

Practice Expectations, Office Policies 2022 & Patient Bill of Rights

(Updated for January 1, 2022)

Welcome to Space Coast Psychiatry. We are here to provide you with the best care possible in a safe environment. In order to do this, we ask that you read and understand our Office Policies which incorporates a COVID-19 procedure and Telehealth Services.

Office Setting

Our office is open and SCP has arranged the office to reflect social distancing guidelines. We also request that upon entering the office, that all clients and family members wear a mask and use hand sanitizer. The staff will maintain disinfecting procedures of the office between clients. The flow of traffic has also been altered to decrease the likelihood of contact between family units.

We are using a Patient Portal system that will allow each client access to treatment, forms 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.

Appointments will be offered via a HIPPA compliant Telehealth platform, as long as insurance will continue to cover this service or if you choose this platform via private pay arrangement. The staff at Space Coast Psychiatry will contact you prior to your appointment to confirm how you wish to receive an appointment link, text message or email. A link will be sent, and we ask that you log onto the platform approximately 5 minutes prior to your scheduled appointment time and wait to connect with your provider. The staff will also coordinate payment and schedule a follow-up appointment via phone either prior to or immediately following your scheduled appointment. Your assistance in making this process run smoothly is greatly appreciated.

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 will be collected. ***We recommend that all parents or legal guardians arrange to attend all appointments, if you want to be involved in treatment.***

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.

Confidentiality

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

1. The Client authorizes 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 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 insurances 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 and possibly electronically this year. 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.

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.

We look forward to continuing to work with you during these unprecedented times. 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.