



BLOOMING WISDOM  
PSYCHIATRY

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### **Practice Policies Document for Blooming Wisdom Psychiatry, PLLC** (revised: 2/17/25)

Welcome to Blooming Wisdom Psychiatry, PLLC, the psychiatric practice of Jennifer M. Hall, DO. The following document contains information concerning scheduling, communication, fees, insurance, confidentiality, etc.

Please contact me for clarification or questions that you may have about the practice policies. I ask that you sign this consent before scheduling an initial appointment. If you would like a copy, please let me know and I will send it to you through the patient portal or you can access it through

[www.bloomingwisdompsychiatry.com](http://www.bloomingwisdompsychiatry.com)

**Business Hours are generally Monday-Thursday 9am-4pm and Friday 9am-12pm. Holidays or other days I will be out of the office will be noted on the patient portal and practice voicemail.**

#### **My Commitment to You:**

I am committed to providing the highest quality and professional psychiatric care for every patient. The foundation of my treatment philosophy is a collaborative person-centered approach rooted in evidence-based treatments to optimize your mental health and wellness. This may include medication optimization, psychotherapy, and lifestyle interventions such as nutrition, exercise, sleep, stress reduction and the pursuit spiritual and creative endeavors.

#### **What I Ask of My Patients:**

- \* Attend all scheduled appointments, which will start and end on time.
- \* Being open and honest about your history, current symptoms, and any difficult thoughts or feelings that may arise in our work together.
- \* Following through on agreed upon work in between sessions and coming to appointments prepared to discuss that work.
- \* When applicable, taking medication only as prescribed. If you wish to make a medication change, we need to discuss this before doing so as increasing or decreasing medications on your own can carry significant health risks and safety concerns.
- \* Mutual respect for each other, our staff/providers, our patients, and our property. Verbal abuse (name calling/foul or disrespectful language), sexual harassment or sexual abuse, and threats of violence or actual violence which may result in personal injury or destruction of property will not be tolerated and is terms for immediate termination.

#### **Services Offered:**

I understand how stressful it can be to establish care with a new physician, especially when discussing

your mental health. As such, I try my best to provide a person-centered, nonjudgmental environment where you can feel comfortable discussing your concerns. All services provided by Blooming Wisdom Psychiatry, PLLC are provided on an outpatient basis via advanced appointments occurring in-person and/or via HIPAA-compliant telehealth platforms.

The services I provide include assessment, diagnosis and on-going medication management typically in combination with psychotherapy and other lifestyle interventions for adults with depression, anxiety, PTSD, ADHD, Bipolar disorder and mild cognitive impairment among others. I also provide one-time consultations for individuals who have been diagnosed with dementia that may be experiencing behavioral symptoms that are negatively impacting their quality of life.

It's important to note that all treatment at Blooming Wisdom Psychiatry, PLLC is strictly voluntary and you may choose to stop treatment at any time.

### **What to Expect During Your Initial Appointment:**

All new patients start with an initial psychiatric assessment with the aim of gathering clinical information, including your medical and psychiatric history, to create a diagnostic formulation and detailed treatment plan including what future work together may look like.

Prior to the initial assessment, I may request a release of records from your primary care provider and most recent mental health provider including recent notes, blood work and a complete medication list.

The initial assessment will last approximately 60 to 90 minutes but may extend to additional sessions as needed. Should we both agree this is a good fit/working relationship, we will also discuss practice policies, fees, and scheduling.

### **Payment:**

**Blooming Wisdom Psychiatry, PLLC only accepts payment for services via credit card. We require that a valid credit card be on file. Credit card information is kept securely on file by a third-party company within the patient portal.**

Blooming Wisdom Psychiatry, PLLC provides in network, out-of-network and self-pay services. Any reimbursement by insurance companies for services provided cannot be guaranteed. **Regardless of payment source, it is important to know that you are responsible for all fees incurred.** If someone else (parent, spouse, domestic partner, etc.) is financially responsible for your expenses or carries your insurance, please share this policy with them.

