

CLIENT REGISTRATION

*Patient name: (first) _____ (last) _____ (middle initial) _____

*Address: (Street) _____ (city/state) _____ (zip) _____

Home Phone(____) _____ Work (____) _____ *Cell (____) _____

*Email: _____ @ _____

I want to know about workshops and inspirational events. Please add me to the Newsletter: **O**

Date of Birth: _____ Age: _____ Social Security Number: _____ - _____ - _____

Gender: Male Female Other _____ Marital Status: S M W D

Race: _____ Ethnicity: _____ Preferred Language _____

Employer Name: _____

Employer Address: _____

Primary Care Provider: _____

Primary Care Town & phone: _____

Name of Pharmacy: _____ Pharmacy Phone Number: _____

*Emergency Contact Person: _____ Phone #: _____

Previous Medical
Conditions _____

Past Surgeries with dates _____

ALLERGIES _____

Medications/Over the Counter meds, Vitamins/Supplements (Please list past and present):

Name and Dosage	Date Started	Date Stopped	Length of Use	Effective? Not? Please explain:

Please list previous Psychiatric Hospitalizations, Information you would like us to know (you can also use the back of this sheet):

Patient's Printed Name: _____ Patient's Signature: _____ Date: _____

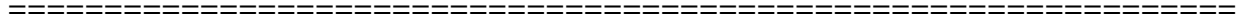
Evolve Wellness Center LLC

Sari Lehrhoff, M.D. LLC

748 Morris Turnpike, Short Hills NJ

sarilehrhoffmd@gmail.com, evolvewellnessnj@gmail.com

732-997-7385



Informed Consent and Service Agreement for Psychiatric Services

This document contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Psychiatric Services: Mental health treatment involves a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a patient engaging in psychiatric services, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. As your mental health provider, we have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions. If you are prescribed medication, the risks and benefits of each medication will be explained to you at the time it is prescribed.

When we first meet, the first 1-4 sessions will involve a comprehensive evaluation of your needs. By the end of the intake evaluation, we will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel

comfortable working with your mental health professional. Finally, if you have questions about our procedures, we should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion.

Appointments: Appointments will ordinarily be 20-60 minutes in duration weekly, monthly or within 3 months depending on stability, at a time we agree on. The time scheduled for your appointment is reserved for you. If you need to cancel or reschedule a session, we ask that you provide 24 hours notice. Your appointment is charged at the start of your session. If you miss a session without canceling, or cancel with less than 24-hour notice, you may be charged the full amount of your session fee unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, we will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

Professional Fees: You are responsible for paying at the time of your session unless prior arrangements have been made. We require a credit card before booking, and one to back up any checks in case of an issue. We accept credit cards (Visa, Master Card, American Express, Discover Card), check, and cash. There is a \$35.00 fee for any returned checks. We reserve the right to use an attorney or collection agency to secure payment for unpaid debt. If you do not have a credit card at the time of service, you will be responsible for the paypal fee (4.0%) attached to manual payments. Please note, we use Bluefin for charges through our HIPPA client-portal Luminello. We require clients to put their own credit card into their profile for a more secure system and update any expired or inactive credit cards.

In addition to weekly appointments, it is our practice to charge your session fee on a prorated basis for other professional services that you may require such as report or letter writing, telephone conversations that last longer than 5 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request. We will break down the hourly cost in our invoice. If you anticipate becoming involved in a court case, we recommend that we discuss this fully before you waive your right to confidentiality. If your case requires our participation, you will be expected to pay for the professional time required even if another party compels us to testify (see our court contract).

Insurance: Sari Lehrhoff M.D. LLC, is an out-of-network service provider. Just as you might invest in a personal trainer to improve your physical health, we encourage you to think of engaging in mental health care as investing in your well-being. Utilizing out-of-network services is a straightforward process. Some insurance companies reimburse as much as 50% to 80% of mental health costs after

meeting a deductible. Additionally, using out-of-network mental health benefits may circumvent some issues surrounding confidentiality and treatment oversight by an insurance company. We are happy to discuss questions about reimbursement for our services with you and your insurance company. Please note that ultimately you are responsible for understanding your insurance policy and resolving claims with your insurance company.

