

Practice Expectations, Office Policies & Patient Bill of Rights

(Updated for January 1, 2024)

Welcome to Space Coast Psychiatry. Please read and acknowledge your understanding of our Office Policies.

Office Hours (Subject to change)

Currently, the office is open Monday to Wednesday 9 am to 5 pm. Starting in February 2024, our office hours will be Monday to Thursday from 11 am to 5 pm. Messages may be left after hours for urgent matters. Voicemails will be reviewed, and if deemed Urgent, a Telehealth session may be arranged to address treatment needs. Refill requests are NOT urgent. Non-urgent matters will be addressed at the MD's discretion or on the next business day.

Patient Portal

We are using a Patient Portal system associated with ICANOTES that will allow each client access to treatment, appointment reminders, forms, telehealth sessions and communication with the staff. Our staff will coordinate your access to the system.

Appointments

Depending upon the staff's discretion, appointments may be face-to-face or via telehealth.

Telehealth appointments will be offered via a HIPPA compliant Telehealth platform. You will receive an invitation via email or text prior to your appointment. You will be expected to sign on at least 5 minutes prior to your appointment time. This year we will be able to complete any paperwork, submit payment, schedule the next appointment and have your session with Dr. Llinas all at the same time. Ultimately, it is your responsibility to arrange for payment and the follow-up appointment.

If you are unable to make your appointment, please contact us *immediately* and our staff will attempt to reschedule your appointment. Late cancellations (with less than 24-hour notice) or any missed appointment, will be charged a **\$200 fee**, as this time has been dedicated to you. You can leave a message about a cancellation at any time. Appointments missed due to an emergency or illness will require documentation in order to waive this fee. Due to the high demand for appointments, "not showing" for an appointment may result in discharge from the practice permanently.

All minors (under the age of 18) **must** have a parent or legal guardian available so that decisions about treatment issues can be made. Please contact our office ahead of the scheduled appointment time to discuss any situations where this may not happen. Our office reserves the right to reschedule an appointment if a parent or legal guardian is not available. If a parent that does not attend the appointment, then requests a call from Dr. Llinas to discuss care, a private pay fee of \$200 will be collected. ***We recommend that all parents or legal guardians arrange to attend all appointments.***

Due to time constraints, we will not allow other providers (i.e., counselors, therapists, school officials, etc.) to attend regularly scheduled appointments with a patient or parent/legal guardian. Special arrangements must be made prior to an appointment, if this service is needed.

Working together is our priority. If at any time you, or your parent/guardian, fail to attend appointments regularly, become non-compliant with treatment recommendations, choose to discontinue treatment without discussing this plan with the doctor, or fail to pay your bill, you may be discharged from the practice and not be allowed to return. We will forward your records to another provider of your choice with a properly executed Authorization to Release Information.

Dr. Llinas will not willingly participate in any court proceedings. This can interfere with the therapeutic relationship. If you, or a parent/legal guardian, is in need of this service, our office will assist you to locate a forensic provider. Please discuss any situations with Dr. Llinas, *openly and immediately*, to avoid being

discharged from Space Coast Psychiatry. If, in the event that Dr. Llinas must participate in legal proceedings, a fee will be assessed at **\$400 per hour**, minimum of 1 hour.

Confidentiality

All information between Psychiatrist/Therapist and Client is held strictly confidential UNLESS:

1. The Client authorizes a release of information with his/her signature.
2. A Court order signed by a Judge.
3. The Client presents a physical danger to self.
4. The Client presents a danger to others.
5. Child/Elder abuse/neglect are suspected.
6. In order to improve the quality of care, it may be necessary for professionals working at Space Coast Psychiatry to discuss information regarding your case.

In cases 4 and 5, we are required by law to inform the potential victims and legal authorities so that protective measures can be taken. If information is obtained via Telehealth, a home wellness call will be initiated.

Financial Terms:

All co-pays, co-insurances and deductibles will be collected at the appointment time. If an account balance occurs, it must be paid at the next appointment or within 30 days of receiving a statement from Space Coast Psychiatry. The office manager is available to discuss payment plans, if needed.

We will be using a payment request system at times which will allow us to contact you via email or SMS text to request payment if there is a balance due on your account.

We will attempt to verify your health plan/insurance coverage and policy limits. We will attempt to submit claims to your primary insurance carrier on your behalf, only if Space Coast Psychiatry/Dr. Llinas is an “in-network” provider. By signing below, you give Space Coast Psychiatry permission to release information to your insurance company to process claims and authorizations.

