



About the Center for Green Psychiatry

The Center for Green Psychiatry (CGP) is a psychiatric clinic that provides outpatient integrative mental healthcare treatment for patients between the ages of 18 and 65 years old. Patients between the ages of 13 and 18 are considered on a case-by-case basis. We do not work with children under 13 years old. Integrative psychiatry is a comprehensive approach to mental healthcare that includes but is not limited to prescription medications and talk therapy.

Dr. Gregory Scott Brown, MD, FAIHM, FAPA (Dr. Brown), is the supervising psychiatrist at CGP. Please see below for psychiatric nurse practitioners who are affiliated with CGP under Dr. Brown's supervision.

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

Website

Many commonly asked questions can be answered by visiting our website at 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 us about questions is via the secure patient online portal which you can access through our website. That said, the portal is not intended for communications about medical or psychiatric emergencies. If you are experiencing an emergency that includes but is not limited to thoughts to harm yourself, please call 911 or go to your nearest emergency room as we are not emergency medical providers.

How to Access to the Secure Online Patient Portal

1. Visit cgpwellness.com
2. Click "portal"

Provider Service Locations

1. CGP is a telemedicine practice; as such, your appointment will take place by telemedicine.
2. Because we are a telemedicine practice, we cannot provide certain mental health services – like managing long-term injections, prescribing stimulant medications, or conducting ketamine treatment – that require in-person treatment. In some rare circumstances, if you require a treatment where an in-person appointment is necessary we may schedule an in-person appointment at our office.
3. We are licensed to practice medicine in the state of Texas.



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Telemedicine

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 or distortion of 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, you agree to and/or understand the following statements:

1. You will not record or facilitate a recording (audio or video) of any telepsychiatry, telephone, or in-person session with your CGP provider without the prior written consent from us.
2. You 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 you agree to these calls being recorded.
3. You understand that if your appointment must be conducted by telephone, the appointment may be automatically audio recorded by the on-call technology in place.
4. You understand that you must be a current resident of Texas in order to be eligible to be a patient at CGP and you agree to be seen in one of CGP's physical offices if an in-person appointment is determined to be required by your provider.
5. You agree that during your appointment, you will not engage in activities like operating a motor vehicle that could potentially compromise your health, safety, or privacy.

Appointment Reminders

You are responsible for keeping track of your appointment schedule. However, CGP will set up appointment reminders by email, text, robocall or telephone. Technology is not perfect. In the event that you do not receive a reminder, because of a number of reasons including but not limited to software malfunction, reminders being sent to your SPAM box, or specific cell phone or email settings that block or alter reminders, you are still responsible for your appointment date and time as scheduled.



Controlled Substances Disclaimer

Please read carefully

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).

We do not typically start/continue schedule II medications in our practice (with very few exceptions and only after an in-person appointment).

If you require a prescription for a controlled substance, or the primary reason for your appointment is for an ADHD evaluation, we recommend that you book an appointment with a different practice where you can be seen in person.

Treatment Schedule

The treatment schedule depends on the condition being treated and the cadence recommended by your provider. After your first visit, monthly visits may be recommended, followed by bi-monthly visits, and then every three months. Some patients, however, may need to be seen more or less 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 are not a “drop-in as needed” clinic. We also require that you are seen at a cadence of no less than once every three months for a follow up appointment in order to remain an active patient of ours and to continue receiving prescription refills from us. Failure to adhere to the treatment schedule is grounds for immediate termination of care from CGP.

Termination of Care Policy

Please read carefully

Your signature attests that you understand and agree to abide by the statements below:

1. Termination of care means that your CGP provider is no longer responsible for your medical or psychiatric care, including adverse health outcomes that occur after the date of termination. You will not hold CGP – its providers or staff – liable in any way for a negative health outcome that were to occur after your termination of care date. After termination of care, you understand that your CGP medical record will be closed.



