

## ORIENTATION TO SERVICES, POLICIES AND PROCEDURES

We would like to take this opportunity to welcome you to our clinic and let you know what to expect from your treatment experience with us. Our goal is to help you feel and do better in your daily life. We refer to our philosophy of treatment as solution-focused. This means that our approach assumes you have the strengths, inner resources, or solutions to deal with the problems you are facing. Our goal is to identify those solutions with you based on careful examination of current and past methods of resolving the challenges you have encountered.

Our clinic offers a solution focused treatment for a wide variety of problems from crisis in daily living to major psychiatric disorders. We find it especially important that a person keeps in close contact with family and friends during a crisis and encourage their participation in your treatment. In order to help you access the strengths and resources which you have, your Psychiatrist will conduct an evaluation to determine the type of treatment that will be most beneficial to you and will ask you to be actively involved in your own therapeutic process. This means you might be asked to:

- Use some kind of writing exercise to keep track of some of the behaviors, thoughts or feelings you have discussed.
- Purchase specific books that will educate you about your problem.
- Perform exercises on your own (such as relaxation exercises, thought stopping exercises, behavioral exercises, etc.)
- Refrain from certain activities that are intensifying your problems.
- Attend meetings in the community (either professionally or peer-led) that are relevant to your problem.

In other words, this approach to treatment asks you to be active between sessions in trying certain ways to change maladaptive behaviors and attitudes. The Psychiatrist does not “fix” you, the passive receiver of help, but instead facilitates and guides your process of change. If solving your problems seems difficult or even overwhelming right now, remember that your

Psychiatrist will understand this and will take all of your hopes and fears into consideration. It is vital that you are honest about your thoughts and feelings at all times. Please be aware that some discomfort and awkwardness is a normal response to talking about problems and that these feelings will subside. You will be working with a Psychiatrist and a Therapist, and you need not fear being judged or criticized. Speak freely and openly in this confidential relationship.

### OUR VALUES

1. QUALITY AND EXCELLENCE. We shall require quality and excellence in everything we do: our customer services, our performance, the management of our clinic, the professionalism of our employees and service to our community.
2. INTEGRITY. We shall be honest, fair and consistent, living up to both the letter and spirit of honorable conduct. Mutual trust will be the foundation of all our relationships.
3. PATIENT SATISFACTION. We shall constantly seek to understand the needs of our patient's to provide superior services to meet those needs and to earn our patient's trust, respect and confidence.
4. INNOVATION. We shall commit ourselves to continuously improve our processes and services to satisfy our patients.
5. HONESTY. We shall be opened and truthful in communication with our patient's recognizing our successes and our weaknesses and will ask for others' input to help us improve.

## **PATIENT'S RIGHTS AND RESPONSIBILITIES**

As a patient of services from this clinic, you are entitled to:

1. Services in accordance with standards of professional practice, appropriate to your needs, and designed to give you a reasonable opportunity to improve your condition.
2. Humane care, protection from harm, and to be treated with dignity and respect.
3. The right to participate in the development and review of your treatment plan, including the known effects of receiving and not receiving such treatment, or alternative treatment, if any.
4. The right to receive treatment in the least restrictive settings.
5. The right to discuss your mental health document..
6. The right to confidential maintenance of all of your protected health information (PHI); no disclosure of such information without your written authorization, except in cases of medical emergency, by court order or when otherwise allowed or dictated by law. (Refer to "Notice of Privacy Practices" in this packet.)
7. The right to register complaints and to have your complaints heard and action taken, if required, promptly.
8. The right to waive any of your rights, if the waiver is given voluntarily, knowingly, and in competent state of mind. The waiver may be revoked at any time.

### **EMERGENCY ACCESS**

As a patient, you have direct access to your Psychiatrist. Messages may be left on the voice mail and the Psychiatrist will return your call between appointments or at the end of the day. Routine prescription refill messages may be left on the voice mail.