**Please note that if you have an outstanding balance of your accounts, your care may be interrupted or terminated. Overdue accounts may be referred to collection agencies as a last resort.**

### **In-Network Insurance Payment:**

**Blooming Wisdom Psychiatry PLLC, participates in the following insurance networks: Blue Cross Blue Shield of Vermont, Medicaid, and Medicare.** As a courtesy, we will file insurance claims directly to these companies for reimbursement. Your insurance carrier may pay less than the actual bill for services or not cover some services, so you may be responsible for payment of some or all services provided. Please call your insurance company to verify your benefits and review your policy carefully. Please ensure insurance information on the Patient Portal is updated and accurate. Fees are automatically charged to your credit card on file when an Explanation of Benefits (EOB) is issued by your insurance company and I am notified of any remaining deductible, co-pay, or uncovered services.

Because I am a specialist, some insurance companies may require an authorization or referral from your primary care provider prior to your initial visit. It is your responsibility to know if this is required by your

insurance and, if so, to obtain the required referral. If your insurance company rejects a claim because a valid authorization or referral was not in place, the full cost of the visit will be your responsibility.

### **Out of Network Insurance Payment:**

**If you participate with an insurance company other than those listed above, your credit card on file will automatically be charged the day of your appointment for services rendered.** Please note, that you may be eligible for out-of-network benefits with your insurance company. You may contact your insurance company before starting treatment to ensure that you qualify for out-of-network benefits. If you plan to use those benefits, as a courtesy, I can provide you with a "superbill" to submit to your insurance company for reimbursement from them. In most cases, you will then be reimbursed partially for the services you receive. Blooming Wisdom Psychiatry, PLLC cannot guarantee that your insurance company will reimburse you for any or all services submitted to out-of-network companies.

### **Self-Pay**

Blooming Wisdom Psychiatry, PLLC also provides psychiatric services reimbursed out-of-pocket according to the Fee Schedule below.

**For any self-pay services, your credit card on file will automatically be charged the day of your appointment for services rendered.**

***Disclaimer:** Your insurance plan is a contract between you and the insurance company and does not directly involve Blooming Wisdom Psychiatry, PLLC. Even if your insurance company reimburses you for your treatment, it may limit the number of treatments for which you may receive reimbursement. At times, they also may not allow for the frequency of visits that you would prefer. You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis and sometimes ask for additional clinical information such as treatment plans, summaries or medical records. This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have no control over what they do with the information. It is important to remember that you always have the right to pay for services yourself to avoid the issues described above.*

### **Good Faith Estimate:**

Under the No Surprises Act, those who do not have insurance or who will not be using insurance to pay for services have the right to receive a Good Faith Estimate explaining how much their psychiatric care may cost. If you would like a Good Faith Estimate, please let me know. If you receive a bill at least \$400 more than your Good Faith Estimate, you may dispute the bill.

For more information about a good faith estimate, you may visit

### **Fees:**

Please note that all fees may be updated and if that is the case you will receive at least 30 days' notice. Fees are the same whether services are provided in person or via telehealth.

### **Clinical Services Fees:**

Initial Appointment/Behavioral Consultation (60-90 min): \$450

Follow up appointment (25-30 min): \$250

Follow up appointment (45-50 min): \$375

### **Fees for Medication Refills, Medical Record Requests, Letters, and Forms:**

We will try to complete all work during our scheduled sessions including paperwork. Occasionally, it may be necessary for Blooming Wisdom Psychiatry, PLLC to charge for professional services such as report, letter writing, completing forms, telephone conversations, or consultations with other professionals that

you have requested. Please allow for at least two weeks for processing of records, letters, forms, and other requests. **These fees are not covered by insurance and will be billed to your credit card on file.**

**Refills in between appointments or after a missed/canceled appointment: \$25 per refill**

**Phone calls: \$50 per 15 minutes**

*Please note: Phone calls less than 5 min are not charged and there are no fees for phone calls/messages related to scheduling, billing, or other non-clinical questions.*

**Misc. physician services per 15 minutes: \$50**

**Unpaid balances will be charged 2% per month after a bill is past due.** Unpaid accounts will be turned over to a collection's agency after six months if there is no payment plan in place.

### **Cancellations/ No-shows:**

If you are not well enough to meet in-person or have another issue that arises that prevents you from making an in-person appointment, I strongly encourage you to change the appointment to a telehealth session instead. **A minimum of 24 hours' notice for cancellations is required. Please cancel and reschedule appointments through the Patient Portal.** If for some reason you cannot access the Patient Portal, please call the office and leave a message.