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2. If termination of care is necessary, you understand that CGP will make a good faith effort to send you a termination of care letter either by the secure online messaging portal or via physical mail. If you do not receive a termination of care letter that was sent by CGP in good faith, or you do receive a termination of care letter and choose not to sign it, CGP's attempt to communicate your termination of care status constitutes termination of care effective from the date the letter was sent.
3. You understand that if it has been 4 weeks from the date of your most recent appointment and you do not have a follow up appointment booked, CGP reserves the right to terminate your care effectively immediately as this would be a violation of our clinic policies.
4. If your payment method on file with us is inactive, or your payment account is at least 30-days past due, CGP reserves the right to terminate your care. If you are having trouble affording your appointments, please communicate with us.

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

1. Provider discretion or differences in treatment goals
2. Completion of successful treatment
3. Disrespectful communication with your CGP provider or their office staff
4. Non-adherence to your CGP provider's treatment recommendations
5. 3 or more no-shows
6. Failure to abide by clinic policies

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.

How to Request Medication Refills

Please read carefully

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



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

Also, please time your refill request appropriately by communicating with you CGP provider (via the secure messaging portal) that you need a refill at least 7 business days prior to running out of your medication to avoid any lapses in medication treatment.

You understand and agree to abide by the statements below:

1. You understand the refill request procedure and you agree to abide by it. You will not hold CGP or its providers responsible for any negative health outcomes that may potentially result as a direct consequence from you not abiding by the refill policy as outlined above.

Fees, Billing Codes and Insurance

We are credentialed with some private health insurance plans and this list does change from time to time. An up-to-date list of health insurance plans we are credentialed with is available on our website: cgpwellness.com.

It is your responsibility to verify your insurance benefits (including telemedicine benefits) with your health insurance company prior to your initial and follow up appointments with CGP.

Medical Doctor (MD) Fees

*Initial evaluation (\$500)

The initial evaluation usually lasts up to 75 minutes and may include a combination of medication management and/or psychotherapy

*Standard Follow-up visits (\$250)

Standard Follow-up visits usually last up to 30 minutes and may include a combination of medication management and/or psychotherapy

*Extended Follow-up visits (\$300)

Extended Follow-up visits usually last up to 45 minutes and may include a combination of medication management and/or psychotherapy

Advanced Psychiatric Nurse Practitioners (NP) Fees



***Initial evaluation (\$350)**

The initial evaluation usually lasts up to 75 minutes and may include medication management and/or psychotherapy

***Standard Follow-up visits (\$160)**

Standard Follow-up visits usually last up to 30 minutes and may include a medication management and/or psychotherapy

***Extended Follow-up visit (\$200)**

Extended Follow-up visits usually last up to 45 minutes and may include medication management and/or psychotherapy

Late-Cancellation/Rescheduling/No-Show Policy

How to Cancel or Reschedule an Appointment

All appointment cancellations and rescheduling requests must be completed online via the patient secure messaging portal. In the online portal, you can view your upcoming booked appointment(s) with your CGP provider and make changes to existing appointments if it is more than 24 hours from the start of your appointment. If it is less than 24 hours prior to start of your appointment, you will not be able to cancel or reschedule an existing appointment in the portal, but you will still be able to book a future appointment. Emails, telephone calls to our office, or communicating with us outside of the secure messaging portal is not considered an appropriate form of informing us about appointment cancellations or rescheduling requests.

If you are more than 15 minutes late to your appointment (initial or follow up appointment), you may be asked to reschedule your appointment and this visit will be considered a no-show.

Adolescent Patients

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 entirety of the appointment. If a parent or legal guardian is not available at the time of the patient's appointment, we may request for the appointment to be rescheduled and this will be considered a no-show.

By signing this form, you (the patient or legal guardian of a patient under the age of 18) agree to abide by the statements below:



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You hereby agree for CGP to automatically charge your payment method on file \$100 if you do not abide by all aspects of the Late-Cancellation/Rescheduling/No-Show Policy as outlined above. The Late-Cancellation/Rescheduling/No-Show Policy applies to both new and established patients.

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 your payment method on file. Forms include but are not limited to: FMLA requests, disability paperwork, letters for accommodations/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 they do not believe that a requested form is medically indicated. If a CGP provider declines to complete a form on your behalf, we will attempt to notify you of the reason for denying your request.