During regular business hours, you can reach the clinic at **678-393-3374**. After hours, you can reach your Provider Dr Sunita Gupta at **678-358-9672**, Your initial visit with the psychiatrist will be approximately 30 minutes. Return visits are 15 to 20 minutes. Psychiatrists perform medication management and support. During your initial visit, you will be asked to provide a personal history and to describe your symptoms to assist the physician in determining the medication(s) that will be most beneficial to you. Follow-up visits are for medication adjustments and stabilization. Your doctor may recommend that you also see a therapist to discuss issues that may be adding to your medical problems. You may also request a referral to a therapist if you do not already have one.

### **Therapist (Psychologist, LCSW, LMFT, LPC, LAPC, LMSW, CNS)**

Visits with your therapist are approximately 40 to 45 minutes. During your initial visit, your therapist will obtain information from you to assist in making a diagnosis, developing a treatment plan, and making recommendations for return visits. Follow-up appointments are aimed at working toward established goals and discussing behavioral changes that should be practiced between visits. Your therapist will also take into consideration your insurance benefits in developing your treatment plan.

### **Primary Care Physician Contact**

Most managed care companies require that we communicate diagnosis, treatment frequency, medication, and provider name to your Primary Care Physician (PCP). This authorization does not extend to the release of any AIDS /HIV information unless the patient gives specific written permission. Please discuss any issues about this matter with your therapist or psychiatrist.

### **PATIENT SURVEYS AND INPUT**

Your comments and suggestions are always welcome. To better serve you, we perform quarterly consumer satisfaction surveys as well as end of treatment surveys. The information collected during these surveys is important to help ensure that we are accomplishing our mission and vision. You are always welcome at any time to express your satisfaction with our office.

### **FINANCIAL TERMS AND FEES**

If you have coverage for Psychiatrist under an insurance plan, you are responsible for obtaining prior authorization for treatment from your insurance carrier. We will bill your insurance, however, you are responsible for copayment amounts and deductibles as set by your benefit plan. Missed appointments, disability evaluations, court ordered evaluations, completion of forms for attorney or employers, court appearance, copies of records, letters, or any other type of reports are not covered by your insurance and the charges associated with them are your responsibility.

#### ***Non-eligible Services Fees***

Your insurance company will not pay for disability evaluations, court ordered evaluations, completion of forms for attorneys or employers, court appearance, copies of records, letters, or any other type of reports. Your initial evaluation does not cover information needed for disability evaluation or court ordered evaluation. If you are seeking disability or court ordered services, please let the front desk know prior to your appointment. Full payment in advance is required

for these services. Paperwork charges are \$40 -\$250 depending on the paperwork

**Copying charge for records** is \$50.00. Court appearance charges start at \$500.00 and increase depending on hours spent in court and patients scheduling time lost. Please discuss cost of these and other services with your Provider. Please remember that Dr Gupta is not a Forensic expert. She does not do Custody or competency evaluations.

#### ***Cancellation/Missed Appointment Fees***

Your insurance will not reimburse your missed appointment fee of \$50.00.

#### ***Returned Check Fee***

All checks that are returned (not paid) for any reason will be charged a \$ 50.00 fee.

#### ***Billing Fees***

We expect that co-payment and deductible amounts will be paid at the time of service. If we must bill you for fees, there is a \$25.00 administrative charge for this service. We expect that balances will be paid within 15 days of receiving a statement from us. We will make payment arrangements under certain circumstances. We reserve the right to refuse to reschedule appointments if account balances are not paid. We will turn unpaid accounts over for collection.

#### ***Prescription Refill Fees***

There may be instances due to missed or cancelled appointments.

### **DISABILITY CLAIMS**

If you are requesting assistance in completion of a disability claim, please make note of the following:

1. Your Provider does not "give" disability. They can only report symptoms and response to treatment to the company that handles your disability insurance.
2. If you are disabled to work, our goal is to help you return to work. You may have to see a therapist and psychiatrist to help with issues which are preventing you from being able to work.
3. We do not back date disability.
4. If regularly scheduled appointments are not kept, we will notify your disability carrier.
5. Disability paperwork requests take up to 10 business days to complete.

