

Office Policies

Thank you for choosing us. This Patient Agreement establishes guidelines for your participation in treatment with us. Please read the entire Agreement and if you have any questions, please ask us.

General Information

Office Hours:

- Monday-Thursday 7 AM to 12 PM and 1 PM to 4 PM. We are closed from 12 PM to 1PM for lunch.
- Friday from 7 AM to 12 PM

Patient policies

New patient policies:

All new patients must complete our new patient documents before seeing a provider. Identification and proof of insurance are required at the time of scheduling. It is the patient's responsibility to ensure that we are in network with your insurance at the time of the appointment and to update the office with new insurance information prior to your next appointment.

Following the initial evaluation, we will discuss our assessment with you and make recommendations regarding medication(s) and/or health. We may request information from your other healthcare providers before making a working diagnosis and/or treatment recommendations. We may require lab or other tests prior to starting you on a medication. If we determine medication is appropriate for your treatment, we will schedule follow-up sessions as indicated during treatment. In these sessions, we will monitor your response to the prescribed medication(s) and any side effects.

Adults:

If any family member is involved in your care and would like to be part of your treatment and you are agreeable, the family member must be with you during the visit.

- In the event there is legal guardianship of an adult, the court order must be provided prior to treatment.

Children or Dependents:

Initial evaluations for children involve a comprehensive assessment by a provider. We may also request information from your child's other health care providers or from their school before making a working diagnosis and/or treatment recommendations.

- A parent or guardian must be present at all appointments. The child must be present for all appointments whether virtual or in person.
- Depending upon the age of the child, it is common to meet with the child alone for a period of time during the appointment.

- If the parents of the child are separated or divorced, it is required that a copy of court orders regarding consent for psychiatric treatment be provided to our office prior to evaluation or treatment. If papers are not provided, the appointment must be rescheduled. Alternatively, both parents may attend and sign consent for treatment of the child.
- If the patient has a court ordered legal guardian, the court order must be provided prior to evaluation or treatment.

Scheduling regular follow-up appointments

- It is best to schedule a follow-up appointment at the time you are seen.
- Depending on the course of treatment, follow-up visits may be recommended in intervals of one week to six months.
- The relationship between you and your provider is a partnership and regular attendance at appointments is a critical part of your care. Although regularly scheduled visits with your provider may at times feel burdensome, this commitment helps assure that you receive high quality care.
- If you relocate to another state, please be aware that you will be required to find a new provider in that state. Please speak with your current provider to ensure you have a reasonable amount of medication to last until you are able to find a new provider.
- We are only able to send controlled medication prescriptions to pharmacies in Texas.

Arriving early for in person appointments

- It is important to monitor progress using scoring tools or questionnaires. These can be completed in person or electronically through the patient portal. Please arrive 10 minutes prior to your in-person appointment to update information and complete the necessary questionnaires.

Late arrivals, no show and late cancellation policy

- We make every possible attempt to keep to the appointed schedule and want to devote the time necessary to each of our patients. If you arrive late for a scheduled appointment and your provider determines there is not enough time remaining, your provider will request that you reschedule your appointment. If you arrive after the majority of your appointment time or if your appointment time has passed, you will be considered a no-show and a fee of \$25.00 will apply.
- If you must reschedule an appointment, it is necessary to provide greater than 24 hours' notice or the fee of \$25.00 will apply. New patient appointments must be canceled greater than 48 hours before the appointment, or a \$100.00 fee will apply.
- Please be advised that after you no-show or late cancel three (3) scheduled appointments, we may consider terminating our relationship with you.
- We do reminders as a courtesy only. If you do not receive the reminder, you are still responsible for keeping your appointment.

Telehealth

- Telehealth laws and requirements are continuously changing.
- At this time, we continue to offer telehealth services, although it may be necessary to attend periodic in person appointments for monitoring of vital signs and visual monitoring for side effects. Your provider will let you know if your next appointment will be in person or virtual.
- All telehealth appointments must include both audio and visual communication. We are unable to complete appointments over the telephone.
- Our providers are not able to provide services across state lines. Due to this, we are unable to conduct the appointment if you are not physically in the state of Texas at the time of the appointment. If you are not in Texas at your scheduled appointment time, please contact the office to reschedule your appointment.
- If you relocate to another state, please be aware that you will be required to find a new provider in that state. Please speak with your current provider to ensure you have enough medication to last until you are able to find a new provider.
- There are Drug Enforcement Agency (DEA) rules that apply to prescribing of controlled substances via telehealth. We will make every effort to keep you apprised of changing requirements and laws.

Speaking to a Provider outside of an appointment

If you or a family member wants to speak to a provider outside of a scheduled appointment, you will need to schedule an appointment so the provider can dedicate the time specifically to you or your family member as our providers are booked out in advance and have other appointments scheduled back-to-back. If a family member needs to speak to a provider, they are expected to be with the patient during the appointment and must have the patient's consent.

- Please ensure that you discuss all questions or concerns with your provider at your scheduled appointment.
- Medication changes must be made within an appointment. You are encouraged to make appointments for new concerns or medication changes. Please contact the office to schedule an appointment.

