

OFFICE POLICIES AND PROCEDURES

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 \$30.00 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.

_____ Initials

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.

_____ Initials

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 \$95 for a missed 15-20 minute follow-up visit, and \$225 for missed 1-hour appointment. 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.***

_____ Initials

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.*

Telemedicine Follow-up Appointment:

Before appointment:

- Please make sure before your appointment to download the doxy.me app or to register with **doxy.me** online.
- Make sure to **test the doxy.me** platform before your appointment. If you are unable to get the equipment to work, it is your responsibility to get a hold of the office the day before your appointment to make sure that your equipment is functional and works with the system. If you are unable to be contacted through the system, not in the virtual waiting room, or for any other reason unable to get your system to work prior to your appointment, it will be considered a late cancel / no show and you will be responsible for any applicable fees.
- Please make sure to send in you telemedicine follow up questionnaire and any screening tools applicable to your individual care and conditions 24 hours before your appointment. If this paperwork is not received, your appointment will need to be rescheduled and considered a late, cancel, or a no show, and you will be responsible for applicable fees.
- Please make sure to email any information on any laboratory tests, procedures, or images completed since your last visit.
- Please make sure the staff has your updated insurance card 24 hours before your appointment. *It may be wise to attach a copy of your insurance card to your follow up telemedicine paperwork.*
- Please make sure your medication list is current in your patient portal
- Please make sure the office has 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.*

SUPPLEMENTAL CONSENTS

This consent to treatment represents my consent to medical and psychiatric treatment provided to me or my child/ward by Community and Long-Term Care Psychiatry L.L.C (CLTCP), and all healthcare professionals working in collaboration with the practice. I voluntarily authorize the examinations, tests and procedures customarily performed on patients with my condition and consent to customary treatments as ordered by the providers, including medication treatment. I also consent to drug testing if deemed appropriate by my practitioner.

_____Initials

I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made by any of CLTCP providers, employees, or affiliates, to the results of treatments or examinations.

_____Initials

I understand that medications may be prescribed by CLTCP provider for the treatment of my or my ward's condition. I recognize that I have the right at any time to ask more questions regarding the treatment. I also recognize that it is my responsibility to clarify any treatment decisions my provider has recommended. I also recognize that if I have further concerns, it is my responsibility as a patient or patient's representative to voice those concerns. I also agree that if I accept and take a medication, I am responsible for understanding risks vs. benefits of those medications and if I take a medication I am consenting to treatment and accept all risks of treatment as well as potential interactions with other treatments. If I accept off-label treatment, I acknowledge that I have the right to ask for alternative treatments that are not off-label and I understand that taking an off-label medication means I am consenting to all the risks associated with taking a medication not labeled or studied for my condition.

_____Initials

I understand that vitamins may be offered by CLTCP provider for the treatment of my or my ward's condition. I understand that supplements are frequently not regulated by the FDA. I understand that frequently supplements may interact with medications in a way that is not fully understood. I also recognize that it is my responsibility to clarify any treatment decisions the provider has recommended. I also recognize that if I have further concerns, it is my responsibility as a patient or patient's representative to voice those concerns. I also agree that if I agree for a treatment with a vitamin/supplement, I am responsible for understanding risks vs. benefits of those supplements and if I, or my ward, take a vitamin/supplement, I am consenting to treatment and accept all risks of treatment as well as potential interactions with other treatments. If I accept off-label treatment, I acknowledge that I have the right to ask for alternative treatments that are not off-label and I understand that taking an off-label vitamin/supplement means I am consenting to all the risks associated with taking a medication not labeled or studied for my condition.

_____Initials

I understand that treatment compliance is extremely important. I understand that by not making follow up appointments, not taking prescribed medications regularly, or not discussing with treating practitioner the personal decisions I make regarding the way I am taking my medications, could result in adverse effects

to my health up to and including death. I recognize it is my responsibility to notify the provider of any concerns or changes I believe are necessary for my (or my ward's) treatment plan. It is also my responsibility to make sure the provider knows what changes have been made by other treatment providers. I recognize that it is my responsibility to document my concerns or health changes and address them with my practitioner.

_____ Initials

I have read or have had read to me this consent and understand and agree to its contents. I understand that the consent for medical treatment, authorization for release of information and assignment of financial responsibility will be valid for the duration of treatment and can only be revoked upon written notice. By initialing below I acknowledge that this consent form has been read in full and explained, as necessary.

_____ Initials

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.

_____ Initials

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.

_____ Initials

PAYMENTS AND INSURANCE:

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.

_____ Initials

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.

_____Initials

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.

_____Initial

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.

_____Initial

PRIVACY POLICY:

Use of recording devices in the office is prohibited unless approved in advance in writing. Violators are subject to termination. The form, [Notice of Privacy Practices \(Long Form\)](#), presents the information federal law requires us to give our patients regarding our privacy practices. This notice is a pdf document which requires Adobe Reader software. It is most likely you already have this software on your computer; however, if you have difficulty [click here to download and install Acrobat Reader for free.](#)

_____Initial

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*.

_____ Initial

I have reviewed and understood the information above.

Signature of Patient/Guardian

Printed Name

____/____/____
Date