Professional Records: We are required to keep appropriate records of the psychiatric services that we provide. Your records are maintained in a secure location online. We keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records we receive from other providers, copies of records we send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional and alternative to most mental health records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them with your doctor, or allow for us to write summary letters in most cases where records are requested. Our office policy is that a summary letter is sent first and records only if necessary. Summary letters of records may be forwarded to another mental health professional to discuss the contents on a case-by-case basis. If we refuse your request for access to your records, you have a right to have our decision reviewed by another mental health professional, which we will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

Confidentiality: Our policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices. We have provided you with a copy of that document on our website and/or at our office and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

Parents and Minors: Privacy in therapy can be crucial to successful progress for children and adolescents. Parental involvement also can be essential, and we strive to have an optimal therapeutic relationship with you and your child. We see 15 and up and believe maintaining privacy for young adults is equally important. We discuss in detail the different areas that should remain open to parents of minors in our privacy policy and during your first session.

Contacting Us: Often your provider is not immediately available by telephone/email/or secure messaging. We do not respond to messages when we are with patients, when unavailable, or when the office is closed. At these times, you may leave a secure message in luminello (our patient portal system), email (non-secure at your own risk), voice message or text on our voice mail or and we will get back to you as soon as possible, but it may take a day or two for non-urgent

matters. If, for any number of unseen reasons, you do not hear from your provider or we are unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, go to your nearest hospital emergency room for treatment or call 911. We will then follow up with your care as soon as possible. We will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering our practice.

Other Rights: If you are unhappy with what is happening in therapy, we hope you will talk with your provider so that we can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request a referral to another mental health professional and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about our specific training and experience. You have the right to expect that we will not have social or sexual relationships with patients or with former patients.

Consent to Psychiatric Services: Your signature below indicates that you have read and understood this Service Agreement and agree to its terms.

Patient Signature Date
(ages 15 and older)

Parent/Guardian/responsible party Signature Date
(if applicable)

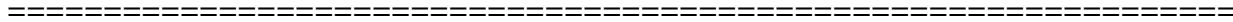
____ (initial) Please initial to indicate that you have received a copy of our Notice of Privacy Practices for Protected Health Information (HIPAA).

Provider Signature Date

Evolve Wellness Center LLC

Sari Lehrhoff, M.D. LLC

748 Morris Turnpike, Suite 209, Short Hills, NJ 07078
Phone: 732-997-7385 Email: SariLehrhoffMD@gmail.com



Fee Schedule and Office Policies:

1. Fee Schedule:

A. Physician pricing is as follows:

- Client Individual Evaluation/coaching: \$550; Couples: \$650 (80-90 minutes)
- Follow-up medication management, therapy/coaching: \$250 (20 -30 minutes)
- Extended medication management, therapy/life/coaching/med: \$500 (50-60 minutes)
- Appointments are charged prior to the start of sessions or payment is due before the start of session
- Cards will be charged full appointment amount in the event of a missed/canceled appointment without 24-hour notice.

B. Evolve therapists pricing is as follows:

- New client Evaluation: \$250 (75 minutes)
- Therapy: \$200 (50 minutes)

C. Charges for all case-related activities including, but not limited to: review of all relevant records, consultation (including consultation with other medical professionals), time spent preparing reports, letters and other materials, in addition to phone conversations over 5 minutes in length will be prorated at \$500 per hour for Dr. Lehrhoff & and 200 per hour for therapists.

D. Initial Evaluation No-Show Fee on first visit is \$100 and the office is under no obligation to accommodate a patient to be seen in the future.

E. Priority Sessions: Patients may request a last-minute priority session when the staff schedule is full at an increased rate of \$100 will be added to the session fee as the doctors/therapists will be using their break to see you.

F. Prior Authorizations: If your medication is declined by your insurance, we will advocate for you through Prior Authorization process. Fees for Prior Authorizations are \$50 as calls are time consuming.

2. Cancellation Policy:

We require 24 hours or more notice to reschedule and cancel appointments. Sessions that are canceled within the notice period will not be charged. Missed appointments without advanced 24-hour notice **WILL BE CHARGED AT THE FULL SESSION RATE.** However, every effort will be made to reschedule a missed appointment during the same calendar week with no extra charge. If we are unable to reschedule within the week, the patient is responsible for the charge.

3. Timely Payment:

Payment in full is expected at the time of the service. Other arrangements may be made on a case-by-case basis. We accept cash, checks, and credit cards. Payment for initial intake can be made by a check, but a credit card must be on file for back-up payment.