Confidentiality

We adhere to a strict confidentiality policy, however there are some mandatory exceptions:

- If there is a threat to the safety of others, we will be required by law to take protective measures, including reporting the threat to the potential victim, notifying police, and seeking hospitalization
- When there is a threat of harm to yourself, we may require you to seek immediate hospitalization, and will likely seek the aid of your emergency contact to ensure your safety
- If a mental illness prevents you from providing for your own basic needs such as food, water, or shelter, we will be required to disclose information to seek hospitalization.

Privacy notice

- Health Information Exchanges (HIEs) allow health care providers to share and receive information about their patients, which assists in better coordination of patient care. We may participate in HIEs that may make your health information available to other providers, health plans, and health care clearinghouses for treatment, payment or health care operations purposes. We may also receive your health information through an HIE from other providers who have provided you with medical care. Participation in HIEs are voluntary, and you have the right to opt out of these HIEs at any time by completing and submitting an opt out form to us.
- Please note that although certain disclosures described above do not require your prior authorization under HIPAA, under Texas law, we cannot make certain disclosures listed above unless you authorize the disclosure or the requesting party submits to you and us a signed, written request. Moreover, additional limitations exist with respect to our ability to re-disclose certain records that we receive from outside providers.

Emergency Care

- We do not provide services for an emergency or crisis. It may take us up to 5 business days to respond to questions and appointments may not be readily available. In the event of emergency or crisis, please call 911 or go to the nearest hospital emergency room.
- If it is determined that the patient needs a higher level of care, they will be referred.
- If your provider makes a recommendation for you to be hospitalized, you may go to the hospital of your choosing. We cannot guarantee that a bed will be available at the hospital you choose or that we recommend. If you or your family member is at an inpatient hospital, we may not be notified about your care. If you have questions about patients or family members admitted to a hospital, please contact the hospital for updates.
- Please notify the office of urgent matters. Upon calling the office, if a provider determines that you need to be seen urgently, you will be offered an appointment. If there are no available appointments, you will be directed to the nearest hospital emergency room.

Updating Information

- It is the patient's responsibility to ensure that we are in network with your insurance at the time of the appointment and to update the office with new insurance information prior to your next appointment.
- If we are not provided this information in a timely manner, you will be required to pay in full.
- Please ensure you update any changes to your information in a timely manner (home address, phone number, preferred email address, preferred pharmacy).

Communication from the Practice

- By providing us with your phone number or email address (contact information), you consent to communication via those methods. You understand that email or text may be an insecure form of communication and you expressly consent and authorize us or any affiliates or contractors to contact you via phone call (through the use of any dialing equipment such as artificial or pre-recorded voice technology and/or automated telephone dialing systems), text messages, and/or emails concerning your care, such as appointment reminders or payment related messages. Messages may contain: our name or the name of your provider, location of the appointment, name of the patient, and date and time of the appointment. You have the right to revoke permission to use your contact information, in writing, at any time in the future.

Social Media

- Messaging on social networking sites such as Twitter, Facebook, or LinkedIn is not secure and could compromise your confidentiality. It may also create the possibility that this communication could become part of your legal medical record and will need to be documented and archived in your chart.

Recording sessions

- You are not allowed to record sessions or providers/clinicians under any circumstances

FMLA and Disability

- Our office does complete paperwork for FMLA at the sole discretion of the provider. There is a \$50 fee for completion of the forms with a 5-7 day turnaround.
- Our office does not accept patients seeking treatment for the sole purpose of obtaining disability benefits

Letters for other matters

- Letters written by our providers will carry a fee appropriate to the time and effort needed to write the letter. Same day letters are not available. Costs will range \$25-\$100.

Request for medical records

- We recommend requesting a records review during an appointment specific to this issue so there is no misinterpretation of medical terms.

- The cost of providing records is \$25.00 for pages 1-50. Each additional page is \$0.50.
- If you transfer care or if your primary care provider would like to review records, please fill out a consent for release at their office and have their office submit the request. Records will be forwarded to the provider.

