

Practice Policies

Welcome!

Agreement to the following terms and conditions is required for the patient ["you" or "your"] to receive services from Grover MD Psychiatry or Douglas Grover, MD ["provider" or "me" or "I"]. If you do not agree, I will be glad to give you referrals to other providers.

Clinical services

You are providing consent to receive a comprehensive diagnostic assessment. At the end of the evaluation, we will mutually decide if we will continue treatment together. If you are in a life threatening medical and/or psychiatric emergency or are a threat to public safety, you agree to call 911 immediately or go to the nearest emergency room. For non-life-threatening inquiries please feel free to reach me anytime between {8am and 8pm} by {phone, email, or messaging}. Please know I will do everything I can to respond as soon as possible. You can expect a response within 24 to 48 hours.

Note that I do not have admitting privileges while providing services through Grover MD Psychiatry. Should I deem more intensive services are needed than I can provide, I will do my best to ensure safety and obtain the appropriate level of care, but I cannot provide that care directly and cannot guarantee the receipt or quality of care that others provide.

All communication and clinical treatment will be documented in the patient chart. Both the law and the standards of the profession require such. You are entitled to receive a copy of these records unless I believe that seeing them would be emotionally damaging. If this is the case, I will be happy to provide the records to an appropriate mental health professional of your choice or to prepare an appropriate summary instead. Because client/patient records are professional documents, they can be misinterpreted and can be upsetting. If you wish to see the records, it is best to review them with me so that we can discuss their content.

If you are seeing me for medication management:

- You agree to contact your therapist first (if applicable) for any psychiatric emergency or crisis, unless it is related to medication. If the emergency or crisis is related to medication, you agree to contact me immediately. HOWEVER, if you are experiencing a life threatening medical and/or psychiatric emergency, you agree to dial 911 or go to the nearest emergency room.
- You agree to inform me if you are considering stopping therapy, or have stopped
- You agree to see me in person or via telemedicine video conferencing at LEAST once per month for the first three months. After the first three months, you agree to see me in person or via telemedicine video conferencing at LEAST once every three months.



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If you are being prescribed a schedule II or schedule III medication:

- You agree to see me in person or via telemedicine video conferencing at LEAST once every two months (unless otherwise determined by me).
- Schedule II or schedule III medications will not be prescribed unless you are seen.
- If a refill is needed for a Schedule II or Schedule III medication prior to your visit, there will be a \$35.00 refill fee charged to your credit card on file

Telemedicine & Electronic Prescribing

In compliance with federal and state law, all patients prescribed scheduled medications must be seen IN-PERSON AT LEAST ONCE per year to continue receiving prescriptions.

Definition of Controlled Substance Schedules

Drugs and other substances that are considered controlled substances under the Controlled Substances Act (CSA) are divided into five schedules. An updated and complete list of the schedules is published annually in Title 21 Code of Federal Regulations (C.F.R.) §§1308.11 through 1308.15. Substances are placed in their respective schedules based on whether they have a currently accepted medical use in treatment in the United States, their relative abuse potential, and likelihood of causing dependence when abused. Some examples of the drugs in each schedule are listed below.

Schedule I Controlled Substances

- Substances in this schedule have no currently accepted medical use in the United States, a lack of accepted safety for use under medical supervision, and a high potential for abuse.
- Some examples of substances listed in Schedule I are: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), peyote, methaqualone, and 3,4-methylenedioxymethamphetamine ("Ecstasy").

Schedule II/IIN Controlled Substances (2/2N)

- Substances in this schedule have a high potential for abuse which may lead to severe psychological or physical dependence.
- Examples of Schedule II narcotics include: hydromorphone (Dilaudid®), methadone (Dolophine®), meperidine (Demerol®), oxycodone (OxyContin®, Percocet®), and fentanyl (Sublimaze®, Duragesic®). Other Schedule II narcotics include: morphine, opium, codeine, and hydrocodone.
- Examples of Schedule IIN stimulants include: amphetamine (Dexedrine®, Adderall®), methamphetamine (Desoxyn®), and methylphenidate (Ritalin®).
- Other Schedule II substances include: amobarbital, glutethimide, and pentobarbital.



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Schedule III/IIIN Controlled Substances (3/3N)

- Substances in this schedule have a potential for abuse less than substances in Schedules I or II and abuse may lead to moderate or low physical dependence or high psychological dependence.
- Examples of Schedule III narcotics include: products containing not more than 90 milligrams of codeine per dosage unit (Tylenol with Codeine®), and buprenorphine (Suboxone®).
- Examples of Schedule IIIN non-narcotics include: benzphetamine (Didrex®), phendimetrazine, ketamine, and anabolic steroids such as Depo®-Testosterone.

