

SWAPNA VAIDYA, M.D.

PSYCHIATRY

Swapna Vaidya MD FAPA FACLP LLC (Online
TelePsychiatry Practice Only)- Contact via website
. Fax (855) 616 -1348

NOTICE OF OFFICE POLICIES AND PROCEDURES, September 2023

PURPOSE OF THIS INFORMATION

In order for me to provide the best care possible, I want my patients to have as much pertinent information as is possible. If you have any questions or concerns about the healthcare or business practices of this office, please feel free to discuss them with me.

EMERGENCY CONTACT AND COMMUNICATION

If you need to reach me for a routine matter, please email me at swapna@swapnavaidya.com. For urgent matters, you can reach me at (646) 573 2581. It is important that you leave your phone number in all your messages to me even if you think I might have it. If you need rapid attention, for your own or someone else's safety, you can call 988 or call 9-1-1, or report to the nearest hospital emergency room. I recommend recording my contact numbers for your convenience.

Occasionally, I will be out of the office and unreachable by phone, if I take a vacation for example. A physician will be available to you while I am away. Their contact information will be recorded on the outgoing email message on my website .

INSURANCE BENEFITS AND PATIENT RESPONSIBILITY FOR FEES

At this time I do not participate with any health insurance plans. However I can help generate a superbill that you can present for your reimbursement . Currently when you book an appointment , you will be directed to a payment link and practice will obtain full payment upfront . For missed appointments , I will not be able to reimburse you , unless there is an emergency in which case I will reimburse your full amount . If you have made an appointment and not yet paid , then I will send you the link soon after the appointment via a payment link

CANCELLATIONS AND MISSED APPOINTMENTS

Failure to keep a scheduled appointment will result in a charge for the full fee of the scheduled appointment. Please note that insurance health plans do not pay for missed appointments. These charges will be entirely your responsibility. Because of the nature of my practice, **I require 7 days notice for cancelled appointments , however I can be flexible if atleast notified 24 hours in advance**

FEES

Initial Consultation (60 minutes) \$350 Psychiatric follow-up \$200 for 30- minutes , Supportive Therapy - 45 minutes \$250

Information on this can also be found on my website that you can look into .

SWAPNA VAIDYA, M.D.

PSYCHIATRY

Swapna Vaidya MD FAPA FACLP LLC (Online
TelePsychiatry Practice Only)- Contact via website

Appointment fees are calculated based on the time spent together and on the degree of medical decision-making involved. Services provided outside of a usual appointment time, including telephone conversations lasting longer than 5 minutes or preparation of documents will be billed at a pro-rate of \$200.00/hr. These fees are subject to change. Fees for other services are by arrangement.

Insert text here

UNPAID BILLS

It is important that you discuss with me any financial hardship that you may have. Doing so may allow us to arrive at a mutually agreeable payment plan that allows the continuation of your treatment. If this cannot be accomplished, seriously delinquent accounts may be referred to a collection agency and we may have to terminate our relationship as provider and patient. Information necessary to effect collection will be released to the collection agent. Should it become necessary to file suit in this context, you agree to pay reasonable attorney fees. A service fee of 1.5% will be charged on balances more than ninety (90) days past due based on date of service.

SECURITY PROCEDURES

I require my business associates to abide by all applicable privacy regulations. I make reasonable efforts to prevent access and disclosure to unauthorized personnel. Both physical and electronic safeguards are implemented.

SWAPNA VAIDYA , M.D.

PSYCHIATRY

Swapna Vaidya MD FAPA FACLP LLC (Online
TelePsychiatry Practice Only)- Contact via website

PATIENT RECORDS

A combination of an electronic and paper record is kept of services you receive in this office. You have a right to see the record and receive a copy of it upon request. You may ask that factual errors in the record be corrected. You may authorize in writing that copies of the record be released to entities you designate, at your expense, according to charges stipulated by Washington law. Under certain circumstances where seeing the record may put a patient or other person at risk, I may redact certain information in the record and/or require that you review the record in consultation with another healthcare provider. You may receive an accounting of non-routine uses and disclosures of your record.

PRIVACY AND RELEASE OF INFORMATION

Services you receive in this office are confidential, except in the circumstances listed below.

1. Threats of harm to self or others
2. Abuse of a child, vulnerable adult, or developmentally disabled person
3. A court order to release information
4. Subpoena of treatment records by an attorney. If you do not want this information released, you must obtain a protective order from the court within fourteen (14) days.
5. If you will be applying your health insurance benefits, we may be required to provide information to your health plan, including some or all of your record of treatment, in order for your carrier to pay for services. By signing the Acknowledgement of Receipt of Office Policies and Procedures form you consent to release of that information to your health plan.
6. If you are party to child custody litigation at any time in the future, the court may order release of information about your treatment in this office.
7. In some instances, as provided by Washington law, information about your healthcare may be exchanged with other healthcare professionals involved in your treatment.

In circumstances other than these, I will not release information about your treatment without your authorization.

GRIEVANCE PROCEDURES AND COMPLAINTS

If you have any questions or concerns about your treatment, administrative or business matters in this office, please discuss them with me. I am interested in hearing feedback about how things can be made better.