Payment Policies and Insurance Plans

- We may require a debit or credit card be kept on file with our office
- You can be helpful in preserving our ability to provide services to you under your insurance plan by making certain that you track the timely payment of your claim. **If you do not receive an explanation of benefits (EOB) from your insurance company within 30 days from the date of your appointment, you should call them to check on the status of your claim.** If you receive an EOB, but it shows no payment was made to us, you need to call your insurance company.
- Co-payments and deductibles: All co-payments and deductibles must be paid in full prior to the time of service. Failure on our part to collect co-payments and deductibles can be considered fraud. Please help us to comply by paying your deductibles and co-payments at each visit. If you are not able to pay your co-pay or deductible, you may be asked to reschedule your appointment, or we can refer you to a community mental health facility.
- It is your responsibility to ensure your insurance is updated with our office. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.
- You should verify that any referrals made to other providers or for lab work or testing is covered by your insurance plan prior to seeking those services.
- Your insurance coverage is a contract between you and your insurance company. It is your responsibility to know your insurance benefits. Please contact your insurance company with any questions you may have regarding your coverage. We file claims with insurers as a courtesy to our patients. As a courtesy, we will also verify insurance coverage before every visit. However, the information provided by your insurance is only an estimate of your benefits; you might have a credit or a balance due to us from time to time as a result. To submit your claims and assist you to help get your claims processed, we must receive all the information necessary to bill. If the information is not supplied in a timely manner, you will be billed, and payment in full will be your responsibility. If your insurance company does not pay your claim in 30 days for any reason, the balance will automatically be billed to you. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their requests. The balance due for services is your responsibility without regard to whether your insurance company pays your claim. If you fail to provide us with correct and complete insurance information in a timely manner, you may be responsible for the full cost of your treatment.
- **Non-payment:** If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you/your dependent may be discharged from this practice. If this occurs, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. If you are not able to pay your co-pay or deductible, you may be asked to reschedule your appointment, or we can refer you to a community mental health facility. There will be a \$30.00 fee assessment for returned checks for non-sufficient funds, stop payments, and account closure, and checks will no longer be accepted as a form of payment for your account.

- **Prior Authorizations:** We are not responsible for obtaining prior authorization for medications or appointments, except as otherwise required by third party payer requirements.

Cash Rates: (Fee Schedule):

Type of Appointment or Service	Appointment length	Fee
Initial or complex visit	30 minutes	\$120.00
Follow-up or single issue visit	15 minutes	\$60.00

*If our fees increase, we will provide you with a thirty-day notice to alert you to the change.

Legal proceedings

In the event our providers are subpoenaed for deposition or trial testimony, there will be a retainer of \$5,000 and a fee of \$1,000 per hour with a minimum of 4 hours of time. We also require payment of any associated expenses payable within 72 hours of the notice of deposition or service of subpoena.

Requests for Substance Use Disorder Treatment

- We do not provide treatment for substance detoxification, acute withdrawal, or medication assisted treatment in an outpatient setting.
- Consequently, if necessary, you may be required to be admitted to inpatient treatment at a hospital or referred to an appropriate outpatient facility. If you require substance use disorder treatment, please reach out to your insurance plan for assistance in finding an appropriate treatment provider or facility.

Medications

- Medication prescriptions and refills will be handled during business hours only. We only accept refill requests from the patient. You must contact us directly for refills. Please allow 48-72 business hours for completion of all refill requests.

- **Controlled substance medications will NOT be refilled early regardless of whether they are lost, stolen, or misused, etc...**
- You understand that we will request and use your prescription medication history collected from other healthcare providers, third-party payers (i.e., my insurance company), the Board of Pharmacy Controlled Prescription Monitoring Program, and pharmacies for the purposes of treatment.
- There are Drug Enforcement Agency (DEA) rules that apply to prescribing of controlled substances via telehealth. We will make every effort to keep you apprised of changing requirements and laws.
- We are only able to send prescriptions to pharmacies in Texas.

To ensure the best response to any prescribed medications, please observe the following:

- Always notify your provider of any side effects or problems with medications you are experiencing.
- Never stop or change the dose of a medication without first discussing it with your provider.
- Suddenly stopping medication can cause medical problems. For this reason, do not allow yourself to run out of medication or stop a medication without consulting with us.
- If you need a refill before your next scheduled appointment, please call our office one week prior to running out of your medication.
- Keep your scheduled appointments. Although your provider will prescribe you adequate medication until your next visit, canceled or missed visits can prevent you from having enough medication and make it difficult for your provider to monitor your progress and any complications.
- If you cancel or miss a visit, be sure to reschedule your next visit before you run out of medications.
- If you are on controlled medications, your provider may request to see you once every month for an appointment.

Off Label Use of Medications

As a reminder, some of the medications we utilize for symptoms are considered off-label, but frequently used as standard of care. Please ask any questions you have about your medications.

Lab Work and Vital Signs

Due to the nature of many of our medications, we must be diligent in getting vital signs, updated lab work, and visual monitoring for medication side effects to ensure safe care.

Drug Testing

There may be times when your provider requests a urine drug screen or drug screen utilizing saliva.

Dismissal from the Practice

A good relationship between the provider and patient is essential for quality care. There are times when this relationship is no longer effective, and the provider finds it necessary to ask the client to select another provider.

If you are “dismissed” from the practice it means you can no longer schedule appointments, get medication refills, or consider us to be your provider. You will need to find a provider in another practice. Common

Reasons for Dismissal:

1. Repeated missed appointments
2. Not following treatment recommendations
3. Abusive behavior toward office staff
4. Misuse/Abuse of prescribed medications
5. Obtaining duplicate prescriptions from multiple prescribers
6. We cannot provide the level of care necessary to meet your needs
7. Non-payment of account

Dismissal Process: We will send a letter to your last known address, via certified mail, notifying you that you are being dismissed. If you have a medical emergency within 30 days of the date on this letter, we will see you, subject to our ability to schedule an appointment. After that, you must find another provider. We will forward a copy of your medical record to your new provider after you let us know who it is and sign a release form.

I/We have read this disclosure and agree to the terms described above.

Patient or Account Responsible Signature

Date