Absent credit cards at time of payment are subject to manual entry fee of 4%.

Past due invoices are subject to a finance charge of 2 percent per month. If a check bounces or the office is charged by the bank or merchant services due to patient error, the patient is responsible for the additional fee and the credit card on file will be charged session and bank fee.

4. On File Credit Card:

We require an up-to-date credit card on file in Luminello for every patient.

5. Record Sending Policy:

As this is an alternative practice, your privacy is of utmost importance to us and therefore full records are not sent or forwarded to other offices, old or new doctors, insurance companies for new policies or other, legal cases or hearings, family members, etc. We will send a summary-of-treatment letter only with your signed consent first. See policy under fee schedule above.

Please sign this form and acknowledge your understanding and agreement with the terms outlined above.

Patient's Name

or Responsible Party's Signature

Date



Evolve Wellness Center LLC

Sari Lehrhoff, M.D., LLC

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sarilehrhoffmd@gmail.com, evolvewellnessnj@gmail.com

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Patient ___ agrees that all work with Dr. Lehrhoff will take place in the office, or through telepsychiatry, telehealth, and may include writing letters or speaking to patient contacts only with signed informed consent from the patient.

Patient ___ agrees that under no circumstance will Dr. Lehrhoff's responsibilities include going to court for any reason in regard or connected to the Patient or patient's family. Specifically, the patient agrees that any and all work they do together will not lead to any legal proceedings, court-ordered commands, release of medical records or any subpoena of any kind.

Patient ___ agrees that any legal documents in connection to the patient holds no authority for Dr. Lehrhoff or the alternative practice owned by Dr. Lehrhoff.

Patient ___ agrees to acquire another physician to stand-in for any legal proceedings if necessary and hold's Dr. Lehrhoff to no obligations in such matters.

If court obligation is forced upon the doctor by law, Patient ___ agrees to pay Dr. Lehrhoff \$3000.00 a day for every day the doctor is out of the office (included, but not limited to days used for court preparation), secondary to legal proceedings.

If this agreement is broken, Patient ___ understands that the Doctor-Patient relationship will be terminated immediately and it is the patient's responsibility to seek out another psychiatrist.

Patient Signature representing agreement to all terms listed above:

Signature

Date

Evolve Wellness Center LLC
Sari Lehrhoff, M.D, LLC
748 Morris Turnpike, Short Hills NJ
sarilehrhoffmd@gmail.com, evolvewellnessnj@gmail.com
732-997-7385

ATTENTION PATIENTS: EMAIL AND TEXT COMMUNICATION

Please keep in mind that communications via phone, email, google hangout, zoom, skype, facetime, social media messaging, google voice or text are not secure. Although it is unlikely, there is a possibility that information you include in an email or text can be intercepted and read by other parties besides the person to whom it is addressed. Please do not include personal identifying information such as your birth date or personal medical information in any emails or texts you send to us. It is expected that you will use Luminello messaging for HIPPA compliant and secure messaging. Other forms of communication is done so at your own risk. No one can diagnose your condition from email or other written communications and communication by email/text cannot replace the relationship you have with a physician or another healthcare practitioner. You agree that everything outside Luminello communication is done so at your own risk.

For all HIPAA compliant email and text communication, please initial your agreement next to each:

_____ I will not use email/text for urgent messages and other messages that require an immediate response.

_____ I will not use email/text for highly sensitive information such as legal matters, sex related treatment, substance abuse, physical violence, suicidal thoughts, etc.

_____ I will not use email/text to report new complaints or symptoms or for complicated questions that can reveal private information.

_____ I understand that office staff may read incoming emails/texts before messages are routed to Dr. Lehrhoff.

_____ I understand that while the office does their best to immediately return messages to our patients, there may be 1 business day turnaround time for responses, especially during holidays, office closures or weekends.

_____ I understand that confidentiality cannot be guaranteed when using anything outside Luminello messaging as forms of communication, and I give informed consent to understanding the Risks and Limitations of text/email communication.

_____ I understand that all email/text communication, whether incoming or outgoing, will be made part of my medical record.

_____ I understand that not all email/text/Video/phone/messaging communication used does not meet HIPAA guidelines and I participate at my own risk.

Please sign this form and acknowledge your understanding and agreement with the terms outlined above.

