



## **About the Center for Green Psychiatry**

The Center for Green Psychiatry (CGP) is a clinic that provides outpatient integrative mental healthcare treatment for patients who reside in Texas. We typically work with patients between the ages of 13 and 65 years old. Integrative psychiatry is a comprehensive approach that combines medication management and psychotherapy with evidence-based interventions including breathwork, movement, mind-body medicine, nutrition, and judicious use of dietary supplements. A typical visit at CGP includes a combination of medication management and psychotherapy. Gregory Scott Brown, MD, FAIHM (Dr. Brown), is the founder, director, and delegating physician at CGP. Please see below for psychiatric nurse practitioner(s) who are affiliated with CGP and currently under Dr. Brown’s supervision.

1. Hannah J. Green, MSN, APRN, PMHNP-BC
2. Shannon Skolaut, MSN, APRN, PMHNP-BC

\* Please note that throughout these policies “I” and “my” refers to the patient, guardian, and responsible party.

## **Website**

Many commonly asked questions can be answered by visiting our website at [cgpwellness.com](http://cgpwellness.com)

## **Communications**

The Center for Green Psychiatry is not equipped with a robust front desk staff, but does include administrative support, management, and billing staff who work remotely. Our preferred way for you to communicate with your provider (doctor or nurse practitioner) about questions related to your treatment is via the secure patient online portal. In the event of an emergency, however, please call 911 or present to the nearest emergency room.

## **How to Access to the Secure Online Patient Portal**

1. Visit [cgpwellness.com](http://cgpwellness.com)
2. Click “portal”

## **Provider Service Locations**

1. Beginning April 1, 2022, Dr. Brown will only accept new patients who reside in the Houston, Texas area. Dr. Brown will continue to see his established patients who reside in Austin, Texas and surrounding areas.
2. Hannah Green and Shannon Skolaut will only accept new patients who reside in Austin, Texas and surrounding areas.



## **Telemedicine**

Most of our visits are conducted via telemedicine. Some providers may only offer telemedicine services, so it is important that you discuss your provider's practice type with him/her before committing to treatment. Please refer to [cgpwellness.com](http://cgpwellness.com) to get more information about your provider's practice type.

When telemedicine is utilized, real-time audiovisual software is our preferred method. We do not typically conduct appointments by telephone, unless under extenuating circumstances. Please see below for some risks associated with telemedicine. We work to minimize these risks.

1. Information transmitted may not be sufficient (poor resolution of video, distortion or audio).
2. Delays in medical evaluation and treatment due to deficiencies or failure of the software.
3. Even the best security protocol can fail, causing a breach in privacy.
4. Lack of access to all of the information available in a face-to-face visit may result in medical judgement errors.

By signing/initialing this form, I agree to the following:

1. I (the patient, legal guardian, and responsible party) will not record, nor will I facilitate a recording (audio or video), of any telepsychiatry, telephone, or in-person session with my CGP provider without the prior written consent from my CGP provider.
2. I understand that CGP providers/staff do not willfully record telemedicine appointments or in-office visits without prior written or verbal consent from the patient or responsible party.
3. I understand that telephone calls made to and received from the Center for Green Psychiatry, are on an audio recorded line via a third party on call service – and I agree and fully consent to these calls being recorded.
4. I understand that if due to a rare circumstance, my appointment must be conducted by telephone, the appointment will be automatically audio recorded by the on call technology in place.
5. I understand that I must be a current resident of Texas in order to be eligible to be a patient at CGP, and agree to be seen in one of CGP's physical offices if medically indicated.
6. I agree that during my appointment, I will not engage in activities like operating a motor vehicle that could potentially compromise my health, safety, or privacy.



### **Appointment Reminders**

I understand that I am responsible for writing down my appointment date and time. I understand that CGP will set up appointment reminders by email, text, or phone which I agree to receive. However, I understand that in the event that I do not receive a reminder, because of a number of reasons including but not limited to software malfunction, reminder being sent to my SPAM box, or specific cell phone or email settings that block or alter reminders, that I am still responsible for my appointment date and time as scheduled and I agree to be charged a no-show or late fee if I do not show up for my appointment.

### **Controlled Substances**

Prescribing controlled substance (including stimulant medications and benzodiazepines) is not a routine part of our practice, except for in specific and rare circumstances.