Superbills

After your appointment with your provider, you may request a “superbill” with your diagnosis and CPT code(s) included for you to submit to your health insurance company.

Payments

Payments are due at the time of services or services may be denied. Your payment method on file (credit card/debit card/health savings account card) must be active (unexpired) prior to your appointment or health services may be denied. Your signature below acknowledges that you have read and agree to abide by the following statements.

1. You agree to provide a payment method to CGP in the form of an active credit card, debit card, or health savings account card that CGP will hold on file before your initial evaluation and at all times throughout the course of your treatment. You understand that your payment method is required prior to your initial appointment at CGP and that you may not have your appointment without a valid and unexpired payment method on file at all times during your course of treatment.
2. You agree to allow CGP to charge your payment method on file immediately after services are rendered, or for insurance claims, upon receipt of insurance statements showing patient responsibility. You also agree to allow CGP to charge your payment method on file immediately after a no-show or late cancellation in the event of a violation of the Late- Cancellation/Rescheduling/No-Show Policy.



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3. You authorize CGP to automatically charge the amount that your health insurance does not cover. You understand that CGP will charge the full fee if your health insurance does not cover the cost of or a portion of the cost of your appointment at CGP.
4. You agree to allow CGP to deduct the full amount owed from your payment method on file. You also agree not to make payments on your own to any third-party vendor (Stripe, Kareo, Tebra, etc) for monies owed to CGP for services rendered at CGP or by CGP as this would be a violation of our clinic policies and grounds for termination of care from CGP.
5. In the event of a no-show, late arrival, late cancellation, or breach of clinic policies, you allow CGP to charge your credit or debit card on file for the amount outlined in these policies.
6. You will not provide cash or write checks for medical services rendered by CGP, and you understand that a credit, debit, or health savings account card is required for CGP to store on file and deduct payments from you.
7. You understand that your private health insurance is a contract between you and your insurance company, and that it is your responsibility to understand your benefits and how they may or may not apply to what CGP charges you. You understand that you are responsible for paying any amount to CGP that your health insurance does not cover, and you agree to have this amount automatically charged to/deducted from your credit, debit, or health savings account card on file with CGP.
8. You understand that CGP may recommend lab testing, over the counter treatments, and/or prescription medications that may incur additional costs to you.
9. You understand that choosing not to follow CGP's payment policy is grounds for your (or the patient I you legally responsible for) termination of care from CGP.

Unpaid Balances

If you have an unpaid balance due to payment method being declined, it is your responsibility to pay your balance as soon as possible. If you have an unpaid balance, CGP reserves the right to cancel any scheduled appointments.

Insurance Denials

If your CGP provider is in-network with your private health insurance and your coverage is denied by your health insurance company, it is your responsibility (not CGP's) to resolve the dispute with your health insurance company. If your health insurance company does not cover the cost of your appointment as expected, you hereby agree to allow your CGP provider's private pay fee to be automatically charged to/deducted from your payment method on file.

Financial Hardship

If you are undergoing a time a financial hardship, please communicate this with CGP so that we can help develop a plan that works for you if we are able to.



Appointment Reminders

Appointment reminders are sent by email, text, or telephone/robocall messages. CGP will do its best to limit sending detailed protected health information via the methods outlined in this section. CGP cannot be responsible for loss or interception of information if your email or cellphone is hacked, mail is stolen from your mailbox, or your computer gets a virus – as this is out of CGP’s control. Importantly, if an incorrect or outdated email address, physical address, or telephone number is provided to CGP its staff or its providers by you or your responsible party, it is your responsibility to make sure that your contact information with CGP is always up to date.

Physical Offices and Addresses

*We have a physical office located in Austin, Texas. Our office addresses can be found on our website at cgpwellness.com. However, we do not receive any mail at our physical location. Although we may see patients throughout the states of Texas, if you are required to be seen for an in-person appointment it is the expectation that you are see at our office in Austin, Texas. However, please direct all mail to our mailing address.