Patient's Name

Responsible Party's Signature

Date

Evolve Wellness Center LLC

Sari Lehrhoff, M.D.

748 Morris Turnpike, Short Hills NJ

sarilehrhoffmd@gmail.com, evolvewellnessnj@gmail.com

732-997-7385

Social Media Policy

This document outlines Sari Lehrhoff MD LLC, Dr. Sari Lehrhoff policies related to use of Social Media. Please read it to understand how we conduct ourselves on the Internet as mental health professionals and how you can expect us to respond to various interactions that may occur between us on the Internet.

If you have any questions about anything within this document, we encourage you to discuss them with your mental health care provider. As new technology develops and the Internet changes, there may be times when we need to update this policy. If we do so, we will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

Social Media Following Allowance

We encourage clients to follow sites geared towards inspiration and sharing office events such as: @SariLehrhoffMD, @evolvewellnesscenter, @globalholisticcoaching on Instagram or Facebook. These are open for anyone to enjoy.

Friending

Sari Lehrhoff M.D. LLC, or Evolve Wellness providers will not accept friend or contact requests from current or former clients on any social networking site (Facebook, Instagram, Tik Tok, Twitter, LinkedIn, etc). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when you meet with your mental health care provider. Exceptions are made on a case-by-case basis on Inspirational sites if a client feels it will contribute to wellness.

Interacting

Please do not use SMS (mobile phone text messaging) or messaging on Social Networking sites such as Twitter, Facebook, Instagram or LinkedIn to contact your Sari Lehrhoff MD LLC, or Evolve Wellness provider. These sites are not secure and we may not see these messages. Do not use Wall postings, @replies, or other means of engaging with us in public online if we have an already established client/therapist relationship. Engaging with your Sari Lehrhoff MD LLC, or can volve wellness provider this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. If you need to contact your Evolve Wellness provider between sessions, the best way to do so is by Luminello, text or email. Luminello portal messaging is best for HIPAA compliance Texting the office line is best for quick, administrative issues such as changing appointment times. See the email section below for more information regarding email interactions.

Email/texts

Sari Lehrhoff M.D. prefer using HIPPA compliant Luminello messaging or google Voice only to arrange or modify appointments. Please do not email your provider content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with your providers by texting or email, be aware that all emails and texts are retained in the logs of your physicians, therapists, staff and Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails or texts that Sari Lehrhoff MD LLC receives from you and any responses Sari Lehrhoff MD LLC, or staff sends to you becomes a part of your legal record. These types of correspondences are used at your own risk.

Business Review Sites

You may find the Sari Lehrhoff MD LLC or individual Sari Lehrhoff MD LLC, provider profiles on sites such as ZocDoc, Yelp, Healthgrades, google, Yahoo, Bing, or other places that list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find the Sari Lehrhoff MD LLC practice or an individual Sari Lehrhoff MD LLC profile(s) on any of these sites, please know that the listing is NOT a request for a testimonial, rating, or endorsement from you as our client.

Of course, you have a right to express yourself on any site you wish. But due to confidentiality, Sari Lehrhoff MD LLC providers cannot respond specifically or in detail to any review on any of these sites whether it is positive or negative. You should also be aware that if you are using these sites to communicate indirectly with Sari Lehrhoff MD LLC providers regarding your feelings about Sari Lehrhoff MD LLC, there is a good possibility that we may never see it. We hope that you will bring your feelings and reactions directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit.

None of this is meant to keep you from sharing the fact that you receive Sari Lehrhoff MD LLC services wherever and with whomever you like. Confidentiality means that Sari Lehrhoff MD LLC providers cannot tell people that you are a Sari Lehrhoff MD LLC client and our Ethics Codes prohibit the solicitation of testimonials. But you are more than welcome to tell anyone you wish that you are a Sari Lehrhoff MD LLC client and how you feel about the treatment we have provided to you, in any forum of your choosing.

If you do choose to write something on a business review site, we hope you will keep in mind that you may be sharing personally revealing information in a public forum. We urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

If you feel that a Sari Lehrhoff MD LLC provider has done something harmful or unethical and you do not feel comfortable discussing it with him or her, you can always contact the New Jersey

State Board of Medical Examiners and/or the New Jersey Board of Psychological Examiners. These Boards oversee licensing and they will review the services you received from your Sari Lehrhoff MD LLC.