**Late cancellations (less than 24 hours) or no-shows will be charged 50% of the appointment fee.**

**If using insurance benefits, these late cancellation/no-show fees will be charged directly to the credit card on file, as insurance companies do not cover the cost of missed appointments.**

*Note: the cancellation fee may be waived if I can fill your appointment slot or under special circumstances determined on an individual basis (e.g. medical emergency, hospitalization, natural disaster)*

I recognize emergencies cannot be predicted, however in order to ensure high-quality care, a maximum of 2 missed appointments (no show or late cancellations) in any 6-month period is permitted. If there are more than 2 missed appointments (no show or late cancellations) in a 6-month period, you may be discharged from the practice.

**If you no show or late cancel to an initial appointment you will be charged 50% of the appointment fee.** Given that I dedicate 60-90 minutes for each initial appointment and appointments are usually scheduled weeks in advance, cancellations or no-shows are unlikely to be rescheduled quickly. **If you no show or late cancel to the 2nd initial appointment you will be charged the full initial appointment fee.**

If I must cancel an appointment, I will make every effort to provide you with adequate notice and will work to reschedule your appointment in a timely fashion. No fee will be charged.

In cases of inclement weather, not effecting power or internet services telehealth appointments will be held as expected and in-person appointments will be rescheduled to telehealth appointments. If this is not possible, due to power or internet outages, your appointment may need to be canceled and rescheduled as soon as possible, and no fee will be charged.

### **Communication Agreement:**

**All communication outside of scheduled appointments is by telephone or the secure patient portal through Practice Q, the Electronic Health Record.** In order to ensure security of information, I am unable communicate via text or email. In general, if an urgent issue arises in between appointments

that cannot wait until your next scheduled appointment, an urgent appointment may be scheduled. Telephone communication in between appointments of 5 minutes or less are not charged. Longer communications will be charged a fee that insurance will not cover and therefore will be charged to your credit card on file as outline in the fees section.

### **Communication Policy for Routine and Urgent Issues:**

**For Routine issues, you will get the fastest and most complete response if you send a message through the patient portal.** Portal messages are generally checked in the middle and end of each business day. Messages received after hours, on weekends, or holidays are reviewed the next business day. Please allow at least 1-2 business days for a response to routine messages. Please note that all communications will be added to your medical record.

**For urgent issues that need a response within 24 hours call 802-221-3313 and leave an urgent voicemail.**

### **Communication Policy for Emergent Issues:**

Please do not send a message through the patient portal or leave an urgent voicemail if you are having an emergency or crisis. **If you are having an issue and you need immediate assistance, are having suicidal or homicidal thoughts, a serious medication reaction, or any medical emergency, please call 911 or go to your local emergency room immediately.** For a psychiatric crisis, you may also call your local crisis line. For Chittenden County that number for First Call crisis service is 802-488-7777. For Addison County that number for the crisis service is 802-388-7641. For Franklin County/ Grand Isle the number for Northwest Counseling Service crisis service is 802-524-6554. For Washington County the crisis number is 802-229-0591. **The number for the National Suicide Hotline is 1-800-273-8255.**

### **Discontinuing Treatment (Termination):**

My goal is to provide high quality care in the shortest amount of time needed for you to achieve your treatment goals. While you have the right to withdraw from treatment for any reason at any time, I do ask that you notify me of your wish to discontinue treatment as soon as possible, so that I may work with you to responsibly determine the next steps in your care and assist in transfer of your care if so desired.

We may mutually agree to discontinue treatment when we have achieved successful completion of your treatment goals. I will not discontinue the therapeutic relationship unilaterally without discussing and exploring the reasons and purpose for discontinuation with you first.

### **There are some occasions when I may choose to discontinue treatment without your agreement including:**

- Frequent no-shows/cancellations or withdrawal from treatment for greater than 6 months
- Non-adherence with treatment agreements
- Non-payment of your account
- Sustained lack of progress toward treatment goals which would indicate treatment is ineffective
- Disrespectful/ abusive behavior or harassment towards myself, other staff/providers, other patients, or our property.
- Impairment with a substance during appointments
- Changing prescribed medications without discussing them first
- Medication misuse or abuse including taking more medication than prescribed, sharing or selling your medications, and/or obtaining duplicate prescriptions (including the same/similar class of medications) from other medical providers or a non-approved online pharmacy.
- Failure to adhere to the practice policies as outlined in this document

**In the event that I have not heard from you within the past 6 months, I will assume that you have self-discharged from the practice. You will receive a final communication through the**

patient portal and a letter will be mailed to your last known address. You may subsequently re-enter treatment with me as long as you ended in good standing, and I am accepting new patients at the time of your request.