Secondary insurance will not be billed. You are responsible to pay any copays, deductibles and/or co-insurance for your primary insurance. You may request documentation to submit to your secondary insurance, once the primary EOB is received at our office. Please contact the office manager to make this request after you have received your EOB.

If your insurance changes, please make sure that you update your information with the office. If you are not eligible at the time services are rendered, you are responsible for full payment of the service at the private pay rate.

If a check is returned for insufficient funds, you will be given 10 business days to rectify your account. A \$25 service fee will also be assessed. All future payments will have to be made via cash, money order or credit/debit card.

If an account becomes delinquent for more than 60 days, and efforts have been made to collect payment, you will be discharged from Space Coast Psychiatry, Inc. Please bring any financial concerns to the attention of the MD or Office Manager.

Prescriptions

Dr. Llinas’ primary role in your care will be medication management. He will work closely with you to monitor the effectiveness of your medications. We ask that you take your medication only as prescribed, and that you communicate any problems or side effects to your doctor, as soon as possible. Messages can be left 24/7 at our office for these issues.

Dr. Llinas will be providing prescriptions via paper or electronically. As a patient, you understand and agree for Dr. Llinas and staff to monitor your medication history. Dr. Llinas attempts to provide you with enough medication to last until your next scheduled appointment. If circumstances arise that you will run out, we ask that you contact us during office hours, and in a timely fashion. It may take up to 72 hours to complete the process.

Some medications may require a Prior Authorization. We will work with your insurance to obtain these as soon as possible. Please have your pharmacy fax us notice for a prior authorization. It can take between 3 to 30 days for the process to be completed depending on your insurance.

Some medications are considered “controlled substances”. Depending on your treatment plan, you may be provided up to 3 prescriptions to cover the 3 months between required appointments. The law requires you to see the doctor every 3 months for continued medical assessment. These prescriptions are date limited and will expire. You will need to submit these to your pharmacy in a specific order. *If you reschedule or miss an appointment, these medications will not be refilled until you are seen by the doctor.*

For all other prescriptions, if you miss an appointment due to a “no show”, “late cancellation”, or patient/parent requests to reschedule, there will be a \$50 fee for each prescription refill requested. Fees will only be waived for “documented” emergencies or illnesses.

Letter Request/Forms Completion

We understand there may be a need to request a letter from the doctor or a form to be completed. If approved, a \$25-\$50 fee will be assessed depending on the amount of time necessary to complete. Please allow up to two (2) weeks for your request to be completed. Payment is expected upon completion. Completed forms will be uploaded to the Patient Portal for you to access.

If you have any questions, comments or concerns, please feel free to ask the doctor or the office manager at your appointment. You can also contact us at (321) 613-5595.

Patient's Bill of Rights and Responsibilities

Section 381.026, Florida Statutes

A PATIENT HAS THE RIGHT TO:

- Be treated with courtesy and respect, with appreciation of his or her dignity, and with protection of privacy.
- Receive a prompt and reasonable response to questions and requests.
- Know who is providing medical services and is responsible for his or her care.
- Know what patient support services are available, including if an interpreter is available if the patient does not speak English.
- Know what rules and regulations apply to his or her conduct.
- Be given by the health care provider information such as diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- Refuse any treatment, except as otherwise provided by law.
- Be given full information and necessary counseling on the availability of known financial resources for care.
- Know whether the health care provider or facility accepts the Medicare assignment rate, if the patient is covered by Medicare.
- Receive prior to treatment, a reasonable estimate of charges for medical care.
- Receive a copy of an understandable itemized bill and, if requested, to have the charges explained.
- Receive medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
- Receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- Know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such research.
- Express complaints regarding any violation of his or her rights.

A PATIENT IS RESPONSIBLE FOR:

- Giving the health care provider accurate information about present complaints, past illnesses, hospitalizations, medications, and any other information about his or her health.
- Reporting unexpected changes in his or her condition to the health care provider.
- Reporting to the health care provider whether he or she understands a planned course of action and what is expected of him or her.
- Following the treatment plan recommended by the health care provider.
- Keeping appointments and, when unable to do so, notifying the health care provider or facility.
- His or her actions if treatment is refused or if the patient does not follow the health care provider's instructions.
- Making sure financial responsibilities are carried out.
- Following health care facility conduct rules and regulations.