## New Patient Guide



**RESTORATION & WELLNESS CENTER** 

## TABLE OF CONTENTS

Welcome Vision Mission Understanding Mental Health Good Faith Estimate Availability Notice Notice of Privacy Practices Permission for Virtual Telehealth Visits No Show/Late Policy Financial Policy Credit Card Policy Resources

## Welcome

Welcome to Sound Mind Restoration and Wellness Center, LLC. We are so grateful you have entrusted us with your mental health and wellness needs. Sound Mind Restoration presents a comprehensive and compassionate solution to mental health challenges. We recognize that traditional mental health services often fall short of addressing the unique needs of individuals seeking support. Our solution lies in offering a holistic approach that integrates evidence-based practices, personalized care, and a deep understanding of the mind-body-spiritual connection.

Led by LaToya Ntlabati, MS, APRN, PMHNP-BC, a board-certified psychiatric mental health nurse practitioner with extensive experience, our practice is dedicated to delivering individualized treatment plans. We offer a range of services, including psychotherapy and medication management, to address a variety of mental health concerns, such as depression, anxiety, bipolar disorder, ADHD, PTSD, and schizophrenia.

Combining medical expertise with a holistic philosophy alleviates symptoms and addresses underlying causes. This approach is particularly crucial as it recognizes the intricate interplay between psychological, physical, and spiritual aspects of well-being. Our commitment to bridging medical and mental health care gaps provides clients unique opportunities to journey toward healing, growth, and empowerment.

Our services extend beyond in-person appointments, as we offer virtual sessions to accommodate diverse schedules and geographic locations. Our transparent self-pay rates ensure that individuals can access quality care without the burden of insurance complexities. Moreover, we prioritize client privacy and confidentiality, creating a safe space where individuals can openly share their experiences and

emotions.

Sound Mind Restoration and Wellness Center's solution encompasses a blend of expertise, empathy, and innovation. Our dedication to holistic care and LaToya R. Ntlabati's extensive background and passion for mental health sets us apart as a trusted partner in restoring mental well-being. With our services, we aspire to fill the existing gaps in mental health care and make a meaningful impact on individuals seeking comprehensive healing.

### **Mission**

Sound Mind Restoration and Wellness Center LLC is dedicated to providing exceptional and compassionate care. We are committed to revolutionizing wellness, restoring mind health, improving clients' quality of life, and providing our clients with an individualized mind-body approach to healing.

## Vision

To bridge the mind-body gap to bring restoration to the whole person.

## **Understanding Behavioral Health**

#### What is behavioral health?

Behavioral health is a vital part of your overall health. It includes your emotional, psychological, and social well-being and is as important as your physical health.

Behavioral health conditions include mental and substance use disorders. **Mental disorders** are changes in a person's thinking, mood, and behavior. They can affect how they relate to others and make choices. These types of disorders can only be diagnosed based on the person's ability to function due to their symptoms. **Substance use disorders** occur when a person's repeated use of alcohol and drugs, such as opioids, prescription drugs, heroin, and other illicit drugs, cause clinically significant impairment. This may include health problems, disability, and failure to meet central home, school, or work responsibilities.

**Co-occurring disorders** are when a person has both a mental and substance use disorder.

**Co-existing** disorders mean a person has both a behavioral health condition and a substance

use disorder at the same time.

Behavioral health conditions are expected. People of all ages, genders, sexual orientations, races, and ethnicities with any job, background, or income can have these conditions. These conditions can happen to anyone, with or without physical disabilities. They are NOT due to their actions or physical or mental capabilities.

The COVID-19 pandemic has impacted almost all areas of our lives. This includes our behavioral health. Many of us have challenges or struggles that can be stressful and cause strong emotions. It's natural to feel stress, anxiety, grief, and worry during this time. However, you can get help in many ways if you struggle to cope.

If you notice changes in your mood or behavior, or if your alcohol or drug use causes problems, you may want to talk to your doctor or health care provider. Behavioral health is part of your whole health. Discussing it with your provider, family, and friends would be best. Help is available. Recovery is possible.



