

Psychiatrist-Patient Services Agreement

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains information about the Health Insurance Portability and Accountability Act (HIPAA), a Federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. You may revoke this Agreement in writing at any time. Please bring up any questions you have at your first appointment.

Office Hours: The office is usually open Monday-Friday, by appointment. We may close the office for holidays, inclement weather or vacations, and this will be stated on the telephone greeting.

Psychiatric Services:

I offer the following psychiatric services:

- Initial diagnostic interview: 60-80 min.
- Routine medication management: 15-20 min.
- Extended Medication Management: 25-30 min.

I give discounts for self-pay patients.

Payment and Billing Policy: Payment (i.e. cash pay, copays, payment towards deductible) is due at the time of your appointment. If I am an in-network provider for your insurance, I will collect the portion of the fee that the insurance does not cover. Benchmark Systems (Antworks) is my billing service and will obtain authorization for services from your insurance company. For information regarding your bill please call Benchmark Services at 1-877-589-7851.

If your account is not paid in a timely manner and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency, hiring an attorney, or utilizing other options, which will require me to disclose otherwise confidential information. In most collection situations, the information released includes the patient's name, contact information, the nature of services provided and the amount due. If such legal action is necessary, these costs will be included in the claim.

If there is a change in your insurance coverage, your address, or other important information between appointments, please let us know when you check in.

Cancellation Policy: Once an appointment is scheduled, you will be expected to pay for it, unless you provide at least 24 business hour's advance notice of cancellation. For example, an appointment for Monday at 10:00 a.m. needs to be cancelled before 10:00 a.m. on the Friday to avoid a missed appointment charge. Insurance companies do not provide reimbursement for missed appointments or appointments that you do not cancel with sufficient notice. A missed appointment fee of \$50 may be charged for missing appointment or failing to cancel with 24 hour's notice. As a courtesy, you will receive a phone or text message (please let us know which you prefer) on the day before your appointment. This call comes from an out-of-state area code. Please realize that you are responsible for appointments that you schedule whether or not you receive this call or text.

Late Policy: Please arrive on time for your appointment. Patients arriving more than 5 minutes late may be asked to reschedule.

Confidentiality: Your privacy is important to me. All protected health information (PHI) will be kept confidential. In most cases I will obtain your consent prior to releasing any PHI; however, records and/or PHI may be released regardless of consent in the following circumstances:

- According to state and local laws, I must report to the appropriate agencies all cases of physical and sexual abuse or neglect of minors (children under the age of 18), the disabled, and the elderly.

- According to state and local laws, I must report to the appropriate agencies all cases in which there exists a danger to self and/or others.
- When authorized by the recipient of services, in order to process medical insurance claims and authorized payment of benefits.
- In the event that a patient is in need of emergency services and other medical personnel need to be contacted.
- If you become involved in specific kinds of legal proceedings, the courts may subpoena information concerning your treatment.

Professional Records: The laws and standards of my profession require that I keep protected health information (PHI) about you in medical record. Except in unusual circumstances that involve danger to yourself and/or others, you may examine and/or receive a copy of your clinical record if you request it in writing. Because these are professional records, they can be confusing if read without the guidance of a mental health professional. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, I am allowed to charge a copying fee of \$25.00 or more. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon your request. Insurance companies can request and receive a copy of your clinical record.

Patient Rights: HIPAA provides you with rights with regard to your clinical record and disclosures of PHI. These rights include requesting that I amend your record; requesting restrictions on what information from your clinical record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records, and the right to request a paper copy of this Agreement.

Telephone Contact: If you have issues regarding your treatment that need to be addressed before your next appointment please call the office by 4:00 PM. Staff will take a message and I will return your call later in the evening. Changes in your treatment plan will be addressed at the next visit.

Emergency/After hours Service: If you are in need of emergency services, call 911 or proceed to the nearest hospital emergency room. If you have an urgent problem after hours which cannot wait until the next business day, you may call my office number (540) 442-9900 and follow the recorded message instructions for how to contact me or the on-call physician. This option is reserved for urgent problems and does not apply to routine refill requests or scheduling issues.

Telephone Contact fees: I have the option of charging you for telephone calls relating to your care. Charges are based on the amount of time spent and/or the complexity of the issue which is addressed.

Medication Refill Policy: It is your responsibility to contact the office before you run out of medications. Please allow 3 business days for refill requests to my office or to your pharmacy. Routine requests will not be addressed after hours or by the physician on-call for the weekend.

I require that you keep scheduled appointments to continue receiving refills for medication. If appointments are missed or repeatedly rescheduled I may require a follow-up appointment before giving refills. For schedule II medication such as Adderall, Vyvanse, Ritalin, Concert, etc., I require that you keep appointments at least every 3 months.

Forms and Letter: Any additional paperwork, letters, or forms will be subject to a fee based on the time it takes to complete the documentation (usually \$ 20 to \$50).

Insurance Reimbursement: Please note that you, not your insurance company, are responsible for full