### **Medication Refill Policy:**

**You are responsible for knowing when medications need to be refilled.** Before contacting the practice for a refill, please call the pharmacy directly to ensure that you do not have any additional refills on file. **Please submit all refill requests through the patient portal and allow no less than 48 business hours for the refill to be sent to the pharmacy** (ie. if you need a refill on Monday you must submit the request by Thursday to avoid delays in your prescription access.) Refills will not be provided when the office is closed, on weekends, or during holidays. **Any refills provided in between appointments or after a missed appointment will incur a refill fee as detailed in the fees section.**

If you are overdue for an appointment, you may not receive more than a 14 day supply of medication to get to the next scheduled appointment. This courtesy is at the discretion of Blooming Wisdom Psychiatry, PLLC and does not apply to controlled substances.

Medications may cause life-threatening withdrawal symptoms when not taken as prescribed or if abruptly stopped. If you experience significant withdrawal symptoms, it is your responsibility to seek immediate medical attention to address these withdrawal symptoms. It is important to understand that refills may not be provided if you cancel or no-show to an appointment or if a clinical evaluation is deemed necessary prior to submitting a refill.

**I do not co-manage psychiatric conditions with other prescribers including Primary Care Providers.** Therefore, it is expected that you only receive psychiatric medications through me while you are under my care. If you obtain psychiatric medications through another provider, it will be assumed you have transferred your care and care at Blooming Wisdom Psychiatry, PLLC will be terminated.

### **Controlled Medication Policy:**

In order to provide the most effective, safest care possible, I always prefer prescribing non-habit forming, non-controlled medications. When prescribing controlled medications, I will usually do this in a time-limited manner using minimal effective doses. I will routinely monitor controlled prescriptions using Vermont Prescription Monitoring System (VPMS).

### **Specific Controlled Substance Guidelines are Included Below:**

- \* Controlled substances are generally not prescribed to patients who use cannabis recreationally or medicinally as concurrent cannabis use increases the risk of a number of negative outcomes. In addition, controlled substances are generally not prescribed to individuals who have a concurrent substance use disorder.
- \* Benzodiazepines and related medications such as zolpidem (Ambien) and eszopiclone (Lunesta) are prescribed at low doses for as short a duration as possible. If you have been prescribed these medications long term by other prescribers, we will review risks and benefits of these medications and create a plan to decrease dosage and/or discontinue these medications over time.
- \* Benzodiazepines and other sedatives are generally not prescribed to those also prescribed opioid medications or other central nervous system/ respiratory depressants. If this does occur, a prescription for naloxone may be provided to decrease risk of accidental overdose and death.
- \* Benzodiazepines are generally not prescribed to patients who are prescribed a stimulant medication.
- \* Stimulant medications may not be prescribed to those with a history of cardiovascular conditions,

seizures, psychosis or other relevant conditions

**Please Note:** Lost or stolen prescriptions of controlled substances will not be replaced. It is a felony to accept a controlled substance prescription from the same (or similar) class from any other prescriber without both of those prescribers' consent and notification. If you receive similar controlled substances from another prescriber or if you share or sell a controlled medication, you will be terminated from the practice immediately and this will be reported to local law enforcement.

**Complaints:**

Vermont state law requires that I disclose to all patients my professional qualifications and experience ([www.bloomingwisdompsychiatry.com](http://www.bloomingwisdompsychiatry.com)), information about what constitutes unprofessional conduct, and information about how to file a complaint with the Vermont Board of Medical Practice.

**Unprofessional Conduct** The State of Vermont defines Unprofessional Conduct in Statute 26 V.S.A. § 1354 and can be found at the following website: <https://legislature.vermont.gov>

**Information on making an inquiry or filing a complaint with the Vermont Board of Medical Practice** is available through the Vermont Department of Health 108 Cherry Street, PO Box 70 Burlington, VT 05402-0070. 802-657-4220 <https://www.healthvermont.gov/>

Your signature acknowledges that you have read, understood, and agree with the practice policies document as outlined and will abide by the terms and conditions while enrolled as a patient at Blooming Wisdom Psychiatry, PLLC.

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Client Signature

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Date