### **POLICIES**

#### **Medication and Prescription Refills Policies**

If you are prescribed medication, it is important to take your medication according to our doctor's instructions. Do not risk running out. For routine prescription refills, please make your request 5 days prior to the expiration of the prescription. If the medication you are taking requires a new prescription each time it is filled, please request your refill 7 days prior to the expiration of the prescription.

If prior authorization is required, we will respond to the request from your insurance company. These requests can take up to 2 weeks to process by your insurance company. We are not responsible for your insurance company's decision to pay for your medication.

If you are seeking help with access to medications through special programs: i.e., patient assistance, we may provide prescriptions and initial paperwork to you. The policy is that you keep up with 800 numbers for the programs so that you may follow-up with your request. We cannot guarantee how long programs take to consider your request.

Sample medications are often provided at initial treatment to see if certain medications will be helpful. We cannot guarantee that we will have samples of your medications, therefore, please do not depend on us to provide you with medication samples each month. If medication cost is of concern, please talk with your physician about your concerns.

#### **Cancellation and Missed Appointment Policy**

Scheduled appointment times are reserved especially for you. If an appointment is missed or it is cancelled with less than 48 hours notice, you will be charged \$50 missed fees. Your insurance company cannot be billed for fees associated with missed or cancelled appointments. Termination of care may be due to the consumer's own desire to leave treatment. We will send a letter to clients who "drop out" of treatment immediately after a missed appointment.

If you have been out of service for over 6 months, your chart will be closed.

### **Emergency Evacuation Procedures**

Posted in the lobby area, and offices, you will find maps of evacuation routes and evacuation procedures. These also include detail locations of fire extinguishers. You should make note of these documents in the event we were to have an emergency that required us to evacuate the office. Your safety is of utmost importance to us and if you have any emergency need, please notify the front desk immediately.

### **Tobacco Policy**

Smoking and use of any other tobacco product within the office is strictly prohibited.

### **Prohibition of Illegal/Illicit Drugs or Alcohol**

The possession, consumption, or distribution of illegal/illicit drugs or alcohol within this clinic is strictly prohibited.

### **Weapons Policy**

It is our intent to provide a safe environment that contributes to the treatment process. Therefore, guns, knives, and any other object whose purpose is to intimidate or cause bodily harm are prohibited from this office.

### **Seclusion or Restraint**

Our outpatient treatment program allows for open lines of communication and treatment privileges to all consumers. We will not use any type of seclusion or restraint to keep consumers from exiting or leaving the treatment facility.

### **Termination of Care**

You may terminate your care with your Provider at any time. Our goal is to provide services to patients until the patient and the psychiatrist feel treatment goals have been accomplished. We will only terminate treatment prior to completion when:

- I. the patient demonstrates his/her non-compliance to recommended and agreed upon treatment,
- II. the patient fails to abide by administrative policies and procedures, or
- III. the patient behaves in such a way as to negatively impact treatment, and only after reasonable remedies to correct the problem have been exhausted.

Reasons for termination can include, but are not limited to:

- Failure to follow treatment plan
- Non-compliance with medication
- Non-compliance with appointments
- Threats of violence towards a therapist, physician or administrative staff
- Inappropriate behavior toward a therapist, physician or administrative staff
- Failure to pay co-pay and/or charges for treatment
- Other areas that would negatively impact treatment as identified by the Provider

To regain access to treatment, consumers must file a complaint or grievance with the Provider who will determine the reinstatement of treatment on a case by case basis.

### **GRIEVANCES**

You may submit a Grievance at any time. To register a complaint about care, you may send the complaint directly to:

Sunita Gupta MDPC

370 Prospect Place, Alpharetta, GA 30005