



124 Wells Ave., NW
Roanoke, VA 24016
Phone: 540-516-5116
Fax: 877-702-6432

10401 Warwick Blvd.
Newport News, VA 23601
757-782-2643
877-702-6432

Website: www.claytormemorialclinic.com
Email: admin@claytorclinic.com

Missed Appointment and Late Cancellation Policy

Claytor Memorial Clinic reserves appointment times specifically for each patient. Appointments must be canceled or rescheduled at least 24 hours before the scheduled appointment time.

Commercial Insurance and Self-Pay Patients

An appointment that is missed, or canceled or rescheduled with less than 24 hours' notice, may result in a \$50 fee charged to the patient's account.

This fee is the responsibility of the patient or responsible party and will not be submitted to insurance. Non-urgent future appointments may not be scheduled until the fee has been paid or other arrangements have been approved by the Clinic.

Repeated missed appointments or late cancellations may result in discharge from the practice following appropriate notice and continuity-of-care procedures.

Medicaid and FAMIS Patients

Medicaid and FAMIS patients will not be charged a missed-appointment fee.

However, missed appointments and appointments canceled or rescheduled with less than 24 hours' notice will count toward the Clinic's attendance policy.

More than one missed appointments or late cancellations may result in:

1. A written reminder of the attendance policy.
2. A formal attendance warning.
3. Review for possible discharge from the practice.

The Clinic may consider emergencies, hospitalizations, transportation failures, placement disruptions, family crises, or other documented extenuating circumstances.

Discharge decisions will be based on more than one failure to attend scheduled appointments and the Clinic's resulting inability to provide safe, consistent, and clinically appropriate treatment—not on a patient's insurance status or inability to pay a fee.

Urgent clinical concerns, medication safety issues, and necessary transition care will be addressed according to clinical judgment.

Acknowledgment

By signing below, I acknowledge that I have read and understand Claytor Memorial Clinic's Missed Appointment and Late Cancellation Policy. I understand that repeated missed appointments or late cancellations may affect the Clinic's ability to continue providing services.

****Patient Name:**** _____

****Responsible Party:**** _____

****Signature:**** _____

****Date:**** _____



CLAYTOR MEMORIAL CLINIC

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1. Office Hours: *(subject to change)*

Monday – Thursday from 8:00 AM - 5:00 PM (Clinic open for appointments and all other services)

2. Physician and Physician Assistants:

Richard Claytor, Jr., MD

Heather Martin, PA-C

3. Practice Parameters:

This practice is **strictly outpatient**. The Physician and the Physician Associates/Nurse Practitioners see patients during regular business hours only. Calls placed to the office outside of regular business hours will be returned within 2 business days. *In addition to medication management services, our providers **strongly** recommend additional supportive services and counseling for patients.* A list (by no means complete) of agencies to choose from is available.

4. Appointments:

Patients are required to keep scheduled appointments to ensure successful, appropriate, and ethical ongoing treatment. The office requires 24 hours' advance notification for cancellations. For Monday appointments please notify the office by 5 PM the Thursday beforehand. **LESS THAN 24 HOURS' NOTICE = NO-SHOW. 2 NO-SHOWS = DISCHARGE. THERE IS A \$50 FEE FOR NO-SHOW.** Your providers will make every effort to be on time as well however ask for your understanding and patience as emergent situations may arise causing an appointment to exceed the allotted time.

Cancellations on the day of an appointment or arrival 10 minutes late are considered missed appointments. **We will be unable to reschedule patients who miss their initial evaluation.**

5. Medication Refills:

Keeping scheduled appointments is important to maintaining your treatment and prescriptions. **Should you miss an appointment, ONLY ENOUGH MEDICATION WILL BE PROVIDED UNTIL OUR NEXT AVAILABLE APPOINTMENT. IF YOU ARE NOT SEEN WITHIN THAT TIMEFRAME, YOUR MEDICATION WILL RUN OUT.** In this instance, you must call your pharmacy for a refill five to seven days **before** your medication runs out. Two to three business days are required to process refill requests. Lost prescriptions will not be refilled automatically.

6. Initial Assessment:

Initial assessments are conducted by the psychiatrist and physician associate to:

- Gather data by which the psychiatrist and treatment team can make informed recommendations to the patient about therapies, medications, and testing which may be indicated by his/her circumstances and condition.
- establish an initial rapport which will facilitate effective treatment;
- evaluate any potential suicidal/homicidal ideation by means of a mental status exam; if such ideation is present, a risk assessment is conducted, and adequate protective interventions, including referral for hospitalization, if necessary, are made by the psychiatrist and documented.