Psychiatric Services:

New Jersey State Board of Medical Examiners P.O. Box 183, Trenton, NJ 08625 609---826---7100

Use of Search Engines

It is NOT a regular part of Sari Lehrhoff MD LLC providers' practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions *may* be made during times of crisis. If your Sari Lehrhoff MD LLC provider has a reason to suspect that you are in danger and you have not been in contact via usual means (coming to appointments, phone, or email) there *might* be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if your Sari Lehrhoff MD LLC provider ever resorts to such means, he or she will fully document it and discuss it with you when we next meet.

Location---Based Services

If you use location---based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. Sari Lehrhoff MD LLC does not place its practice as a check---in location on various sites such as Foursquare, Facebook, google, Gowalla, Loopt, life360, etc. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check---ins at the Sari Lehrhoff MD LLC office on a weekly basis. Please be aware of this risk if you are intentionally "checking in," from the Sari Lehrhoff MD LLC office or if you have a passive LBS app enabled on your phone. This is not an issue for Virtual clients.

Payment:

The safest form of payment is a check to protect your privacy as this office uses Bluefin and Paypal when a check is not provided. Paypal may have family members contact information who has previously used the credit card you are paying with. Paypal can send receipts to the phone numbers or email they have on their data system., which is completely separate from our office. Please note, if you choose this payment form, we do not have control over Paypal's communication forms. We prefer Bluefin through luminello for the highest level of security. While nothing is 100%, our office has had no issues with Luminello Billing to date.

Conclusion

Thank you for taking the time to review Sari Lehrhoff MD LLC' Social Media Policy. If you have questions or concerns about any of these policies and procedures or regarding our potential interactions on the Internet, please bring them to the attention of you Sari Lehrhoff MD LLC provider for further discussion.

Your signature in the appropriate location indicates that you have read Sari Lehrhoff MD LLC Social Media Policy and agree to abide by its terms during our professional relationship.

Patient Signature Date
(ages 15 and older)

Parent/Guardian Signature Date
(if applicable)

Parent/Guardian Signature Date
(if applicable)

Provider Signature Date

Adapted from © Keely Kolmes, Psy.D. – Social Media Policy – 4/26/10

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Evolve Wellness Center LLC

Sari Lehrhoff, M.D.

748 Morris Turnpike, Short Hills NJ

sarilehrhoffmd@gmail.com, evolvewellnessnj@gmail.com

732-997-7385

As we dive into Evolving in 2023, we have some housekeeping to attend to. There is new paperwork that requires your signature and some **office updates and reminders**.

- 1) The **Good Faith No Surprise Act** is a required law document as of Jan, 1 2022. So please make sure to read and sign it. Payments are expected right before appointments and cards on file will be charged.
- 2) The Doctor is a part-time practitioner. This means she is off from patient care two days a week. Please check in regularly for schedule updates.
- 3) The Doctor is only prescribing medication during appointments, so schedule ahead and keep an eye on your pill bottles. The exception to this is if there is a pharmacy error or an electronic prescribing error. Note: pharmacies are not allowing early controlled-substances (stimulants, benzo) pick-up even for vacation. They expect you to plan around your prescription due dates.
- 4) Patients who are stable and on non-controlled substances such as SSRI's may have up to 3 months of medication before a med check-in appointment is due. Controlled substances such as a benzodiazepine (Xanax, Klonopin, Ativan, Valium, etc. or their generic versions), and/or Stimulants: (Adderall, Vyvanse, Focalin, Ritalin, etc. or their generic versions), require that you come in monthly for renewals and can only be prescribed during an appointment. Therefore, monthly appointments may be needed if you take these medications daily. The office requires these patients to have recurring appointments to prevent withdrawal while the docs are out of town.
- 5) The Doctor does not have a covering professional, therefore we all need to work together to plan ahead and keep everyone safe. We have capped the number of patients/clients seen, so she can be there for all of our evolve family on work days, but emergencies do show up, so have a back-up plan in place. You have the right to choose a different physician who has covering psychiatrists or nurse practitioners around the clock. We will understand if you wish to choose this kind of care and will help with making the transfer as easy as possible.