## Good Faith Estimate Availability Notice

## You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost.

Under the law, health care providers need to give clients who don't have insurance or who are not using insurance an 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.
- Sound Mind Restoration and Wellness Center strives to provide Good Faith Estimates to all clients at the time of scheduling. These Good Faith Estimates are provided by LaToya Ntlabati,MS, APRN, PMHNP-BC. If a Good Faith Estimate cannot be provided at the time of scheduling for any reason, LaToya Ntlabati, MS, APRN, PMHNP-BC, will provide all self-pay clients with a Good Faith Estimate, in writing, prior to services being rendered. Sound Mind Restoration and Wellness Center makes every attempt to provide Good Faith Estimates in accordance with state and federal guidelines.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

Any self – pay clients seeking to obtain a Good Faith Estimate from Sound Mind Restoration and Wellness Centermay contact:

LaToya Ntlabati, MS, APRN PMHNP-BC, SMRWC Phone: (804)-933-6500 804) 265-0182 Email: Intlabati@soundmindsrwc.com

- The No Surprises Help Desk (NSHD), which is the federal agency responsible for enforcing the federal balance billing protection law, at 1-800-985-3059
- The Virginia State Corporation Commission Bureau of Insurance at 877-310-6560 or via their website located at <a href="https://scc.virginia.gov/pages/File-Complaint-Consumers">https://scc.virginia.gov/pages/File-Complaint-Consumers</a>

Visit cms.gov/nosurprises for more information about your rights under federal law.

Consumers covered under (i) a fully-insured policy issued in Virginia, (ii) the Virginia state employee health benefit plan; or (iii) a self-funded group that opted-in to the Virginia protections are also protected from balance billing under Virginia law.

Visit scc.virginia.gov/pages/BalanceBilling-Protection for more information about your rights under Virginia law.

#### You have the right to request confidential communications.

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

#### You have the right to ask us to limit what we use or share.

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

#### You have the right to request a list of those with whom we've shared information.

- You can ask for a list (also known as an accounting of disclosures) of the times we' ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
   We' Il provide one accounting a year for free but will charge a reasonable, cost based fee if you ask for another one within 12 months.

#### You have the right to receive a copy of this privacy notice.

• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### You have the right to choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### You have the right to file a complaint if you feel your rights are violated.

- You can lodge a complaint with our practice if you feel we have violated your rights as they are outlined in this Notice. You may file a complaint in writing by contacting our practice Privacy Officer listed at the end of this document.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:
  - o Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201
  - o Calling 1-877-696-6775
  - o Visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
- We will not retaliate against you for filing a complaint.



## **NOTICE OF PRIVACY PRACTICES**

Effective Date: May 25, 2023

Welcome to sound Mind Restoration and Wellness Center, LLC, and thank you for entrusting LaToya Ntlabati, MS, APRN, PMHNP-BC with your mental health care. Please read this document carefully, as it contains important information about how your personal health information (PHI) is used and stored in this practice. Per the Health Insurance Portability & Accountability Act of 1996, you have certain rights when it comes to how your PHI is used and shared. You can always find a current version of the practice's Notice of Privacy Practices (NPP) on the practice website. All patients are asked to sign an acknowledgement stating that they have been provided access to this document.

#### **YOUR RIGHTS**

#### You have the right to receive an electronic or paper copy of your medical record upon written request.

Per HIPAA, you have the following rights when it comes to your personal health information:

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost based fee.
- Psychotherapy notes are not considered part of your medical record, per HIPAA, and our providers are not required to share psychotherapy notes except under certain conditions.

#### You have the right to ask us to correct or amend your medical record.

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we' II tell you why in writing within 60 days.

#### **YOUR CHOICES**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

#### We never share your information for the following purposes:

- Marketing purposes
- Sale of your information
- Fundraising purposes

#### OTHER USES AND DISCLOSURES

We typically use or share your PHI in the following

ways:

#### To treat you

- We can use your health information and share it with other professionals who are treating you
  - Example: A doctor treating you for an injury asks another doctor about your overall health condition.

#### To run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary, including the sharing of your information with our business associates.
  - Example: We use health information about you to manage your treatment and services.

