

Practice Policies and Procedures

We offer comprehensive services for children, adolescents, adults, and families. Our practice is composed of specialists trained in different modalities who can effectively manage the diverse aspects of psychiatric needs. We offer a wide range of services and in-depth evaluations. Please refer to our website for a complete listing of our services and modalities currently offered. Your practitioner will work closely with you to develop a treatment plan that meets your specific needs.

Appointments

All appointments must be scheduled directly with the Clinician. The session length will vary depending on the services required. If you fail to cancel a scheduled appointment, we cannot use this time for another client and you will be billed for the entire cost of your missed appointment. A full session fee is charged for missed appointments or cancellations with less than a 24-hour notice unless it is due to illness or an emergency. Thank you for your consideration regarding this matter.

Confidentiality

The medical records of our clients are highly confidential. Information contained in the records will not be released without proper written consent. When treating a child or adolescent, parents are kept informed of the general progress of treatment but specific and personal information is kept confidential. In the case of a divorce situation where medical custody is shared, consent and authorization regarding disclosure of any information is required from both parents.

Contacting Our Office

Phone Calls

If you have an emergency, please reach out to your clinician, if you do not hear from them immediately, go to your nearest emergency room. Our office number is 203-329-3759 and each clinician has a voicemail box through that number. All phone messages are responded to as quickly as possible. Be sure to leave your name, phone number, and convenient times when you can be reached. Do not leave sensitive medical information on voicemail.

Email

You can also reach your individual clinician by email. You can find their email address on our website on their individual pages. Email addresses are all standardized to be the first letter of the clinician's first name plus their last name then @theriverwalkgroup.com. Due to privacy considerations, we do not discuss clinical matters via the internet or email. We will occasionally send follow-up emails that pertain to scheduling, billing, or other administrative matters that do not include any sensitive medical information. If you have a clinical matter that needs to be discussed between sessions, please contact your clinician to arrange a means to discuss further.

Fees/Payment Information

For further information on fees please speak directly to your clinician. Attached to this packet is a "Form of Payment" sheet to be completed to alert us how you will be settling your invoices. The Riverwalk Group accepts multiple forms of payment. We accept health savings accounts, cash, checks, bank to bank deposits and credit cards.

Insurance

The Riverwalk Group is an out of network provider, which means that you pay The Riverwalk Group directly after each session. This also means that we do not participate with any insurance companies. The Riverwalk Group will provide you with a paid invoice after each session that includes all necessary coding, dates and confirmation of payment so that you can submit to your insurance company. It is very important to us that our clients receive the maximum reimbursement from their insurance companies and we will help in any way possible to ensure this process is efficient and straightforward for our clients. We recommend that you begin exploring this process as early as before the first therapy session or consultation.

Questions to ask your insurance company when inquiring about Out-of- Network Benefits:

- Does my plan cover out-of-network behavioral/mental health?
- What are my out-of-network mental health benefits?
- Do I have a deductible? If so, what is it?
- What is the coverage amount per therapy session?
- Is the amount paid to me based on the actual fee or based on what is considered reasonable and customary?
- How many therapy sessions does my plan cover?
- Is there a limit to my coverage?
- Is a referral required from my primary care physician?
- What information does The Riverwalk Group need to provide to receive reimbursement?

Tips to help with getting insurance reimbursement:

We recommend that you create a paper file for all your claims. Each time an invoice comes to you from The Riverwalk Group, you should print it, make a copy and attach it to a claim form from your insurance company. Keep a copy of the claim form and invoice and mark the date you sent it. We recommend that you fill out the necessary items in the health form and make multiple copies so that it is easily accessible and is simple to attach our invoice to it. Mail, scan or fax to your insurance company. If you have not heard from them in two weeks, call to confirm that they have received the claim. Additionally, make a copy of your insurance card to have in the file. Make sure you copy both the front and back of card.