- 6) Paperwork: We require at least 10 days' notice for medications refills and office paperwork, including signed notes. Any paperwork over one page that cannot be done during a session will have an additional fee. The doctor is reasonable based on time and works quickly to avoid that. If it takes a full appointment time slot or more, then it's subject to a regular time fee (20-30 min: \$250; 50-60 min: \$500).
- 7) Texts are best for an emergency: 732-997-7385. Otherwise Luminello is our HIPAA compliant messaging system and all patients are required to be on that platform for patient documentation, prescribing and payment. If you choose to use another system for contacting the doctor or office, you do so at your own risk as those methods may not be HIPAA compliant.
- 8) As our office is part time, the texts, emails, calls and messages are only checked a few times each day during the work week. Thank you for understanding and if it is a true medical emergency, please dial 911 or go to the emergency room.
- 9) Blood work: While many insurances will cover our extensive blood work panel, it is always best to check with your insurance to make sure so you don't end up with an unexpected bill later on. Call your insurance company before getting blood work done and check which labs are covered and which tests. Sometimes, the office can offer additional codes to help after, but there is no guarantee, therefore it is always best to check before the tests as you are responsible for any additional costs.
- 10) The doctor is a psychiatrist, and is not to be used as a replacement for your family doctor or Primary care physician. Regular check-ups with your primary care doctor is your best bet for staying ahead of major health issues. Appointments must be made to review blood work during an appointment.
- 11) Appointments: Luminello messaging or text for appointments for fastest response. Cancellations: If there is less than 24 hours' notice for cancellation with the Doctor or other staff members, you will be changed for the full appointment. This is to discourage anyone from missing an appointment of which another patient may have needed. 24 hours gives both the office and waiting list patients enough time to benefit. We thank you for your understanding and honoring our office and these sacred appointment time slots. Appointment are charged right before the scheduled time.
- 12) Prior Authorizations: If your medication is declined by your insurance, we will advocate for you through the Prior Authorization process. Fees for Prior Authorizations are \$50 as calls and/or paperwork are time consuming.
- 13) For supplement needs: please email: sarilehrhoffmd@gmail.com and we will assist you. Supplements: are not to be used in place of medications and are not reviewed or evaluated by the FDA. They are not intended to treat, cure or prevent any disease.

14) The doctor does her best to check and read Luminello messages and emails at least once daily, but responding in detail is difficult and she asks for appointments to be made for complicated issues/questions, etc. If it only requires a line or two of a response, then it is a good resource to use. If you would like her to know what's been going on to save time for sessions, then feel free to write her your updates the day before your appointment to ensure she sees it in time.

15) We believe this line of care is our calling and our aim is to make people feel like their best selves. We offer a certain amount of sliding scale discounts or charity work monthly. With that said, our practice costs a great deal to run smoothly. We make sure we are fair and our prices reflect the level of training, and knowledge shared. Please remember that our patients are our priority, but we can only work as hard as you do. Stay ahead of your health. Don't put ours at risk by waiting until the last minute for prescriptions or supplements. If you honor and work with us as a team, we will be your biggest advocate, your grandest sanctuary, and your safest space to evolve!

I _____ have read and
(Print Full Name)

agree to all the above.

(Signature)

(Date)

Thank you all for choosing Evolve Wellness and the team, for your healing journey.

Love & Light,

The Evolve team

Evolve Wellness Questionnaire

This allows us to get to know more about you and helps us contribute to you and your evolving journey towards being the next best version of yourself possible. Please be honest. We aren't here to Judge and we have heard it all. We simply wish to know where we are starting from together. Thank you!

Name: _____

DOB: _____

These are my most pressing issues that I would like to address first: (examples: depression, anxiety, panic, insomnia, relationship, confidence, eating, trauma, etc.)

About my sleep: (Example: hours asleep, falling asleep, staying asleep, tv before bed, nightmares? What time do you sleep at night? Do you take naps? Bedtime routine? etc.)

About my Anxiety depression panic: (example: what has it been like most recently. Symptoms?)

Psychiatric History:

I've seen a psychiatrist and here are the dates, names, and last appointments. (please list as much history as you can recall even from childhood). Diagnosed with?

Allergies or sensitivities to medications or foods? If so what and what happens to you?

Do you have any medical issues? (High blood pressure? Asthma? Seasonal allergies)

Please List any medications and dosages you are taking currently, including dates started

Medication	Date Started	Medication	Date Started
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any past medication and Dates taken

Medication	Date Started	Medication	Date Started
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If not listed: Birth Control? Allergy Medications? Dates?

