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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 services. You may revoke this Agreement in writing at any time.

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

Psychiatric Services:

I offer the following psychiatric services:

- Initial diagnostic interview (60 min)
- Medication management (15 min)
- Medication management with therapy (25 min)

Payment and Billing Policy: Payment (i.e. cash pay, copays, payment towards deductible) is due prior to your appointment on the day services are rendered. If I am an in-network provider for your insurance, I will collect the portion of the fee that the insurance does not cover. Unless proof from the insurance company is provided at the time of the appointment stating that your deductible has been met, all deductibles will be due at the time of the appointment. If the insurance company also pays for the office visit, we will gladly reimburse you.

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.

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

Missed Visit and Cancellation Policy: My office charges for cancellations without one business days' notice. While I understand that occasional emergencies will prevent timely cancellations, I respectfully ask that you give your appointments special priority. Missed or cancelled visits not only jeopardize the quality of your care but create a financial burden for my practice.

If you cancel, reschedule or fail to show for your INITIAL VISIT without one business days' notice, the fee to reschedule is \$100. If you cancel, reschedule or fail to show for a follow-up visit without one business days' notice, the cancellation fee is \$50. Please note that your insurance company will not cover cancellation fees. These fees are subject to change.

Late Policy: Please arrive on time for your appointment. Patients arriving more than five 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. 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.

Emergency/After-hours Service: If you are in need of emergency services proceed to the nearest hospital emergency room or call 911. Non-urgent calls, such as refill requests or scheduling issues, should be made during business hours. If you have an urgent issue after hours which cannot wait until the next business day, you may call my office number and you will be given a number for my answering service. You will be contacted by me or a physician covering for me.

Telephone contact fees: I may charge you for telephone calls relating to your clinical care, with charges based on the amount of time spent. Additionally, for non-urgent issues after business hours I charge a minimum of \$25 with charges based on the amount of time spent.

Medication Refill Policy: It is your responsibility to contact the office before you run out of medications. Please have the pharmacy FAX a refill request to the office at least 3 business days before your meds will run out. Refill requests will not be addressed after hours or on weekends. There is a \$10.00 fee to rewriting each lost prescriptions. This fee also applies to refills if you run out of medications because of missing or repeatedly rescheduling appointments.

Safe and effective treatment with psychiatric medications requires regular monitoring, meaning that you need to keep appointments. If you miss an appointment or repeatedly reschedule appointments, I will not issue a refill unless you schedule a follow-up appointment.

Forms and Letter: Any additional paperwork, letters, or forms not specifically related to intra-office care, will be subject to a fee based on the time it takes to complete them, (\$10 for 10-15 min; \$25 for 20-30 min; \$35 for 35-40 min; and \$50 for 45-60 min, etc.) which will need to be paid prior to release of the paperwork. These fees are subject to change.

Insurance Reimbursement: If you have a health insurance policy, I can fill out forms and provide you with assistance in helping you receive your benefits. Please note that you, not your insurance company, are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, I recommend that you call your plan administrator. Your contract with your health insurance company requires that I provide the health insurance company information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire clinical record. In such situations, I will make every effort to release the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files. In some cases, the insurance companies may share clinical information with a national medical information databank. I can provide you with a copy of any report I submit, at your request. By signing this Agreement, you agree that I can provide requested information to your insurance carrier.

Same Day Appointment: Most insurance companies do not pay for two mental health visits on the same day. If you schedule visits with your psychiatrist on the same day that you meet with your psychotherapist, you may be expected to pay for one of these visits.

Adhering to the Treatment Plan: You are expected to follow the treatment plan which I develop collaboratively with you. This means complying with medications, keeping appointments and following through with referrals to other mental health professionals when the therapy or substance abuse treatment is needed.

Continuation of Services: The goal of our professional relationship is to treat your mental problem and to help you stay well. In order to accomplish this goal you must adhere to the treatment plan. Medications such as benzodiazepine used for treating anxiety and amphetamines used for ADHD have a high risk of dependence and abuse. Grounds for dismissal from my practice include abuse of medications, failure to follow the treatment plan, missing two or more appointments in a year or treating office staff disrespectfully.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Patient's Name (Please Print) _____ Date: _____

Signature