*The Ryan Haight Online Pharmacy Consumer Protection Act of 2008*

The Ryan Haight Online Pharmacy Consumer Protection Act of 2008 places limitations on prescribing schedule II medications including stimulants, like Ritalin and Adderall, and benzodiazepines, like Xanax or Ativan, via telemedicine unless under extenuating circumstances (one example of an extenuating circumstance would be the recent coronavirus pandemic). It is not uncommon for patients to ask about stimulant treatments for ADHD or other schedule II drugs. If we diagnose you with ADHD, we will discuss treatment options with you that may or may not involve a stimulant prescription from us.

### **Treatment Schedule**

The treatment schedule depends on the condition being treated. After your first visit, monthly visits may be recommended, followed by bi-monthly visits, and then every three months. Some patients, however, may choose to be seen more frequently.

It is our clinic policy that all patients must have a follow up appointment scheduled in order to remain a patient in our practice. We also require that you are seen at least every three months (four times per year) for a follow up appointment in order to remain an active patient of ours. Failure to adhere to the treatment schedule is grounds for immediate termination of care from CGP.

### **Termination of Care Policy**

It is important for you to understand the termination of care policy, so please read carefully. I understand that termination of care means that my CGP provider (Dr. Brown or nurse practitioners under his supervision) is no longer responsible for my medical or psychiatric care, including adverse health outcomes that occur after the date of termination. I will not hold CGP



it's providers or staff liable in any way for a negative health outcome, if it were to occur, after my termination of care date. After termination of care, I understand that my chart with CGP will be closed and that if I were to request care from CGP again, I may be required to establish care as a new patient. If termination of care is necessary, I understand that CGP will make a good faith effort to send me a termination of care letter, to review, either by the secure messaging portal or via certified mail. I understand that if I do not receive a termination of care letter that was sent by CGP in good faith, or do receive a termination of care letter and choose not to sign it, that CGP's attempt to communicate my termination of care status constitutes termination of care effective from the date of the good faith attempt.

Please see a list of some reasons why your CGP provider may choose to terminate care with you.

1. Differences in treatment goals
2. Completion of successful treatment
3. Disrespectful communication with your CGP provider or his/her office staff
4. Non-adherence to your CGP provider's treatment recommendations
5. Multiple missed appointments
6. Failure to pay for office visits
7. Failure to have a follow up appointment on the calendar at all times
  - a. In order to be considered a patient of the Center for Green Psychiatry, you must have a follow up appointment scheduled at all times after your first visit. This is required for continuity of care purposes and for patient safety. We are not a drop-in clinic.
8. Failure to abide by clinic policies
9. If your CGP provider, for any reason, believes that he/she is not the best person to provide adequate care for you.
10. My moving to a different state
11. Requesting treatment interventions that your provider isn't comfortable abiding by

You may also choose to terminate care with your CGP provider for any reason. We ask that termination requests are communicated with CGP in writing (via the secure messaging portal) and that the termination process is mutually respectable and cordial.

### **How to Request Medication Refills**

If you need your CGP provider to refill your medication, please communicate directly with him/her by sending a refill request on your secure online patient portal.

1. Please do not call CGP's office to request a refill
2. Please do not request your medication refill with your local pharmacy

Also, please time your refill request appropriately by communicating with you CGP provider that you need a refill at least seven business days prior to running out of your medication.



1. I understand the refill request procedures and agree to abide by them. Additionally, I will not hold CGP or its providers responsible for any negative health outcomes that may potentially result as a direct consequence from me not abiding by the refill policies as outlined above.

### **Fees, Billing Codes and Insurance**

We are credentialed with some BCBS plans. I understand that it is my responsibility to verify my insurance benefits with my private health insurance company prior to my initial and follow up appointments with CGP. I understand that the easiest way to do this is to call my private health insurance benefits line and ask if the provider I am wanting to see is in-network, and if telemedicine appointments are covered.

#### ***Medical Doctor Private Pay Fees***

\*Initial evaluation (\$400)

The initial evaluation usually lasts up to 75 minutes

\*Standard Follow-up visits (\$215)

Short Follow-up visits usually last up to 30 minutes

\*Extended Follow-up visits (\$280)

Long Follow-up visits usually last up to 45 minutes

#### ***Advanced Psychiatric Nurse Practitioners Fees***

##### ***Psychiatric Nurse Practitioner Private Pay Fees***

\*Initial evaluation (\$280)

The initial evaluation usually lasts up to 75 minutes

\*Standard Follow-up visits (\$140)

Short Follow-up visits usually last up to 30 minutes

\*Extended Follow-up visit (\$180)

Long Follow-up visits usually last up to 45 minutes



## **How to Cancel or Reschedule an Appointment**

To cancel a previously scheduled appointment, visit [cgpwellness.com](http://cgpwellness.com). All appointment cancellations and rescheduling must be completed online in the patient secure portal. I understand that I will be able to reschedule up to 24 hours prior to the beginning of my appointment. CGP does not cancel or reschedule appointments by telephone, and by signing this form, I am agreeing to have my payment method on file automatically charged a \$100 late cancellation/rescheduling fee if I do not make my rescheduling request successfully in my secure online patient portal.