Schedule IV Controlled Substances

- Substances in this schedule have a low potential for abuse relative to substances in Schedule III.
- Examples of Schedule IV substances include: alprazolam (Xanax®), carisoprodol (Soma®), clonazepam (Klonopin®), clorazepate (Tranxene®), diazepam (Valium®), lorazepam (Ativan®), midazolam (Versed®), temazepam (Restoril®), and triazolam (Halcion®).

Schedule V Controlled Substances

- Substances in this schedule have a low potential for abuse relative to substances listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotics.
- Examples of Schedule V substances include: cough preparations containing not more than 200 milligrams of codeine per 100 milliliters or per 100 grams (Robitussin AC®, Phenergan with Codeine®), and ezogabine.

PLEASE NOTE: NO SERVICES WILL BE PROVIDED UNTIL PAYMENT IS MADE IN FULL. NO EXCEPTIONS.

If you are seeing me for psychotherapy ONLY:

- You agree to contact me for any emergency or crisis, unless it is medication related. If the emergency or crisis is related to medication, you agree to contact the provider who is prescribing the medication first. HOWEVER, if you are experiencing a life threatening medical and/or psychiatric emergency, you agree to dial 911 or go to the nearest emergency room.
- You agree to inform me if you are considering stopping therapy, or have stopped
- You agree to see me in person or via telemedicine video conferencing as you prefer. There is no follow up requirement if you are seeing me for psychotherapy ONLY.

I reserve the right to STOP or DISCONTINUE prescribing any medication(s) for any of the following reasons at any time:

- The policies outlined above are violated
- Based on my professional and clinical judgement, there is a medical or psychiatric contraindication that necessitates stopping or discontinuing any medication(s)



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- Continuing any medication(s) pose(s) a significant risk to your physical or mental health that is not outweighed by potential benefits.
- Based on my professional and clinical judgement, there is suspicion of abuse or diversion of medications prescribed for you.

Risks and Benefits of Psychotherapy

Psychotherapy has both benefits and risks. Possible risks include the experience of uncomfortable feelings (such as sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness) or the recall of unpleasant events. Potential benefits include a reduction in feelings of distress, better relationships, better problem-solving and coping skills, and resolution of specific problems. Given the nature of psychotherapy, it remains an inexact science and no guarantees can be made regarding the outcome.

Confidentiality:

There is no guarantee of confidentiality under the following conditions:

- If I suspect you are in imminent danger of harm to self or others, or a child or elderly person is being abused or neglected (as I am a mandated reporter).
- If a court orders a release of information
- If you initiate a malpractice lawsuit, or a billing dispute with a financial institution
- If you pay by credit card, my name will appear on your credit card statement
- If you do not pay your bill, your balance due statement (including diagnostic and procedural codes) may be sent to a collections agency or other responsible party
- Between me and my administrative staff
- With your written permission only: between colleagues with whom I consult professionally.
- If you use text messaging or email to contact me or my Administrative Assistant which is NOT a HIPAA Compliant means of communication
- If you call me or my Administrative Assistant by phone which is NOT a HIPAA Compliant means of communication

No Surprise Billing Statement

Douglas Grover MD provides a FEE-FOR-SERVICE model of care

- Dr. Douglas Grover isn't in your health plan's network. This means Dr. Douglas Grover doesn't have an agreement with your plan. The purpose of this statement is to let you know about your protections from unexpected medical bills.



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Getting care from Dr. Douglas Grover could cost you more. If your plan covers the item or service you're getting, federal law protects you from higher bills:

- When you get emergency care from out-of-network providers and facilities, or
- When an out-of-network provider treats you at an in-network hospital or ambulatory surgical center without your knowledge or consent.

If you sign this form, you may pay more because:

- You are giving up your protections under the law.
- You may owe the full costs billed for items and services received.
- Your health plan might not count any of the amount you pay towards your deductible and out-of-pocket limit. Contact your health plan for more information.

Understanding Your Options

- You are always welcome to receive care from other providers who are in-network with your health plan. Please contact your insurance company for a list of providers in-network. For more information about your rights and protections visit [https:// www.cms.gov](https://www.cms.gov)

Payment

You agree to pay for services and fees as outlined in the PAYMENT POLICY AGREEMENT. You are responsible for full payment, whether your insurance company ends up paying partially, or not at all, for services rendered. I do not communicate with insurance companies directly.

You are financially responsible for all charges, whether or not:

- Insurance pays for any services
- We decide to proceed with treatment
- Treatment is successful, for which there cannot be any guarantee

Attestation

By signing your name below, you confirm you have reviewed all Practice Policies outlined in this form and agree to the terms and conditions of all Practice Policies.

Signature

Name (Print)

Date



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