Supplements/Dose	Date Started	Supplements/Dose	Date Started
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

When was the last time you were on antibiotics? Names? Dates?

How many times in your life (rough estimate) have you taken antibiotics? _____

Did you get regular vaccines as a child? _____

Did you have any recent ones? _____

Did you get the FLU vaccine this year? _____

Do you get the Flu vaccine yearly? _____

Do you take Tylenol/Advil/Benadryl/Nyquil/sleep aids/Anti-acid medication regularly?
If so, how often, and for what?

Surgical history:

Surgery	Date of Surgery	Surgery	Date of Surgery
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever fainted or had a concussion? Dates?

Do you see a therapist? If so, how often?

Name	Date started	How Often do you see them?
_____	_____	_____

Past therapists?

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any history of self-harm? Suicide attempts? Hospitalizations? Please list information & dates:

Do you Drink Alcohol? Use Nicotine, Marijuana, other substances? Have you?

Please note, we are not judging or reporting. We are looking to see methods of self-medication and learn levels of inflammation that may need focusing on.

Substance	How often/When	How much?	How does it make you feel?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you been to a rehab program? Where and When?

Family History (Feel free to share about parents, siblings alive, deceased, mental illnesses, addiction issues, deaths, conflicts, close to, support, abuse, etc.)
We understand this is a sensitive topic. Please share only what you are comfortable with.

Are you living with anyone? (please share who is in the home with you if anyone. Pets too).

What do you do for fun? Or what did you used to do if it is a current struggle? Creative hobbies? Exercise? What form of exercise? How often?

What did you eat yesterday? We are not judging, just learning more about you.

Breakfast _____

Lunch _____

Dinner _____

Snacks? _____

Desserts? _____

Favorite Foods? Foods you eat every day? Do you enjoy fruits and vegetables? Tell us more?

Any history of Eating disorders? Current struggles? Please share dates and challenges:

Do you use fragrances? Perfumes/colognes? Scented candles? Cleaning products with scents?

Are you currently in a relationship? How long? When was your last relationship? How long? How do your relationships end?

Are relationships challenging for you? Why do you think that is?

Any trauma you'd like us to work on? If you are comfortable sharing, please do so here:

Do you have a support system of friends? How many? Anything you'd like to share about that?

What level of school did you complete? Are you working? What is your current job? Is your work history something you'd like to share?

What are some behaviors you would like to work on?

What are three things you'd like to have more ease with in your life?

Are you religious? Spiritual? Do you believe in a higher power?

Do you meditate or have a practice that helps you regularly?

What are 3 things you love about who you are or 3 things you consider your strengths?

What are you grateful for in your life?

Anything else you think would be helpful to share or for us to know?

Signature

Date

*Thank you for taking the time to fill this out! Let the Evolving begin!
Love & light,
Evolve Team*

Evolve Wellness Center LLC

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732-997-7385

NO SURPRISE ACT

In Compliance with the No Surprises Act that goes into effect January 1, 2022, all healthcare providers are required to notify clients of their federal rights and protections against “surprise billing”. This Act requires that I notify you of your federally protected rights to receive a notification when services are rendered by an out-of-network provider, if a client is uninsured, or if a client elects not to use their insurance.

Additionally, we are required to provide you with a Good Faith Estimate of the cost of services below. It is difficult to determine the true length of treatment for mental health care, and each client has a right to decide how long they would like to participate in mental health care. Attached please find the session fee schedule we have discussed orally when we met and that was in your initial new patient contract. I will collaborate with you on a regular basis to determine how many sessions you need in a 12-month period, and how often we have contracted to meet during that 12-month period. It is a federal requirement that we have each client sign this form to begin/resume treatment. Please sign this form and m before your next appointment. **You have the right to terminate treatment at any time, or reduce/increase the amount of sessions contained in this estimate.**

Thank you, Sari Lehrhoff, M.D.

THE NO SURPRISES ACT
STANDARD NOTICE AND CONSENT DOCUMENTS

(OMB Control Number: 0938-1401)

SURPRISE BILLING PROTECTION FORM

The purpose of this document is to let you know about your protections from unexpected medical bills. It also asks whether you would like to give up those protections and pay more for out-of-network care.