### *Late Cancellation Policy*

All patients are required to cancel their appointment online 24 hours prior to the start of their appointment. Failure to cancel within 24 business hours of the beginning of your appointment will be assessed a late-cancellation fee of \$100 that will be automatically charged to your payment method on file. By signing this form, I agree to have this fee automatically charged to my payment method on file in the event of a late cancellation.

### *No-Show Policy*

The no-show fee is \$100. Patients who are more than 15 minutes late to their appointment will be asked to re-schedule their appointment and also charged a no-show fee of \$100. By signing this form, I agree to have this fee automatically charged to my payment method on file in the event of a no-show, or if I show up more than 15 minutes late to my appointment.

If the patient is under the age of 18 years old, at least one parent or legal guardian must be able to join the telemedicine call or be physically present with the patient during the time of the visit. If a parent or legal guardian does not or is unable to join the telemedicine call OR the patient shows up to the appointment without a parent or legal guardian present, the appointment will be rescheduled and a \$100 fee will be assessed. By signing this form, I agree to have this fee automatically charged to my payment method on file if I am a parent or legal guardian of a patient and I am not present for a telemedicine call during the appointment with the patient or I am not physically present with the patient at the office during the time of the appointment.

\*I understand that there is a strict late-cancellation/no-show policy and I agree to allow the full amount to be charge to my payment method on file immediately in the event of a no-show or late cancellation.

## **Forms and Paperwork**

All forms (with the exception of school/work excuses or medically indicated referrals that your provider initiates) will incur a \$50 fee that will automatically be charged to the patient's payment method on file. Forms include but are not limited to: FMLA requests, disability



paperwork, letters for accommodates/special services, 504 plans, prior authorizations, medication permission forms, health insurance forms). Many forms are able to be completed by primary care providers, so it is our recommendation that patients check with their primary care provider first before determining whether or not a mental healthcare specialist is needed to complete a form. CGP and its providers are not obliged to complete forms that patients request. If CGP or its provider declines to complete a form on your behalf we will notify you of the reason for denying the request.

### *Superbills*

After your visit, you may request a “superbill” with your diagnosis and CPT code(s) included for you to submit to your insurance company. It is not uncommon for some insurance companies to reimburse for a portion of if not the complete cost of the visit if you provide a superbill.

### *Payments*

Payments are due at the time of services or services will be denied. Payments not received within one week of service will be subject to a late fee of \$20 per 30 calendar days late and/or termination of care as a CGP patient. Your signature below acknowledges that you have read and agree to the following.

1. I agree to provide a payment method in the form of a valid credit card, debit card, or health savings account card that CGP can hold on file before my initial evaluation. I understand that this is required prior to my initial appointment at CGP, and that I cannot and will not be seen without a valid payment method on file. If my payment method on file is invalid, I understand that I will not be able to have my appointment, future appointments will be cancelled, and I may be terminated as a CGP patient.
2. I agree to allow CGP to charge my payment method on file immediately after services are rendered, or immediately after a no-show or late cancellation if I miss my appointment. I hereby authorize CGP to automatically charge the amount that my health insurance does not cover. I understand that CGP will charge my co-pay if insurance covers my appointment at CGP.
3. In the event of a no-show, late arrival, or late cancellation, or breach of clinic policies, I allow CGP to automatically charge my credit or debit card on file for the amount outlined in these policies.
4. I will not provide cash or write checks for medical services rendered by CGP, and I understand that a credit, debit, or health savings account card is required for CGP to store on file and deduct payments from.
5. I understand that my private health insurance is a contract between me and my insurance company, and that it is my responsibility to know my benefits and how they may or may not apply. I understand that I am responsible for paying any amount to CGP that my health insurance does not cover, and I agree to have his amount automatically charged to/deducted from my credit, debit, or health savings account card on file.



6. I understand that CGP may recommend lab testing, supplements, and/or prescriptions, which may incur additional fees.

### *Unpaid Balances*

I understand that if I (the patient or responsibly financial party) has an unpaid balance due to payment method being declined, it is my responsibility to pay my balance no later than 24 hours prior to the beginning of my next appointment or my appointment will automatically be canceled. If my appointment is cancelled because of an unpaid balance, I agree to pay my balance and reschedule my appointment as soon as possible.