If further treatment is indicated following the assessment process, appropriate referrals for testing, medication, adjunctive therapies, community resources and the like will be made at this time.

7. Inclement Weather:

Inclement weather notifications are posted on the office's voicemail as well as the local news. Please call (540) 516-5116 after 7:15 a.m. or check your local news for weather related information.

8. Emergency Procedures:

An emergency situation is an extremely critical and/or life-threatening situation that requires immediate professional attention. If you should have an emergency do not call the office. Instead, we ask that you call:

Emergency Services: 911

Respond: (540) 776-1100 or (800) 541-9992

Connect: (540) 981-8181 or (800) 284-8898

9. Protection of Medical Information (HIPAA):

HIPAA is the Health Insurance Portability and Accountability Act. This federal law requires that we inform patients of the control they have over their medical information and how their information is used and the reasons it can be disclosed to other parties.

10. Patient Rights to Access Medical Information:

As a patient, you have the right to:

- Copy and review your individual medical records
- Request amendments to your medical records
- Receive an accounting of individuals who have accessed your medical records
- Restrict access to your records, beyond those placed by office policy
- Request specific ways to communicate with you

Whenever using and disclosing Protected Health Information (PHI) or when requesting PHI from another covered entity, we will make every reasonable effort to limit PHI disclosure to the minimum necessary required to accomplish the intended purpose of the use, disclosure or request.

11. Release of Medical Records/Filling out Forms (Homebound, FMLA, etc):

As a covered entity, it is within our legal right to use and disclose protected health information without express authorization for the following purposes:

- Oversight of the health care system – Quality Assurance
- Research with Institutional Review board approval or to prepare a research protocol
- Public health, and in cases of emergency
- Judicial and administrative proceedings
- Professional judgment – when in the best interest of the patient
- To provide information to next-of-kin, if a patient cannot speak for themselves
- For identification of the body of a deceased person
- For facilities (Hospitals, etc...) directories
- In other situations, where the use of disclosure is mandated by law and consistent with the requirements of the law.

However, we **cannot** release your medical records for use without your express permission in the following situations:

- Protected Health Information beyond treatment, payment and operations functions
- Information covered by a restriction
- Research that includes treatment

If you would like to have your medical records released to yourself or another party, you must first complete an authorization form. This form details the specific types of information you would like released and to whom you would like the records delivered.

THERE IS A \$15 FEE TO FILL OUT ANY FORMS, PAPERWORK, HOMEBOUND, DMV, FMLA, ETC. LIMITED CHANGE IS AVAILABLE!

12. Permission to Treat a Minor Child:

Please note that we require written permission from a parent or guardian to treat a minor child (any child under the age of 18).

- When parents are married the signature of one parent is sufficient to provide treatment.
- If the patient's parents are divorced, we require the signature of either parent having legal, including joint legal, custody of the child.

We cannot provide any level of treatment to any child unless the proper signed consent form(s) is on file.

13. Billing and Insurance:

You must provide a current copy of your insurance card (front and back) before we can determine your benefits and insurance filing requirements. Please bring your insurance card to each appointment.

We make every effort to verify your insurance benefits for outpatient mental health and substance abuse services in advance of your first appointment. However, we request that you contact your insurance company to check benefits and preauthorization requirements when you schedule your first appointment. Some companies require preauthorization or a PCP referral. Your failure to follow this procedure could result in not obtaining your maximum benefits or any benefits at all.

Please be aware that:

If you choose to use your insurance benefits, your insurance company or the company which manages your mental health and/or substance abuse benefits, may require specific information regarding your case to determine the benefits available to you. We require specific written permission to release information to your managed care company.

This office will make every effort to file claims correctly and adhere to the filing requirements for your insurance policy. However, we cannot fully guarantee your coverage or your benefits. **IN THE EVENT THAT YOUR INSURANCE COMPANY DOES NOT PAY FOR SERVICES, YOU ARE ULTIMATELY RESPONSIBLE FOR PAYMENT.**

Insurance policies are contractual agreements between you, “the subscriber,” and your insurance company. Our office cannot alter your insurance policy, guarantee what services are covered or determine exactly what your reimbursement will be. Insurance companies sometimes exclude certain diagnostic codes or treatment modalities; therefore, it is impossible to guarantee coverage until a claim is filed and a response is received from your insurance carrier.

CMC will only bill to insurance carriers if your insurance information (and a copy of your insurance card) is provided in advance of services being provided. If a balance is transferred to you because we do not have the information necessary to bill your insurance carrier, you will be responsible for that balance due. We will not be able to back-bill your insurance, even if your insurance information is provided at a later date.