IMPORTANT: You aren't required to sign this form and shouldn't sign it if you didn't have a choice of health care provider when you received care. You can choose to get care from a provider or facility in your health plan's network, which may cost you less.

If you'd like assistance with this document, ask your provider or a patient advocate. Take a picture and/or keep a copy of this form for your records.

You're getting this notice because this provider or facility isn't in your health plan's network. This means the provider or facility doesn't have an agreement with your plan.

Getting care from this provider could cost you more.

If your plan covers the item or service you're getting, federal law protects you from higher bills:

- When you get emergency care from out-of-network providers and facilities, or
- When an out-of-network provider treats you at an in-network hospital or ambulatory surgical center without your knowledge or consent.

Ask your health care provider if you need help knowing if these protections apply to you.

If you sign this form, you may pay more because:

- You are giving up your protections under the law.
- You may owe the full costs billed for items and services received.
- Your health plan might not count any of the amount you pay towards your deductible and out-of-pocket limit. Contact your health plan for more information.

You **shouldn't** sign this form if you **didn't** have a choice of providers when receiving care. For example, if a doctor was assigned to you with no opportunity to make a change.

Before deciding whether to sign this form, you can contact your health plan to find an in-network provider.

See the next page for your cost estimate.

Estimate of what you could pay

Total cost estimate of what you may be asked to pay: It is your ethical right to determine your goals for treatment and how long you would like to remain in therapy unless you are pursuing mandatory treatment. Please see the breakdown of possible fees on page four.

- ▶ **Review your detailed estimate.** See page four for a cost estimate for each item or service.
- ▶ **Call your health plan.** Your plan may have better information about how much of these services are reimbursable.
- ▶ **Questions about this notice and estimate?** Call 973-738-3823
- ▶ **Questions about your rights?** Contact: New Jersey Division of Consumer Affairs, Board of Social Workers

Prior authorization or other care management limitations

Except in an emergency, your health plan may require prior authorization (or other limitations) for certain items and services. This means you may need your plan's approval that it will cover an item or service before you get them. If prior authorization is required, ask your health plan about what information is necessary to get coverage.

More information about your rights and protections

Visit <https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf> for more information about your rights under federal law.

By signing, I give up my federal consumer protections and agree I might pay more for out-of-network care.

With my signature, I acknowledge that I am consenting of my own free will and am not being coerced or pressured. I also understand that:

- I'm giving up some consumer billing protections under Federal law.
- I may get a bill for the full charges for these items and services or have to pay out-of-network cost-sharing under my health plan.
- I was given oral notice explaining that my provider or facility isn't in my health plan's network, the estimated cost of services, and what I may owe if I agree to be treated by this provider or facility.
- I got the notice electronically.
- I fully and completely understand that some or all amounts I pay might not count toward my health plan's deductible or out-of-pocket limit.
- I can end this agreement by notifying the provider before getting services.

Sari Lehrhoff, M.D. LLC
748 Morris Turnpike, Short Hills NJ
 732-997-7385 sarilehrhoffmd@gmail.com
FEDERAL TAX ID: 46-5102169

Patient name: _____

Contracted to meet: weekly, or as needed, as per client in 12-month period

The amount below is only an estimate; it isn't an offer or contract for services. This estimate shows the full estimated costs of the items or services listed. It doesn't include any information about what your health plan may cover. This means that **the final cost of services may be different than this estimate.**

Contact your health plan to find out how much, if any, your plan will pay and how much you may have to pay.

GOOD FAITH ESTIMATE
TABLE OF SERVICES AND FEES

Service code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
90792	Initial Diagnostic Evaluation 1 hour and 20-30 min	\$550
90833	Psychotherapy, 20-30 minutes	\$250
99215 + 90833	Medication Check with Psychotherapy 20-30 min	\$250
99214 + 90838	Medication check with Psychotherapy 50 min-1 hour	\$500
90837	Psychotherapy, 50 min - 1 hour	\$500
90837 +90833	Psychotherapy for 1 hour and 20-30 min	\$700

Please note that Place of Service (in office vs. tele-health) is not delineated above since the charges are identical. Dr. Lehrhoff charges for time-based sessions. The breakdown of services with codes is for insurance purposes.

I _____ acknowledge that I have received and reviewed this good faith estimate to work with Dr. Sari Lehrhoff and her practice and services.

_____. Date