### *Insurance Denials*

If my CGP provider is in-network with my private health insurance and my coverage is denied by my insurance company, I understand that it is my responsibility (not CGP's) to resolve the dispute with my health insurance company. If my private insurance company does not cover the cost of my appointment as expected, I hereby agree to have the private pay fee automatically charged to/deducted from my payment method on file. I understand that CGP is happy to provide a superbill, if I request one, after my appointment for me to provide to my health insurance company for potential reimbursement.

### *Financial Hardship*

If you are undergoing a time a financial hardship, please communicate this with CGP so that we can help develop a payment plan that works for you if we are able to. We want to avoid a financial hardship getting in the way of your psychiatric care. If ultimately, because of a financial hardship, you are unable to continue meeting with your CGP provider, we may be able to help you find more affordable mental healthcare elsewhere. Please communicate with us.

### **Appointment Reminders**

Appointment reminders are sent by email, text, or telephone call message. By consenting to these policies, I agree to allow CGP to communicate with me by email, telephone calls, voicemail and/or text messages. We will do our best to limit sending detailed protected health information via the methods outlined in this section (Appointment Reminders). I understand that I may choose to submit information or ask questions by electronic means at my own risk. I understand that CGP cannot be responsible for, nor with I hold CGP liable for, loss or interception of information if my email is hacked, my telephone security is compromised, mail is stolen from my mailbox, or my computer gets a virus – as this is out of CGP's control. Finally, I understand that if an incorrect or outdated email address, physical address, or telephone number is provided to CGP its staff or its providers, I will not hold CGP liable in any way for messages including protected health information sent to outdated contact information and I understand that it is my responsibility to make sure that my contact information with CGP is up to date at all times.





## **Offices**

### **Austin, Texas Office**

5656 Bee Caves Road, Suite D-205

West Lake Hills, TX 78746

### **Houston, Texas Office**

5373 W Alabama St #204

Houston, TX 77056

## **Notice of Privacy Practices**

Protected health information (PHI) is information about the patient, including demographic information that may identify the patient. This notice describes my ability to access and control my PHI. I understand that CGP may use and disclose my PHI to carry out consultation, treatment, payment of business operations, and for other purposes that are permitted or required by law. Also, in the event of a medical or psychiatric emergency, I understand and grant CGP permission to disclose my PHI, without my permission, in the interest of my safety.

### *Payments and Coverage*

I understand that CGP will use and disclose my PHI to provide, coordinate, or manage my health care and any related services. I am aware that this includes the coordination or management of my health care with some third parties, when necessary. For example, I understand that my PHI may be provided to a physician to whom I have been referred to ensure that necessary information is accessible to diagnoses or treat me. I understand that my PHI may also be used or accessed by another physician or mental health provider if my CGP provider is out of town and another mental health professional is covering for him/her. I understand that my PHI will be used, if requested by me, to bill or to obtain payment for my health care services.

### *Health Care Operations*

I understand that CGP may use or disclose, as needed, my PHI to support the business activities of its office(s). These activities include, but are not limited to, maintenance of an electronic health record, appointment reminders, quality assessment, employee review, training, licensing/credentialing, to/from business associates, and conducting or arranging for other business activities. CGP may use or disclose my PHI in the following situations without my authorization. These situations include as required by law: emergency situations, public health,



health oversight, abuse or neglect, government requirements, legal proceedings, law enforcement, coroners, funeral directors and organ donation, research, criminal activity, military activity and national security and other required use and disclosures. For minors, a parent or legal guardian will have open access to some PHI.

### *Teaching*

CGP providers are actively involved in medical educations, at times medical students, medical residents, doctors, nurse practitioners, therapists, therapists-in-training, nursing students, and nurse practitioner students may be exposed to your PHI strictly for teaching purposes. If your PHI must be used for a teaching case, we will try our best to limit personal identifying information if at all possible or to request your written or verbal consent beforehand.

### **No Surprises Act**

In accordance with changes to the No Surprises Act implemented in January 2022, CGP will assist in providing estimated costs of patient services to the best of our ability. I understand that if at any point during the course of my treatment, I want a Good Faith Estimate of costs in writing, the way I need to make such a request is submitting my request to my provider via the secure messaging portal in writing.

### **Texas Medical Board Contact Information**

In the event that I need to contact the Texas Medical Board, please find their contact information below:

[www.tmb.state.tx.us](http://www.tmb.state.tx.us)

(512) 305-7010

My written or electronic signature here indicates that I have read and agree to abide by the policies outlined in this document.