

MARK W. WILSON, MD, PC
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NEW YORK, NEW YORK 10019

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mark@markwilsonmdpc.com

assistant@markwilsonmdpc.com

Notice of Policies, Consent for Treatment, and Notice of Privacy/Confidentiality Rights

Scheduling:

- Mon 9:30 am – 12 pm and 1 pm - 5:30 pm
- Tues 9:30 am – 11:30 am and 1:30 pm – 7:15 pm
- Wed: 1 pm – 5:30 pm
- Thurs 9:30 am – 12 pm and 1 pm - 8 pm

Missed or Cancelled Appointments:

- I will be as flexible as I can with respect to changing appointments.
- I request at least one working day's notice for cancellations of scheduled appointments.
- Appointments cancelled less than one working day in advance will be charged for time reserved unless I am able to fill the time.

Fees:

- **Psychiatric Evaluation (scheduled as one 120 minute appt or two 60 minute appts):**
 - **\$1150**
 - Additional sessions are sometimes necessary for an evaluation and will be billed at the rates listed below
- **Sessions:**
 - **Psychopharmacology**
 - **\$500 for 30 minutes**
 - **\$550 for 45 minutes**
 - **Sessions lasting 60 minutes or longer**
 - **\$600 per hour**

Billing:

- **Payment is appreciated at the time of the visit or on receipt of bill, though weekly clients will be billed at the end of each month. Monthly statement will be sent if there is a balance at the end of the month.**
- **You can send in payment in the following ways**

- You may use Zelle (<https://www.zellepay.com/>) for payment, linked to mark@markwwilsonmdpc.com; make sure you type TWO w's, not one. It is also linked to (917) 621-6615.
- You may use PayPal ([paypal.me/markwwilsonmdpc](https://www.paypal.com/merchpot/display/cupnp); make sure you type TWO w's, not one) by going directly to their website; it's linked to my email mark@markwwilsonmdpc.com.
- You can give my assistant credit card information (Visa/Mastercard/American Express).
- You can send payment in by check to my office address above.
- Fees below full fee will be increased by ~5% as of 1/1/2022.
- In the event that you are temporarily unable to pay your bill, please discuss it with me, and I will do my best to set up a payment schedule with you.
- Accounts overdue for more than 60 days may be charged a monthly late fee of 5% of the total balance overdue. In some cases, sessions will be temporarily stopped, except in an emergency, until payment is received.
- In addition, accounts overdue by more than 90 days may be turned over to a collection agency.

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- **The 2022 No Surprises Act**
 - The **No Surprises Act** takes effect on 1/1/2022. Under the law, healthcare providers need to give patients who don't have insurance or who are not using insurance a "**Good Faith Estimate**" of the bill for medical items and services.
 - You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This does not include any unknown or unexpected costs that arise during treatment. You could be charged more if complications or special circumstances occur.
 - Make sure your healthcare provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item.
 - You can also ask your healthcare provider(s) for a Good Faith Estimate before you schedule an item or service.
 - If you are billed for more than the Good Faith Estimate of medical costs,
 - You have a right to dispute the bill
 - You can ask the provider for an updated bill to match the Good Faith Estimate
 - You can ask to negotiate the bill

- You can ask if there is financial assistance available
- You have a right to initiate a patient-provider dispute resolution process with the US Department of Health and Human Services if the actual billed charges substantially exceed (by at least \$400) the expected charges included in the Good Faith Estimate.
 - If you choose this route, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill
 - There is a \$25 fee to use the dispute process (charged by the US Department of HHS)
 - If the agency reviewing your dispute agrees with you, you will have to pay the price of the Good Faith Estimate
 - If the agency reviewing your dispute disagrees with you and agrees with the provider, you will have to pay the higher amount
- The initiation of a patient-provider dispute resolution process will not adversely affect the quality of healthcare services furnished to you.
- Make sure to save a copy or picture of your Good Faith Estimate.
- For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call 866-226-1819.
- There may be additional items or services the provider may recommend as part of the course of care that must be scheduled or requested separately and are not reflected in the Good Faith Estimate. Upon request, the Good Faith Estimate can be updated.
- The information provided in the Good Faith Estimate is only an estimate; actual items, services, or charges may differ from the Good Faith Estimate.
- The Good Faith Estimate is not a contract and does not require the uninsured (or self-pay) individual to obtain the items or services from the provider.

