OFFICE POLICIES

Thank you for choosing Community and Long-Term Care Psychiatry, L.L.C. as your provider for psychiatric services. We welcome you! We are committed to providing the finest personalized and professional care possible for our patients, and hope that the following information will help you answer some of your questions and help you understand how our office operates.

Please note: If you are experiencing a psychiatric emergency, call 911 or go to the nearest emergency room for urgent treatment.

OUR BUSINESS HOURS AND SCHEDULING APPOINTMENTS:

Patients are seen by appointment only; walk-ins will not be seen. Our office is open Monday through Friday from 8 a.m. to noon, and 1:00 to 5:00 p.m. for scheduling appointments. Prescription refills, appointment scheduling, and lab/test results should be handled during routine business hours. We will make every effort to schedule your appointment as soon as possible. Appointments may be scheduled by phone or in person at the office. At the time the initial appointment is made, a non-refundable fee of $25.00 is charged. This fee is considered a partially prepaid co-payment (or a partial payment in the case of a private pay patient) and is applied to the patient’s account at the time the initial appointment is made.

Late arrivals for scheduled appointments: We understand that delays can happen, however we try to keep our patients and doctors on time. If a patient is 15 minutes late for their scheduled time, we may have to reschedule the appointment.

No call – no show fee policy: We realize that patients may need to change their appointments; however, we require a 24-hour notification of cancellation of your appointment so that we may offer that time to another patient. If you fail to cancel your initial visit, you will not be scheduled for another one and the partially prepaid co-payment will not be refunded to you. If you fail to cancel your follow-up appointment, you may be billed for the scheduled time. Our office charges $50 for a missed follow-up visit. To avoid fees for broken appointments, you must show up on time or call at least 24 hours before your scheduled appointment to cancel or reschedule it. NOTE: These fees are a patient’s responsibility, as insurance will not pay them.

SCHEDULED APPOINTMENTS:

What to bring to your initial evaluation appointment: Your initial appointment will consist of a consultation to explain your diagnosis and treatment options. Please assist us by providing the following information at the time of your consultation, if applicable:

• A completed New Patient Forms Packet.
• A list of prior treating physicians, psychiatrists, psychologists and therapists.
• An information on any laboratory tests, procedures, or images completed in the past six months.
• If you have medical insurance, bring the cards issued by the insurance company.
• A government-issued picture ID.
• Your preferred form of payment. *For your convenience you can have your credit card information to be stored in your file.*
• You must bring in all prescription bottles before any refill of current medications prescribed by a previous provider will be issued. **Under no circumstances will our office refill medications without records being received directly from your previous doctor’s office.**

**What to bring to your follow-up appointment:**
• A list of any treating physicians, psychologists, or therapists that you started to get treatment or were treated since your last visit at our office.
• An information on any laboratory tests, procedures, or images completed since your last visit at our office.
• Your current insurance card.
• Your current form of payment. *If you have your credit card information stored in your file, please make sure that its expiration date is current and updated in our system.*

**Payment policy:** Payment in full of all applicable charges is due when the service is rendered. If you are unable to provide the payment of all applicable fees, your appointment will be rescheduled. For your convenience, our office accepts major credit cards, cash or personal checks. We do not accept post-dated checks. There is a $50 fee for checks returned for insufficient funds. Patients with balances over $150 must either pay the balance or make payment arrangements prior to future appointments being made.

**Insurance:** Our company is an “in network” provider for most major insurance carriers, and for Medicare. Before you come in for an appointment, please check with your insurance carrier regarding the amount of co-payment that you will be charged for our service. As a courtesy to our patients, we will file insurance claims for those insurances with which we participate. If the patient fails to provide us with the correct information, they are financially responsible for the office visit charges. **Please remember, any amount not covered by insurance is ultimately the patient’s responsibility.** The required co-payment cannot be waived, as doing so may violate our contract with your insurance carrier. We accept “out of network” benefits from most out-of-state insurance plans. Our office no longer accepts Medicaid patients.

**MEDICATIONS MANAGEMENT:**

**Medication Refill Policy:** You must notify us during your visit of any and all prescription refills needed before your next visit. Medications will be prescribed at the time of appointment, and you will always be given enough medication and refills until the next office visit, so refills are not necessary over the phone. This is to limit medication errors and to protect your safety. If you have missed or cancelled an appointment, you will need to schedule another visit and will be provided with enough medication until the re-scheduled visit, within 1-2 weeks of the missed appointment.

**Refill of controlled substances:** Prescriptions for controlled substances (stimulants or benzodiazepines) will not be reissued until 3 (three) calendar days before the date the prescription is due to run out. You are responsible for safeguarding your prescriptions and medications.
NOTE REGARDING OUR BENZODIAZEPINES PRESCRIBING STRATEGIES: We care about your overall safety, health and longevity. We expect all patients to be willing to gradually wean themselves off benzodiazepines over time and to acquire other healthier coping mechanisms.