Visiting Our Offices & Parking

All the Riverwalk Group Clinicians see patients at our location in Stamford Connecticut at the Phillips Mansion at 666 Glenbrook Road. The mansion sits in a complex called “Riverwalk” and is surrounded by townhouses. When you enter the parking lot, **please park in a space that says APG, Mansion or ES.** APG spaces are in front of the mansion, if you are facing the mansion, the spaces are to the right. There are additional spaces located in the back of the mansion as well. If you park in the back, you can walk up the steps to the front door or ask your clinician about using our back entrance.

Please **do not** park in spaces with numbers. These are for the residents that live in the townhouses. Additionally, please **do not** park in spaces that say M. Sank or any other name, as these belong to our neighbors and are for their staff and clients.

When you enter the front door of the mansion, head straight back through the foyer to the door on the right next to “The Riverwalk Group” sign. Once in our offices, head down hallway to the waiting room. Your clinician will come to get you at the time of our scheduled appointment. Feel free to help yourself to complimentary coffee, tea or water while you wait. As there are several consultation rooms next to the waiting area, we respectfully request that you keep conversations to a minimum and allow the waiting area to be a quiet space.

I acknowledge that I have read the above Practice Policies and Procedures, including the Appointment Cancellation Policy, and agree to follow them while a patient at the Riverwalk Group.

Name: _____ Date: _____

Signature: _____

PAYMENT POLICIES FOR THE RIVERWALK GROUP

Effective February 25, 2021

The Riverwalk Group provides psychotherapy, group therapy, workshops and programming. Due to the prevalence of virtual sessions, bank information for an ACH payment or credit card information is due on file and will be encrypted and held securely as noted below. Please see page two for the necessary information.

Our goal is to make the payment process as smooth and efficient as possible for our clients with the following options included below. Payment is expected at the end of each session. Please check the box with your preferred payment option.

- Cash or Check at time of visit, when sessions are in person.
- Retainer for payment in advance of an expected number of monthly sessions.
- ACH payment. By checking this option, I authorize and approve the Riverwalk Group to process my payment for each session using my bank information on file. There is no additional fee to you for this option.
- Credit card payment. By checking this option, I authorize and approve the Riverwalk Group to process my payment for each session using my credit card information on file. I also understand a 3.5% service fee will be added to each session.
- Invoice payment. By checking this option you prefer to pay electronically through the Riverwalk Group invoice by inputting your bank or credit card information yourself online. If you choose this option, we must still have your bank or credit card information on file.

Please note: If payment is not received within 15 days from receipt of invoice, the Riverwalk Group has my permission to process the ACH payment or charge my credit card as written below and/or on file, unless other arrangements have been previously made.

I, _____ have read the above policy and understand that payment is due at the end of each session by check, cash, ACH or credit card payment options as noted above.

Signature:

Today's Date:

Please provide either your bank account OR credit card information.

Customer bank account information:

(no additional fee for this option)

Routing number

Bank account number

Account type (check one box): Checking Savings Business Consumer

Credit card information:

(A 3.5% service fee will be added for each session)

Name on Card: _____

Billing Address Credit Card: _____

Type of Credit Card: Mastercard Visa American Express

Card Number: _____

Expiration Date: _____

Security Code: _____

Please provide the Riverwalk this information through *Upload Forms* on **theriverwalkgroup.com** website or you can provide to your clinician if in person. Our system is HIPAA and PCI compliant. Please do not email this form to us. Please note: if you do not feel comfortable providing this information electronically or in person, please call Rosemary Suchoff, our Office Bookkeeper, at 203.247.1360, but we do need your approving signature on-file.

**As Noted above: Information written here will be entered to a secure system that will store your bank information or credit card in a way that is encrypted and not accessible except under the appropriate circumstances to make a payment. If the Riverwalk Group receives a paper form, it will be destroyed after this information is transferred; the information is NOT stored anywhere in our offices.*