Physical Office Address

4022 Menchaca
Austin, TX 78704

Mailing Address

6606 FM 1488 Road
Ste 148-689
Magnolia, TX 77354

Notice of Privacy Practices

Protected health information (PHI) is information about a patient, including demographic information that may identify a patient. This notice describes your ability to access and control a CGP patient’s PHI. CGP may use and disclose our patient’s 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, CGP may disclose PHI, without your permission, in the interest of patient safety.



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Payments and Coverage

CGP will use and disclose PHI to provide, coordinate, or manage health care and any related services. This includes the coordination or management with some third parties when necessary. For example, PHI may be provided to a physician to whom a patient has been referred to ensure that necessary information is accessible to diagnose or treat a patient. PHI may also be used or accessed by another physician or mental health provider if a patient's CGP provider is out of town and another mental health professional is covering for them. PHI will be used to bill or to obtain payment for services rendered by CGP, its staff, providers and/or covering staff or providers.

Health Care Operations

CGP may use or disclose PHI to support the business activities of its office(s). These activities include, but are not limited to, maintenance or initiation 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 PHI in the following situations without your 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 (patients under the age of 18 years old), a parent or legal guardian will have open access to some PHI.

Teaching

CGP providers are actively involved in providing medical education. As such, at times medical students, medical residents, doctors, nurse practitioners, therapists, therapists-in-training, nursing students, and nurse practitioner students may be exposed to a CGP patient's PHI for teaching purposes. If PHI must be used for teaching, we will try our best to limit personal identifying information if possible. Your signature at the end of this document attests that you agree to have your PHI if you are our patient (or PHI of the patient you are legally responsible for) used/disclosed for teaching and training purposes.

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. A "Good Faith Estimate of Costs" of care for private pay patients is below. We will assist in providing additional assistance in anticipating costs of care per patient request.



Good Faith Estimate

While it is difficult to estimate private pay costs, please use the information below as a good faith estimate of the cost of care at the Center for Green Psychiatry. Please note that this is just an estimate, and current procedure terminology (CPT) codes are subject to change. **Using private health insurance to cover or offset a portion of your medical care may affect the amount owed if CGP is in-network with your health insurance provider. Treatment schedules do vary, however, use this guide as a general estimate.**

Additional information about medical doctor (MD) and nurse practitioner (NP) fees are listed in the section on “Fees, Billing Codes, and Insurance.”

Initial evaluation commonly used CPT codes for superbills/insurance claims.

90792 (Initial evaluation CPT codes)

99204 /99205 +/- 90833 (> 16 min) /90836 (> 38 min) /90838 (> 52 min) (+/- Psychotherapy add on codes)

Standard and Extended Follow-up Visit Commonly Used CPT codes

99213 (Low complexity), 99214 (Moderate complexity)

99215 (Medication management based on time or complexity of visit)

+/- 90833 (>16 min) /90836 (> 38 min) /90838 (> 52 min) (+/- Psychotherapy add on codes)

90832 (30 min Psychotherapy)

90834 (45 min Psychotherapy)

Missed Appointment

99999 (Administrative code used on no-show documentation notes)

Typical Treatment Schedule for Medication Management +/- Psychotherapy

Initial evaluation -> follow up in 2-4 weeks -> follow up in 4-8 weeks -> follow up in 2-3 months -> follow up every 2-3 months

Typical Treatment Schedule for Psychotherapy Without Medication Management

Patients typically meet anywhere from once every week to once every month.

Every patient requires a unique treatment plan, so this good faith estimate is only meant to serve as a rubric to estimate private pay costs of services.



Texas Medical Board Contact Information

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

www.tmb.state.tx.us

(512) 305-7010

Your written or electronic signature here indicates that you are either a patient seeking treatment with CGP who is over the age of 18 years old OR you are a parent or legal guardian of a patient who is under the age of 18 years old who is seeking treatment with CGP. Your written or electronic signature below attests that you have read, understand, and agree to abide by all of the policies outlined in this document, and that you have received and reviewed a “Good Faith Estimate” of costs of care.