TELEPHONE POLICY:

We take pride in answering your call in person whenever possible. However, there are times when heavy call volume may prevent us from speaking with you directly.

If you get a recording, it is important that you follow these instructions:

- Please do not call more than once a day for the same issue.
- Please keep your message as brief as possible (name, number and reason for call). For example; “Jane Doe, 555-1212, I need to reschedule my appointment.”
- Please allow up to 24 business hours for a return call, especially if you call late in the day.
- Medical issues will not be addressed over the phone. Please make an appointment.
- Office staff will be polite and respectful to you, and deserve the same in return.
- Calls may be recorded for quality control purposes.
- Abusive or incessant calls are cause for termination from our practice. All threats are reported to the proper authorities.

Call in Policy: To uphold the quality of care and in fairness to all of our practice patients, our providers cannot take time out of their scheduled appointments to accept or return patient phone calls. If you feel you must speak with your provider, please make an appointment to allow them to give you the care and attention you deserve.

FMLA/LEGAL/OTHER MEDICAL PAPERWORK HANDLING AND CHARGES:

Routine school or work excuses are available upon request at the end of your appointment. If time permits, brief forms (less than 5 minutes) may be completed during your allotted appointment time and there will be no additional charge. Longer forms and letters will be done outside of appointment time and the fee will be based on the time involved to complete this service. Please see below.

Simple (less than 5 minutes) No Charge
Moderate (5-15 minutes) $50.00
Lengthy (15-30 minutes) $100.00
Complex (over 30 minutes) $200.00/Hour

Upon written request, records will be copied. It typically takes a week to have copies made. Copies of charts will be mailed directly to the requesting entity. The fee for copying is:
$25.51 preparation/handling fee
$0.59 for each copied page

Payment of $50.00 for the copied documents must accompany the written request. Refund of overpayment will be placed into the patient’s account. Any additional charge (for over than 20-page file) will be billed separately.

Mental health records are a standard practice in psychiatry. They are protected by both law and professional standards. While you are entitled to review a copy of your record, they can occasionally be misinterpreted given their professional nature. In rare instances when it may be deemed potentially damaging for our clinicians to provide you with the full records, we can ensure
that they are made available to an appropriate mental health professional of your choosing. They will need to provide us with a written record request accompanied by the Release of Information form personally signed and dated by you or your guardian. Please note that professional fees will not be charged for any preparation time required to comply with such requests.

**TERMINATION POLICY:**
It is the policy of this practice to establish and maintain a cooperative trust-based provider/patient relationship. Should the relationship, trust or mutual goals of the provider and patient not be realized, either party may terminate the relationship within the bounds of applicable state and federal laws, rules and regulations.

**PRIVACY POLICY:**
Use of recording devices in the office is prohibited unless approved in advance in writing. Violators are subject to termination. The Notice of Privacy Practices form presents the information federal law requires us to give our patients regarding our privacy practices.

**CONFIDENTIALITY:**
Confidentiality is a cornerstone of mental health treatment, and is protected by the law. Aside from emergency situations, information regarding your care and treatment can only be released with your written permission. If you are seeking insurance reimbursement, insurance companies also often require information about diagnosis, treatment, and other important information as a condition of your insurance coverage. They may occasionally request some of your medical files as you have given them permission to access this information when you signed an insurance contract with them.

There are legal exceptions to confidentiality that may require us to disclose the information about you:
(1) Danger to yourself – if there is an explicit threat to harm yourself, our staff is required to seek hospitalization for the patient, or to contact family members or others who can help us provide your protection or aid in your hospitalization if necessary
(2) Danger to others – if there is threat by you of serious bodily harm to others, our staff is required to take protective actions, which may include notifying the potential victim, notifying the police, or any other appropriate authorities
(3) Grave disability – if, due to a mental illness, you are unable to meet your basic needs, such as clothing, food, and shelter, our staff may have to disclose information to your family members or the proper agencies in order to help you access to help meet those basic needs
(4) Suspicion of child, elder, or dependent abuse – if there is an indication of abuse to a child, an elderly person, or a disabled person - even if it is about a party other than yourself - our staff must file a report with the appropriate state agency
(5) Certain judicial proceedings – if you are involved in judicial proceedings, you have the right to prevent us from providing any information about your treatment. However, in some circumstances in which your emotional condition is an important element, a judge may require testimony through a subpoena.
Although these situations can be rare, our staff will make every effort to discuss the proceedings accordingly. We reserve the right to consult with other professionals or with our legal department when appropriate. In these circumstances, your identity will not be revealed, and only important clinical information will be discussed. Please note that such consultants are also legally bound to keep this information confidential.

I have reviewed and understood the information above.

_________________________  _______________________________        ____/____/____
Signature Patient/Guardian  Printed Name                   Date