Appointments/Clinical Issues:

- **Psychopharmacology alongside psychotherapy with a different clinician**
 - **I recommend psychopharmacology appointments be regular, with a frequency every 1 or 2 weeks for as long as it takes for the psychiatric needs to be safely met and then no less frequently than every 2-4 weeks thereafter until after a prolonged period of remission.**
 - **Once one reaches solid remission, I recommend follow-up appoints every 4-16 weeks, depending on clinical conditions.**
 - **These recommendations will be individualized for each patient**
- **Phone and email check-in's are very important between appointments.**
- **During the start of a new medication or a change in a medication, I recommend phone or email check-in's (in addition to scheduled in-office appointments) as follows:**
 - **24 hours after a start of a medication or medication change**
 - **48 hours after**
 - **1 week after**
 - **Every 1-2 weeks after**
 - **These recommendations will be individualized for each patient**
- **I should be called on my emergency line (347) 741-8521 at any time for urgent or emergent matters.**
- **If I cannot be promptly reached in an emergency, you should go to the nearest emergency room or call '911'.**

- Alcohol and recreational drugs should be eliminated or at least minimized. Any past or current use of alcohol or recreational drugs should always be discussed with me.
- Any prescription and non-prescription medical medications should be discussed with me prior to starting new medications or changing medications.
- Consent for release of information should be discussed and signed so that it is clear with whom I am allowed to speak
- If, at any point and for whatever reason, you feel a consultation/second opinion/transfer of care would be helpful, I will gladly help facilitate such a consultation with a colleague that I recommend or a clinician whom you have contacted. If, at any point I feel a feel a consultation/second opinion/transfer of care would be helpful, I will discuss this with you.

Insurance:

- I do not accept any insurance or insurance payments, nor am I on any insurance panels.
- My invoices are in the forms of generic insurance reimbursement forms, which you can complete and send to insurance for reimbursement; make sure that everything is filled out completely and that the form is copied for your records prior to sending it in for reimbursement.
- When you are seeking such “out-of-network” coverage, please coordinate all communications with insurance companies.
- I am not a Medicare or Medicaid provider.
- Payment of the bill is independent of and not contingent on reimbursement from insurance.

Email Communication:

- mark@markwwilsonmdpc.com
- assistant@markwwilsonmdpc.com
- If email communication is not clear or timely, contact me or my assistant by telephone or come in person to discuss.
- Email is not a substitute for in-office clinical care.
- In the case of an emergency, contact Dr. Wilson by phone and/or call ‘911’ or go to the nearest emergency room.
- E-mail communication is part of the medical record.
- I do not use regularly use text/SMS messaging in my practice, and please do not send any urgent communications through text/SMS.
- I use business level Gmail (which is encrypted only at the level of the server, but not at the level of the recipient, making it not HIPAA-compliant); please note:
 - All E-mail communication, encrypted or unencrypted, is vulnerable to privacy violations.
 - If you do not wish to use Gmail, you can opt out of regular email and can use instead the encrypted, password-protected, HIPAA-compliant MD.

Officemail, which you can discuss with Dr. Wilson, or you can simply use the phone to contact my office.

Telephone Communications:

- **Telephone communication requiring 30 minutes of time or more will be charged at my hourly rate.**

Written Letters, Reports, Summaries or Depositions:

- Please give me as much notice as possible when requesting written letters or summaries.
- I will give clients and families of clients copies of drafts of written communications for review prior to sending out the communications to third parties.
- I request that clients and families of clients sign a release of information prior to the dissemination of written communication to third parties.
- **Written letters, reports or summaries requiring 30 minutes of time or more will be charged at my hourly rate.**

Testifying for Legal/Forensic Matters

- **Testifying will be charged at my hourly rate and include time spent traveling to and from the office.**

Home or School Visits:

- **Home and school visits will be charged at my hourly rate and include time spent traveling to and from the office.**

Refilling Prescriptions:

- **For all other medications, notify me 1-2 business days in advance of running out.**
- **Contacting me in advance of weekends and vacations is helpful.**
- **Please contact me for every refill request, even if you have contacted your pharmacy.**
- If you are leaving messages for refills, please leave your name, phone number, pharmacy phone number, name of medication, and pill size.
- Beginning March, 2016, physicians in New York will no longer be able to use written prescriptions; we will only be allowed to use electronic prescribing.
- **Controlled substances must be carefully contained; I will not always be able to replace lost, misplaced, damaged, or stolen controlled medications.**

Other:

- **Clinical concerns should be directed to me at (917) 441-2344. Please leave your phone number and a good time to call with every message.**
- **IN AN EMERGENCY, call me directly at (347) 741-8521.**
- **If you cannot contact me in the case of an emergency or if I am not able to return your email or call fast enough to meet your urgent needs, please go to your nearest emergency room or call '911'.**
- **For children and adolescents under 18 years of age, all legal guardians must agree to allow treatment to begin prior to the commencement of treatment.**

- If at any point you do not feel comfortable with your clinical care with me, please feel free to discuss it with me and I will do everything in my power to better meet your needs. If, still, you feel that your needs are not being met and/or that you cannot follow the recommendations in the treatment plan, then we can discuss the possibility of a consultation or a transfer of care to another clinician. It is my obligation as well to discuss the issue with you if I feel your needs are not being adequately addressed or met within my treatment plan.
- **Parents, please be proactive in getting me regular updates from school personnel, tutors, babysitters/nannies, etc. Feel free to give my contact information to school personnel, tutors, etc. Please be proactive in obtaining appropriate symptom scales from me to be given to appropriate personnel.**
- My web page (www.markwilsonmdpc.net) contains some of the symptom scales I give to teachers. It contains information on psychiatric problems and medications. The page is periodically updated with information about my practice (e.g., time away, changes in schedule).
- **Please be proactive in obtaining requested laboratory tests and directing the lab or physician to fax me the lab results.**
- **Please be proactive in facilitating communication between any other clinicians involved in your care and myself.**
- **For children and adolescents in psychotherapy, I like to meet with parents on a regular basis (e.g., monthly); I like these appointments to be separate from your child's regular appointments.**
- **I will always review verbally the potential risks and benefits of all medications used, and will either give you printed packets of treatment risks and benefits or will email you the packets. I have posted the risks and benefits of many of these medications on my web site. I can direct you to other forms of written information regarding the same risks and benefits. Please ask me at any time to review these risks and benefits.**
- **For clients requesting 3-month supplies of medications, please secure these 3-month amounts of medications in a locked container away from children. Psychiatric medications can be deadly in overdose. If you request a 3-month supply of a controlled substance, please note that in the event of losing/misplacing all or part of the 3-month supply, I will not be able to replace any part of that supply. Please dispose of any medications no longer being used.**
- **In an emergency, contact me, call "911" and/or go to the nearest emergency room**
- **Confidentiality:** Information regarding evaluation and ongoing treatment can only be disclosed with written permission of the client or the legal guardian of the child or adolescent client. Exceptions to confidentiality include legislation and professional codes of conduct that require mental health providers to "break confidentiality" when (1) the client presents themselves at being at risk of imminent danger to themselves or to others; (2) when a child or adolescent client is suspected to be at risk of child abuse or neglect; (3) when there is a court subpoena for the patient records maintained by the clinician and/or clinician testimony; (4) when insurance companies gather information about a client's treatment in the process of reimbursing clients for out-of-network treatment. In the event that an exception to confidentiality occurs, I will notify the client and legal guardian of the child or adolescent prior to releasing any information.
- ***PLEASE NOTE THE FOLLOWING, REGARDING THE 2013 NEW YORK I-STOP (PRESCRIPTION MONITORING PROGRAM DATABASE) LAW:** It is now mandatory that all physicians prescribing controlled substances consult with a state's prescription monitoring program database each time a prescription for a controlled substance is written. Aside from consulting the database and discussing any related issues with one's clients, there are no further legal obligations of any sort. I will be legally

obligated to consult with this database as above, and, if any issues related to this database come up, I will discuss those issues directly with my clients. To comply with this law, I will no longer be able to post-date prescriptions for controlled substances except in the context of travel or camp).