#### To bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.
  - Example: We give information about you to your health insurance plan so it will pay for your services.

We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law

before we can share your information for these purposes. (For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.) These purposes include:

#### To help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone' s health or safety

#### To do research

• We can use or share your information for health research.

#### To comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we' re complying with
- federal privacy law.

#### To respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.
- We can share your health information to work with a medical examiner or funeral director.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

#### To address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - Forspecialgovernmentfunctionssuch as military, national security, and presidential protective services

#### To respond to lawsuits and legal actions

• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

#### **THE PRACTICE'S RESPONSIBILITIES**

In this practice:

- We are required by law to maintain the privacy and security of your protected health information.
- Wewillletyouknow promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we caninwriting. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/ understanding/consumers/noticepp.html.

#### **CHANGES TO THE TERMS OF THIS NOTICE**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our website.

#### **PRIVACY OFFICER**

Any questions, concerns, or requests can be directed to the Privacy Officer:

Telephone:(804) - 933 - 6500Facsimile:(804) - 793 - 9173Email:Intlabati@soundmindsrwc.com

## **Permission for Telehealth Visits**

#### What is telehealth?

Telehealth is a way to visit with healthcare providers, such as your doctor or nurse practitioner. You can talk to your provider from any place, including your home. You don't go to a clinic or hospital.

#### How do I use telehealth?

- You talk to your provider by phone, computer, or tablet.
- Sometimes, you use video so you and your provider can see each other.

#### How does telehealth help me?

- You don't have to go to a clinic or hospital to see your provider.
- You won't risk getting sick from other people.

#### Can telehealth be bad for me?

- You and your provider won't be in the same room, so it may feel different than an office visit.
- Your provider may make a mistake because they cannot examine you as closely as at an office visit. (We don't know if mistakes are more common with telehealth visits.)
- Your provider may decide you still need an office visit.
- Technical problems may interrupt or stop your visit before you are done.

#### Will my telehealth visit be private?

- We will not record visits with your provider.
- If people are close to you, they may hear something you did not want them to know. You should be in a private place so other people cannot hear you.

- Your provider will tell you if someone from their office can hear or see you.
- We use telehealth technology that is designed to protect your privacy.
- If you use the Internet for telehealth, use a network that is private and secure.
- There is a very small chance that someone could use technology to hear or see your telehealth visit.

#### What if I want an office visit, not a telehealth visit?

For now, almost all visits are by telehealth. You cannot schedule an office visit now.

You must wait until the office opens for all other appointments. We do not know when that will be.

#### What if I try telehealth and don't like it?

- You can stop using telehealth any time, even during a telehealth visit.
- You can still get an office visit if you no longer want a telehealth visit. But until the
  office opens for all appointments, you will get an office visit only for one of the
  reasons listed above.
- If you decide you do not want to use telehealth again:
- call 804-933-6500 and say you want to stop.
- It will be as if you never signed this form.

#### How much does a telehealth visit cost?

- What you pay depends on your service and your insurance.
- A telehealth visit will not cost any more than an office visit.
- If your provider decides you need an office visit in addition to your telehealth visit, we currently don't have in-office visits.

#### Do I have to sign this document?

No. Only sign this document if you want to use telehealth.

Do not sign this form until you start your first telehealth visit. Your provider will discuss it with you.

#### What does it mean if I sign this document?

If you sign this document, you agree that:

- We talked about the information in this document. •
- We answered all your questions.
- You want a telehealth visit.

If you sign this document, we will give you a copy.

Your name (please print)

Your signature

Date

Date



This policy has been established to help us serve you better.

It is necessary for us to make appointments in order to see our patients as efficiently as possible. No-shows and late-cancellations cause problems that go beyond a financial impact on our practice. When an appointment is made, it takes an available time slot away from another patient. No-shows and late-cancellations delay the delivery of healthcare to other patients, some who are quite ill.

A "no-show" is missing a scheduled appointment. A "late-cancellation" is canceling an appointment without calling us to cancel within 24 hours of an appointment.

We understand that situations such as medical emergencies occasionally arise. These situations will be considered on a case-by-case basis.



