

PACIFIC BIOBEHAVIORAL GROUP

DR. SEMA BAYLA
DR. WILLIAM E. CHERRY
DR. R. ALEX MORALES
DR. SAUL WASSERMAN

OFFICE POLICIES

Please carefully review the office policies to avoid any misunderstandings. Please initial each page and sign and date this form indicating that you understand and agree to the policies. Our staff will be happy to answer any questions you might have.

CONTACT INFORMATION

Drs. Bayla, Cherry, Morales, and Wasserman have individual phone numbers, which you may access as follows:

Dr. Bayla	408-358-7210
Dr. Cherry	408-358-7028
Dr. Morales	408-358-7033
Dr. Wasserman	408-358-7026

The administrative office can be reached at 408-358-7034.

Routine, or non-emergent, messages may be left at these numbers. Each doctor will have directions about how to reach them for an urgent issue.

EMERGENCY

If you have an emergency requiring immediate attention, you should call 911 or go to the nearest emergency room.

MEDICAL RECORDS

You will be asked to sign a *Consent to Release* records any time your records are requested. After receipt of the signed consent form, we will send the records to another practitioner of your choice. Alternately, your doctor may offer to review your records with you in the office. Please note there is a \$35 fee for medical records.

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CONFIDENTIALITY CONSENT FOR TREATMENT

Confidentiality is of the utmost importance. Your information will not be shared without your authorization, with the exception of the examples shown below.

Aside from emergency situations, information about your care can only be released with your written permission. Additionally, as a condition of your insurance coverage, insurance companies sometimes require information about your care. Information may include the type of service, dates/times of service, diagnosis, treatment plan, description of symptoms, medical/mental status, progress since care began, case notes, or written summaries.

The following instances are some examples of circumstances where disclosure is required by law:

- 1) If a client is gravely disabled.
- 2) If there is a reasonable suspicion of child, dependent, or elder abuse or neglect.
- 3) If the client presents a danger to self or others.
- 4) Doctors are mandated reporters, meaning that they are required by law to report any suspicion of abuse toward a child or vulnerable adult (recent, present, or threat in the future) to the appropriate social service or legal authority.
- 5) If the client discloses intentions to harm another person, the mental health professional is required to warn the intended victim and report the information to the legal authorities.

Disclosure may be required by a legal entity request ordering the doctor to comply with the submission of medical records. Psychotherapy notes are generally protected, unless you initiate the status of your mental health in a litigation process.

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REFUSAL OF SERVICES/TERMINATION OF CARE

Dr.'s Bayla, Cherry, Morales, and/or Wasserman will discuss your treatment plan with you. We recognize that patients (and their guardians) have the right to refuse treatment, including discontinuing medication and/or psychotherapy. In order to treat you effectively, the expectation is that you will adhere to the treatment plan for both medication and psychotherapy as determined by your doctor.

If the patient becomes noncompliant or the patient/guardian ceases to pay for services, we reserve the right to terminate services. In this case, you will be notified in writing of your doctor's intent to discontinue your treatment. You will be given a minimum of thirty (30) days to find another practitioner to take over your treatment.

ELECTRONIC MAIL (EMAIL)

Drs. Bayla, Cherry, Morales, and Wasserman DO NOT use email as a form of communication for clinical issues. Email should never be used for urgent or emergency issues. EMAIL IS NOT A CONFIDENTIAL MEANS OF COMMUNICATION.

EXCLUDED CONDITIONS AND COVERAGE

We do not participate with Worker's Compensation or EAP (Employee Assistance Program). EAP and Worker's Compensation

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CANCELLATION AND NO-SHOW POLICY

If you are unable to make your appointment, Drs. Bayla, Cherry, Morales, and Wasserman require twenty-four (24) hours notice. If you do not give twenty-four (24) hours notice or do not show up, you will be charged as follows:

Out-of-Network patients: The full cost of the session
In-Network insurance patients: The contracted rate for that session

If you have an appointment on Monday, please call on Friday to cancel your appointment. Payment for a late or non-cancelled visit is the responsibility of the patient. Insurance companies do not reimburse for missed visits. Frequent and/or persistent cancellations and no-shows may result in termination of treatment.

CHANGES TO THESE POLICIES

We reserve the right to revise or change provisions to these policies. A copy of the changes will be available in the office as soon as they become effective.

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Please review and initial where indicated, signifying your understanding and agreement with the policy.

_____ I understand that payment must be made at the beginning of each session. If payment is not made at that time, the credit card I have supplied to keep on file will be charged.

