot wait for a return call or in an emergency, I agree to immediately call 911 or go to the nearest emergency room. Please do contact her after you have received proper emergency assistance so that she can be aware of the situation.

Fee Schedule

In the table below, child or adolescent refers to any patient that is under the age of 18. Adult refers to any patient that is 18 years or older.

Price	Appointment Type	Duration
\$500	*Initial Consultation (Child/Adolescent)	
\$500	Part 1- Parent Interview	45 minutes
\$275	Part 2- Child/Adolescent Interview	45 minutes
\$275	Part 3- Recommendations for treatment	20-25 minutes
\$500	Initial Consultation (Adult)	
\$275	Part 1- Patient Interview	45 minutes
\$275	Part 2- Recommendations for treatment	20-25 minutes
\$275	Follow-up Medication Management	20-25 minutes
\$500	Child/Adolescent or Adult Re-evaluation	45 minutes

*In some cases, parts 1 and 2 of the child/adolescent consultation can be completed the same day in one 90-minute session (\$1000), although part 3 will need to be completed at a later time in order to allow more time to obtain necessary collateral information. This can be discussed further with Bright Side Psychiatry LLC/Jessica Halpern, M.D. during the appointment scheduling process.



Initial Consultation: I understand that the initial encounter with Bright Side Psychiatry LLC/Jessica Halpern, M.D. is a consultation. At the end of the evaluation process, I will be provided with a working diagnosis and treatment recommendations which might include services that Bright Side Psychiatry LLC/Jessica Halpern, M.D. is unable to provide. For example, a higher level of care based on the current acuity level. Additionally, Bright Side Psychiatry LLC/Jessica Halpern, M.D. might require collateral information from other parties (i.e. schools, treatment providers) prior to providing treatment recommendations. I understand that by completing the evaluation process it does not mean that Bright Side Psychiatry LLC/Jessica Halpern, M.D. has assumed responsibility for my care. This will be determined by Bright Side Psychiatry LLC/Jessica Halpern M.D. based on the treatment recommendations. No prescriptions or refills will be provided until the completion of the consultation, and only if Bright Side Psychiatry LLC/Jessica Halpern M.D. feels it is appropriate.

Payment

I understand that I am responsible for payment in full at the time services are provided. Fees for service will be discussed in advance between myself and Bright Side Psychiatry LLC/Jessica Halpern, M.D. and any changes to the fee schedule will be made known to me. I agree to complete the Credit Card Payment Authorization Form prior to my initial consultation. I understand my credit card will not be charged until the time of service unless I cancel my appointment within 24 hours of the scheduled appointment time. My credit card will also be charged for missed appointments. Failure to pay the agreed amount at the expected time may result in transfer of care. I understand there are additional services that may require billing as well which include but are not limited to: reading and writing of reports, obtaining collateral from other providers, phone calls lasting longer than 15 minutes, and frequent phone calls. Bright Side Psychiatry LLC/Jessica Halpern, M.D. reserves the right to charge for these services at a prorated fee of \$350/hour, or to require me to schedule an office appointment to address these services. Bright Side Psychiatry LLC/Jessica Halpern, M.D. will not split the bill between two parents nor try to collect from a parent who does not come to the sessions. The responsibility for payment or to recover what is owed is on the parent who brings the child to the appointment. If payment for services is not paid within 30 days from when the service was provided, there may be a \$50 late fee added to the amount due with an additional \$50 for every month thereafter that the payment continues to be late.

Cancellation Policy

Appointment times are reserved just for you. Bright Side Psychiatry LLC/Jessica Halpern, M.D. is happy to change or cancel your appointment, but this requires notice at least 24 hours (1 business day) in advance. If a cancellation is not made within that time, or if the appointment is missed without notification, Bright Side Psychiatry LLC/Jessica Halpern, M.D. reserves the right to charge me the full fee for this appointment. Emergencies will be taken into consideration. If I paid for the appointment in advance and cancel the appointment before the required 24 hours (1 business day), then I will be offered a full refund. I understand that in the event of a missed or cancelled appointment, medications may or may not be refilled depending on the level of clinical supervision required for the medication.



Late Arrival

If I am late to my appointment, I understand that Jessica Halpern, MD may only be able to see me for the remainder of my appointment time in consideration of other patients.

Electronic Communication

I understand that voicemail and e-mail are not confidential means of communication with Bright Side Psychiatry LLC/Jessica Halpern, M.D. I will reserve their use for managing appointments or requesting direct (in-person, phone, or videochat) communication. For my convenience, I can e-mail Bright Side Psychiatry LLC/Jessica Halpern, M.D. reports for review; however, I understand that she will not reply with clinically sensitive information. I will allow Bright Side Psychiatry LLC/Jessica Halpern, M.D. to leave messages on my voicemail unless I request otherwise, with the understanding that every effort will be made to maintain confidentiality.

Health Insurance Coverage

I understand that Bright Side Psychiatry LLC/Jessica Halpern, M.D. does not participate in any health insurance plans. I may be able to submit a claim for reimbursement as out-of-network benefits; however, it is solely my responsibility to verify coverage and submit claims. Bright Side Psychiatry LLC/Jessica Halpern, M.D. may be able to provide me with a billing statement I can send to my insurance, but accepts no responsibility for lack of payment from insurance companies.

Discharge

Discharge is the formal release of a professional from their obligation and care to a client. Discharge can occur for many different reasons, some which are as simple as a client moving out of the area or getting so much better that regular care is no longer required. Discharge also occurs if our office is unable to communicate or schedule an appointment with me for a 6 month period of time.

Termination of Care

Bright Side Psychiatry LLC/Jessica Halpern, M.D. will not begin care, or will not continue care, if in her professional opinion she can no longer be of benefit to me and she will discuss this with me. I will be provided with one or more referrals for continuation of treatment, and I will be discharged if appropriate. I have the right to terminate treatment at any time.

By signing, you certify that you have read, understand, and agree to all the policies in this contract.

Patient Name: _____ Date of Birth: _____

Patient signature: _____ Date: _____

Name of Legal Guardian (if applicable): _____ Relation: _____

Signature of Legal Guardian (if applicable): _____ Date: _____