## SOUND MIND RWC FINANCIAL POLICY

At **Sound Mind Restoration and Wellness Center, LLC** we are committed to meeting your healthcare needs. Our goal is to provide quality service while keeping your insurance or other financial arrangements as simple as possible.

Please be aware that co-payments are due upon your arrival at your appointment. While alternative payment methods are available, clients must have an active debit or credit card on file to receive treatment with **Sound Mind Restoration and Wellness Center, LLC. When scheduling your first appointment, your preferred credit or debit card information will be obtained**. By signing this document, the signer/responsible party understands and agrees the credit/debit card on file will be **AUTOMATICALLY CHARGED** for copayments, late cancellation fees, and/or missed appointment fees. You are responsible for any fees you may incur from credit companies, collection agencies, or banks due to insufficient funds, payment disputes, or non-payment of fees. A fee of <u>\$50</u> will be assessed for returned checks.

Please notify **Sound Mind Restoration and Wellness Center, LLC,** of any changes in your payment and/or insurance information or if an issue arises in which you will have difficulty making your payments. If you are having trouble paying your bill(s), please contact us immediately. We will advise you of payment plan option(s). Failure to make payment towards your balance due to **Sound Mind Restoration and Wellness Center, LLC** will forfeit any upcoming appointments and prevent rescheduling a new appointment.

#### **Insurance Coverage:**

Your insurance is a contract between you, your insurance provider, and the insurance company. **Sound Mind Restoration and Wellness Center, LLC** is not a party to that contract. As medical care providers, our relationship is with you, not your insurance company. Not all services that we provide are covered by your insurance company. Some insurance companies arbitrarily select certain services they will not cover. While filing the insurance claims is a courtesy that we extend to patients, all charges are **YOUR** responsibility from the date the services are rendered.

**Sound Mind Restoration and Wellness Center, LLC** will file claims to collect from your insurance company. You are responsible for understanding your coverage and benefits, including pre-certifications, referral, and authorization requirements. We will, however, assist you to ensure that all plan requirements are met. You will be ultimately responsible for paying the balances.

If your insurance coverage or your insurance carrier changes and you do not notify **SMRWC, LLC** within 30 days of that change, you will be responsible for paying the amount for your service in full.

Payment for services, including co-payment and deductible amounts, is due at the time services are rendered unless payment arrangements have been approved in advance by our staff. Our failure to collect these amounts may be a violation of our contract with your insurance company. It may result in civil and criminal penalties and/or expulsion from your insurance plan. In addition, your failure to pay the required co-amounts is a violation of your financial responsibility for coverage, and we may report your refusal to pay these amounts to your employer and/or insurance company representative.

If your plan requires a referral from your primary care physician, we will try to obtain one for you, but **YOU** are ultimately responsible for knowing if we have received a referral or not. If we do not receive a referral from your primary care physician, we will have to bill you for the visit.

We will try to obtain prior authorization for you, but you are ultimately responsible for knowing if we have received such prior authorization or not. If your insurance company fails to pay us for our services due to failure to obtain prior authorization, we will have to bill for the visit.

We will receive automatic text/email links to view your statement for any outstanding balance. If your insurance carrier has not paid the claim within <u>30 days</u> of the date of service, **PLEASE** contact your carrier and assist us in getting the claim paid.

We will try our best to assist you with your bills in any way possible. Any balance over <u>90</u> <u>days</u> may be transferred to an outside collections agency for credit reporting. A patient in collections must pay any prior balance owed to the practice, the COLLECTIONS AGENCY FEE, and any attorney fees in cash. Ancillary services, which are all services not part of an initial assessment (including exchange of information with other clinicians) performed by the physician, psychologist, social worker, nurse practitioner, or therapist at **SMRWC**, **LLC** that are provided during non-appointment times will be billed at the provider-specific hourly rate. Typically, these services are not covered by insurance companies. By signing this document, you agree to pay for ancillary services not covered by your insurance company **AND** acknowledge this policy is applicable to patients covered by all insurance plans accepted by **SMRWC**, **LLC**, including Medicare/Medicaid plans, any and all other state or federally funded insurance plans as well as commercial or employer-provided plans.