_____ I understand that if I am subject to a deductible for my insurance, the amount that the insurance company has determined is my responsibility may be charged to my credit card.

_____ I understand that some services, such as letters to attorneys, employers, and schools, discussions with other providers, telephone conversations with me, completion of disability forms, prescriptions outside of appointments, reports, etc., are not covered by my insurance. I understand that there may be a fee associated with these services and that they are my responsibility to pay.

_____ I understand that my credit card may be charged for missed appointments and late cancellations of less than twenty-four (24) hours. I understand that my insurance carrier will not reimburse me for these charges.

Card Type (please check one): Visa MasterCard American Express

Card # _____

Expiration Date: _____

Name on Card: _____

Verification/Security Code (3 digit code on the back of card or 4 digits on front of AMEX): _____

Billing Address (Street, City, State, and Zip):

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Financial Responsibility

Dr.'s Cherry, Morales, and Wasserman are contracted with Blue Cross, Aetna, Magellan, MHN, and Optum (UBH/UHC).

Dr. Bayla is contracted with Blue Cross, Aetna, Magellan, MHN, Valley Health Plan, Medicare, and Lyra.

If you are with a contracted provider, we will bill your insurance company on your behalf. You are expected to pay your copayment and/or coinsurance at the time of service. If you are with an out-of-network carrier, or are uninsured, you will be expected to pay the full fee at the time of service. It is your responsibility to understand your mental health benefits prior to your initial evaluation. Our staff is happy to help you with any questions concerning your coverage.

It is your responsibility to notify the office if your insurance has changed or is terminated. If we are not given insurance change information in a timely manner, claims will be denied and you will be responsible for payment.

A copy of our fee schedule is attached. Your signature on this document signifies that you acknowledge receipt of the fees.

Coordination of Treatment

Psychiatric medications can be used in conjunction with psychotherapy to treat many conditions. Sometimes a psychiatrist will offer both services. Other times the psychiatrist will offer strictly medication management while the patient is provided psychotherapy services by a therapist. Drs. Bayla, Cherry, Morales, and Wasserman will work with you to ensure you are provided with the best options for treatment.

SIGNATURE OF UNDERSTANDING AND ACKNOWLEDGEMENT OF RECEIPT OF OFFICE POLICIES

NAME OF PATIENT (Please print)

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PATIENT RIGHTS/HIPAA AUTHORIZATION

If you have any questions or need clarification, please ask your doctor or the office staff to explain it to you. You have the right to revoke or cancel this authorization at any time. Any information which has already been shared prior to revocation, is exempt from this clause. If you would like to revoke or cancel this authorization, please address it to your doctor and submit it in writing to 2516 Samaritan Drive, Suite G, San Jose, CA 95124.

****Psychotherapy Notes** have special protections under HIPAA. All **Psychotherapy Notes** by a mental health professional must be filed separately from the rest of the client's medical records. HIPAA defines **Psychotherapy Notes** as notes recorded by a health care provider who is a mental health professional documenting a private counseling session and should be kept separate from the rest of the individual's medical records. The following items are excluded from **Psychotherapy Notes**:

- 1) Medication prescription and monitoring
- 2) Session start and stop times
- 3) Frequency of treatment and modalities
- 4) Results of clinical tests
- 5) Summaries of diagnoses, functional status, treatment plan, symptoms, prognosis, and progress to date.

If a client specifies a request for **Psychotherapy Notes** to be released to a third party, they must sign a separate authorization to release the notes. You have the right to review the record within ten days of your request. If you would like to review the records, please make a regular appointment with your doctor to go over them in the office together.

Signature: _____ Date: _____

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RATE SHEET

If you do not have insurance, or the doctor is out-of-network, you will be asked to pay at the time of service. We will be happy to give you a super-bill to submit to your insurance company for direct reimbursement.

Most commonly used codes:

Dr. Bayla:

Initial Evaluation	\$250.00
50 Minute Follow-up	\$200.00
30 Minute Follow-up	\$175.00

Dr's Cherry, Morales, and Wasserman:

Initial Evaluation	\$500.00
20 Minute Follow-up	\$325 - \$400
50 Minute Follow-up	\$425 - \$500
60 Minute Follow-up	\$500 - \$575

Prior-Authorizations	\$35.00
Prescriptions (not in session)	\$25.00

All Doctors:

Medical Records	\$35.00
Late and Non-canceled visits	Full amount of the visit (If covered by insurance, contracted rate)

Reports	To Be Determined
Phone Calls (phone calls are not covered by insurance)	To Be Determined