

Office Policies and Patient-Provider Agreement

- 1) **Services:** We provide initial psychiatric evaluations/consultations and follow-up medication management visits with brief psychotherapy. We offer both in-person and telehealth video-conferencing using a HIPPA compliant platform. Our office uses an electronic health record and medications are ordered via an electronic prescribing program.
- 2) **Scheduling and Fees:** The receptionist schedules all initial in-person/telehealth appointments. Either your provider or our receptionist will schedule your follow-up visit at the end of your appointment. Please call during regular office hours to schedule or re-schedule an appointment. Payment is expected at the time of service. To schedule an initial visit, a \$100 deposit is required for cash patients not using insurance.
- 3) **Cancellations/No Shows:** Please provide us with at least 24 hours notice of appointment cancellations. We charge your provider's discounted cash rate for either a late cancellation or a no show to a follow-up visit unless there are special circumstances beyond your control. If you late cancel or do not show to your initial evaluation, we will request payment of the provider's full cash rate if you would like to reschedule.
- 4) **Attending Appointments:** We ask that you arrive thirty minutes before your initial visit to complete required paperwork. For in-person follow-ups, please arrive at least ten minutes early. For telehealth follow-ups, please be online at least five minutes early. Our providers do their best to see you at your scheduled time but may be running late. We truly respect your time and hope you appreciate that it can be challenging to address complicated matters during a relatively short follow-up visit. We expect that telehealth patients will wait for their provider to come online and not log off.
- 5) **Late Appointments:** If you are late, the provider will decide whether there is enough time to complete a brief visit. If so, you will be seen for the time remaining of your appointment. If not, you will be charged as a late cancellation.
- 6) **Crisis Appointments:** Every effort will be made to accommodate crisis situations. If you are in crisis, and no same day appointment is immediately available with your provider, if possible, we will offer you an appointment with another provider in our office. For those patients requesting an earlier appointment for follow-up, we will likewise do our best to accommodate you. When a provider's schedule is full, we will place you on a waiting list to be seen. If no provider is available we will refer you to the nearest emergency room for an evaluation.
- 7) **Special Populations:** All minors or LPS/Probate conserved patients must be accompanied by a parent, legal guardian or conservator during an appointment or be available via phone or video-conference.
- 8) **Billing:** Please refer all billing questions to the receptionist. Billing insurance companies is done as a courtesy to you. As a patient, or responsible party, you maintain full responsibility for payment of services regardless of what an insurance company pays. A 1.5% per month late fee will be assessed on all accounts more than 60 days past due.

- 9) Insurance Panels: Our providers are on several insurance panels. If we are not on your insurance plan, we are considered “out-of-network” providers. Upon request, we will provide you with a super-bill to self-submit to your insurance company, who may reimburse a portion of your bill.

- 10) Fees for Services Provided Outside of Scheduled Appointments: If you need your provider to complete any paperwork such as insurance and/or disability forms, letters to your employer/HR department, etc., please inform us at the beginning of your appointment so we can address this during your scheduled time. We charge your provider’s hourly cash rate at a pro-rated fee for any paperwork completed outside of your appointment time. Please ask for your provider’s rate if you have paperwork to be completed.

- 11) Medication Refills: We will supply you with enough medication to last until your next follow-up appointment. If you have rescheduled your follow-up appointment for a later date, please be attentive to your supply of and call for refills at least 3 days before you will run out. If you need a refill, please call your pharmacy. They will send us an electronic refill request. At the discretion of your provider, refill requests for controlled substances may not be approved on weekends, after hours or on holidays.

- 12) Office Hours and Phone Services: Our office reception is available to respond to your calls Monday through Friday from 9 AM to 12 Noon and from 1 PM to 5 PM, excluding major holidays. After hours and from 12 Noon to 1 PM, voice mail or our answering service are available to take your calls. Please leave a brief message if you get our voice mail and include your name, call back number and reason for your call. All calls received during usual business hours will be returned the same day.

- 13) After-Hours Calls: If you have a medical question, refill request, want to schedule or cancel an appointment, etc. and it is outside of our usual business hours, please leave a message for us and we will return your call the next business day. These are NOT medical emergencies. If you have an after-hours emergency, please call our number, select “0” for the operator when prompted, and our answering service will contact us. Medical emergencies might include a serious adverse drug reaction or feeling suicidal/homicidal. If you have a life-threatening emergency, call 911 or go to the nearest emergency room.

- 14) Provider Coverage: Each of our providers cover their individual practices 24 hours/day, 7 days/week and arrange for medical coverage if they will be unavailable.

- 15) Confidentiality: You are entitled to confidentiality regarding your health care except under special circumstances where we are obligated by law to report reasonable suspicion of imminent danger—to the patient by self-harm, to someone the patient is targeting for harm, or to dependent children/elders subjected to abuse or neglect. Also, the legal system can subpoena medical records relevant to a legal matter without patient consent. If you would like us to speak with someone such as a family member or therapist, please sign an Authorization to Release Medical/Psychiatric Information form. We also require a signed release form to obtain medical records from or collaborate with your primary care or other specialist provider, a hospital system that provided you care, a school or university, your employer/HR department, etc.

16) Termination of Services: You have the option of terminating our treatment relationship if you are dissatisfied with your care. As healthcare professionals, we reserve the right to discontinue our relationship under certain circumstances. These circumstances include, but are not limited to: non-payment for services, including no show or late cancellation fees; non-adherence to treatment recommendations, including follow-up intervals and failure to abide by the terms of your controlled substance agreement; three or more no show or late cancellations within a year; discourteous treatment of our ~~the~~ staff or provider, and cancellation of the insurance contract under which your care was being provided. You will receive written notice of our intent to terminate our treatment relationship. If your account is paid in full, we will provide you with up to 30 days of continued care in order to minimize the impact of your needing to transition to another provider. Our termination of the treatment relationship under the above noted circumstances in no way implies we are of the medical opinion that further treatment is not necessary.

I have read, understood, received a copy of the above “Office Policies and Patient-Provider Agreement,” and agree to abide by its terms while under the care of Brian S. Taylor, MD, Joyce Weckl PMHNP, and Fernando Cervantes, PMHNP.

Signature of Patient (or Parent/Guardian, if Patient is a Minor)

Date

Patient Name

D.O.B.