Effective Date: May 25, 2023

## **Patient Resources**

#### **Active Minds**

www. activeminds.org

National Suicide Prevention Lifeline at 800-273-TALK (8255)

Active Minds is the leading non-profit organization that empowers students to speak openly about mental health in order to educate others and encourage help-seeking. We are changing the culture on campuses and in the community by providing information, leadership opportunities, and advocacy training to the next generation.

#### Anxiety Disorders Association of America adaa.org

Search our free ADAA member therapist directory of licensed mental health providers who specialize in anxiety disorders, depression, OCD, PTSD, and related disorders.

#### **Crisis Text Line**

www.crisistextline.org

Text HOME to 741741 from anywhere in the US or message us on Facebook. Email <u>support@crisistextline.org</u> with non-emergency questions.

Crisis Text Line is free, 24/7 support for those in crisis. Text 74141 from anywhere in the US to text with a trained crisis counselor.

#### National Alliance on Mental Illness www.nami.org

NAMI Helpline 800-950-NAMI 10:00 AM - 6:00PM ET Monday-Friday Crisis Text Line-Text NAMI to 741-741 NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

#### Psychology Today <u>www.psychologytoday.com</u>

Use the "Find a Therapist" tool and search by city, zip code or provider name to locate a therapist, psychiatrist, support group or treatment center to meet your mental health needs.

 Alanon and Alateen
 www.al-anon.alateen.org

 Phone:
 757-563-1600
 Fax:
 757-563-1656
 Email:
 wso@al-anon.org

 In Al-Anon and Alateen, members share their own experience, strength, and hope with each other.

You will meet others who share your feelings and frustrations. We come together to learn a better way of life, to find happiness whether the alcoholic in our lives is still drinking or not.

#### Alcoholics Anonymous

#### www.aa.org

General Service Office Phone (serving U.S. and Canada): 212- 870-3400

Alcoholics Anonymous is an international fellowship of men and women who have had a drinking problem. It is nonprofessional, self-supporting, multiracial, apolitical, and available almost everywhere. There are no age or education requirements. Membership is open to anyone who wants to do something about his or her drinking problem.

#### Substance Abuse and Mental Health Services Administration

 Phone:
 877-SAMHSA-7 (877-726-4727)
 www.samhsa.gov

 SAMHSA Hotline
 1-800-662-4357 (HELP)
 TTY:
 1-800-487-4889

 The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

#### National Center on Domestic and Sexual Violence www.ncdsv.org

Phone and Fax: 512-407-9020

National Domestic Violence Hotline- 800-799-SAFE (7233)

The National Center on Domestic and Sexual Violence (NCDSV) designs, provides, and customizes training and consultation, influences policy, promotes collaboration and enhances diversity with the goal of ending domestic and sexual violence.

National Association of Anorexia Nervosa and Associated Disorderswww.anad.orgANAD Helpline- 630-577-1330- 10am-6pm (EST) Monday-Friday

ANAD is the oldest organization aimed at fighting eating disorders in the United States. ANAD assists people struggling with eating disorders and also provides resources for families, schools and the eating disorder community.



#### Patient Information Regarding Credit Card on File Policy

We have implemented a policy requiring a credit card held on file effective 05/25/2023. As you may be aware, the current healthcare market has resulted in insurance policies increasingly transferring costs to you, the insured. Some insurance plans require deductibles and copayments in amounts not known to you or us at the time of your visit.

Similar to hotel and car rental agency policies where you are asked for a credit card number at the time of check in or car rental, we are requesting credit card information, securely stored until your insurances have processed the claim. Once Sound Mind Restoration and Wellness Center has been notified of the amount of your patient responsibility by your insurance, you will be notified via email of your patient responsibility. You will then have 48 hours to dispute the amount due before your payment is processed.

This card can be charged for the following reasons:

-Visit payments not collected from you at the beginning of your visit

-No show or late cancellation charges

- -Insurance discrepancies that are not resolved within 90 days of the date of service
- -Outstanding balance greater than 90 days past due

This is an advantage since it makes checkout easier, faster, and more efficient.

This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment.

# Thank you, and welcome to our Sound Mind Family.