14. Making a Complaint or Filing a Grievance

To all patients of Claytor Memorial Clinic:

If you are dissatisfied with the services being provided by CMC or if you wish to file a grievance against perceived unfair treatment, the following procedures must be followed.

1. Explain your concern, complaint, or grievance to the CMC staff providing the service.
2. If the conflict is not resolved, or if you do not feel comfortable making the complaint to the CMC staff member, request the name and method of contacting the supervisor of the CMC staff member.
3. If conference with the immediate supervisor does not end in a satisfactory resolution, if you are still dissatisfied after talking with the person in the supervisor's office, you may contact the DMHMRSAS Regional Advocate's Office identified below.

The above steps are provided in sequence. Some steps may be eliminated if you wish. For example, the initial complaint may be made directly to the supervisor's office.

After each step in the process, you will receive written notice of the actions taken as a result of the complaint. Copies of all information concerning your complaint or grievance will be kept in the supervisor's office.

Supervisor's Office: **Richard L. Claytor, Jr., MD**
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Fax: 877-702-6432

Regional Contact Information:

- **Mandy Crowder** (Region 3 Regional Human Rights Manager):
 - **Phone:** 434-713-1621 or toll-free 833-425-7159
 - **Email:** mandy.crowder@dbhds.virginia.gov
- **Mykala Sauls** (Human Rights Advocate for the Roanoke area/Catawba Hospital):
 - **Phone:** 434-773-4315 or cell 804-931-0505
 - **Email:** mykala.sauls@dbhds@virginia.gov
 - **Primary Office Location:** Catawba Hospital, 5525 Catawba Hospital Dr., Catawba, VA 24070

15. Patient Rights

As a patient of this program, you have certain rights, which are set out in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation, and Substance Abuse Services (referred to as Human Rights Regulations). A summary of your rights is set out below.

I. RIGHT TO NOTIFICATION

You must be informed of your rights every six- (6) months while in the program, and you have the right to see and get a copy of the Community Regulations and the Policy upon request. Also, you must be told what the program's rules of conduct are, and you have a right to have a copy.

II. RIGHT TO TREATMENT

Claytor Memorial Clinic cannot deny services to you solely on the basis of your race, national origin, sex, age, religion or handicap, or ability to pay. If you think this company has discriminated against you, you can contact the Medical Director, the Regional Advocate, or any program employee.

III. RIGHT TO CONFIDENTIALITY

Your records will be released only with your consent or the consent of your authorized representative or by court order, except in emergencies or as otherwise permitted by law.

IV. RIGHT TO CONSENT

A treatment or service which presents a "significant risk" – that is, one that might cause some injury or have a serious side effect – may not be administered unless you or your authorized representative first give informed consent to it.

V. RIGHT TO DIGNITY

You have the right to be called by your preferred or legal name, to be protected from abuse, and to request help in applying for services or benefits for which you are eligible.

VI. RIGHT TO LEAST RESTRICTIVE ALTERNATIVE

Your personal and physical freedom can be limited when necessary for your safety or the safety of other patients, or for treatment. You will be involved in decisions, which may limit your freedom, and you will be told what needs to happen for the limits to be removed.

VII. RIGHT TO HEARINGS AND APPEALS

If you believe any of your rights under the Community Regulations has been violated you may file a complaint, and you may appeal the decision to the Regional Manager or Medical Director. In answering your complaints, CMC staff must inform you of your appeal rights, which include the right to appeal a decision to the Local Human Rights Committee (LHRC).

VIII. RIGHT TO ASSISTANCE BY REGIONAL ADVOCATE

The state has appointed a Regional Advocate to help patients and to make programs recognize patient rights. The Advocate will help you in making, resolving or appealing complaints about rights violations. You can contact the Regional Advocate yourself and ask for help or CMC staff will help you to make the contact.

Statement of Understanding

I have read, understand and accept the information provided on this handout about Dr. Claytor's practice as noted by my marks and signature below.

1. Office Hours:

2. Physician

3. Practice Parameters:

4. Appointments

5. Medication Refills

6. Initial Assessment

7. Inclement Weather

8. Emergency Procedures

9. Protection of Medical Information (HIPAA):

10. Patient Rights to Access Medical Information:

11. Release of Medical Records:

12. Permission to Treat a Minor Child

13. Billing and Insurance

14. Making a Complaint or Filing a Grievance

14. Patient Rights

I am the patient or the legal guardian or authorized representative for the patient.

Signature

Date