

Sherri Simpson Broadwater, M.D.
Healing For All, LLC
432 Georgia Avenue, Commercial Unit 100
Atlanta, Georgia 30312
Phone: 844-HEAL-ONE
Fax: 678-335-2480
www..healingforall.net

Treatment Policies and Care Agreement

Modified January 25, 2019

Please read the following sections carefully, as they represent your agreement in this care contract. Your initials after each section and signature at the end indicate acceptance of these policies.

As a patient of Healing For All, LLC, you can expect to be:

- treated with consideration and respect
- be viewed as a unique and worthwhile individual with strengths as well as vulnerabilities
- have your experiences heard with compassion and non-judgment
- receive care in a comfortable and private setting
- receive care that is free from discrimination on any basis
- have appointments that start and end on time
- be educated about your condition and options for its treatment, including non-treatment, and be involved in all decisions about your care
- have any concerns and questions addressed in a timely manner
- have every aspect of your care remain strictly confidential, except when the doctor is required by law to do otherwise
- have any grievances or concerns responded to in a respectful and constructive manner
- have access to your medical record, if requested
- be fully informed about financial aspects of your care
- be able to designate a health advocate to help you with decision-making in your care
- be helped to find alternative care if you or the doctor feel that a different care arrangement is in your best interest

Office Hours and Appointments

Healing For ALL Office Policies

- New patient appointments are 60 minutes; Adult and child routine, follow-up visits for wellness/medication management are 30 minutes. Psychotherapy sessions are 45 to 55 minutes. New patient appointments can proceed only if the requested intake forms are completed and provided in advance of the appointment. I agree to be seen for all follow-up appointments by Dr. Broadwater's office or designated person at least every three months. At the beginning of our work together, we may meet every week to every month. If my condition changes and I need to be seen sooner, I will call for an earlier appointment. **Initial** _____
- I agree to be contacted by email and messages can be left via voicemail. **Initial** _____

Consent for Treatment

- All patients will be asked to sign a consent to treatment form.
- Parent or Guardian MUST be present at the time of any minor's appointment. Dr. Broadwater will not be able to make any changes to medication regimens without a parental consent of a minor. For minor patients, proper guardianship papers must be shown including foster, adoption and medical consent. **Initial** _____

Communication

- At this time, Dr. Broadwater's office manages all scheduling via telephone and communicates with patients on other matters via phone. Routine calls are generally returned on the next business day between 12-1 pm OR 6-9 pm Monday - Friday. Please allow at least 24-48 hours for non-urgent issues to be addressed via a call back from Dr. Broadwater's office staff or Dr. Broadwater. All or some of your information may go through the office staff and is confidential. Staff of Dr. Broadwater sign a confidentiality agreement. Dr. Broadwater allows for 10 minute phone calls. Any time after that will result in a \$65.00 fee per 10 minutes. *I consent to doctor-patient communication via email at Dr. Broadwater's discretion. I understand that even when all reasonable security measures are employed, email cannot be guaranteed as entirely private and confidential, and that emails I send will be included as part of my medical chart.* In an emergency, or in the case of suicidal or violent thoughts, patients should call 911 or go to their local emergency room. Patients in emotional crisis may also

call the Georgia Crisis Line at 800-715-4225 or go to mygcal.com for assistance. For urgent but non-life-threatening issues, patients may call Dr. Broadwater. Urgent phone calls are returned within 12 hours. Non-urgent calls are addressed within 24-48 hours. Frequent after hour calls will result in more frequent appointments. If Dr. Broadwater calls back on her personal cell phone, this phone number is not to be used for any reason unless given instruction to do so. Please do not use this for call backs, appointments and or cancellations, texting or medication refills. Please do not give Dr. Broadwater's phone number out to anyone.

Initial _____

By signing you are agreeing to receive communication from Dr. Broadwater via email and texting.

Initial _____

Arrival, Cancellations and Missed Appointments

- *I will make every effort to arrive on time for my appointments. If I arrive late, I understand that I will be seen for the time remaining in the appointment but missed time cannot be made up. If I am 15 minutes late for a 30-minute visit, I understand I cannot be seen that day and will be rescheduled. When possible, if running late, I will notify my doctor by urgent phone call. I will provide 48 hours' notice of a cancellation or a reschedule request. Without provision of 48 hours' notice, I agree to pay the full appointment fee as outlined in the Financial Agreement.* Dr. Broadwater makes an exception to this policy only for women in labor or who have been admitted to the hospital. First-time patients who arrive 15 or more minutes late cannot be seen that day, and will be rescheduled. A no-show appointment will be billed for the total amount. Cancellations will ONLY be acknowledged via office telephone. Due to excessive weekend cancellations leaving slots we are unable to fill, a late cancellation fee will now be charged for any Monday cancellation NOT DONE BEFORE NOON on the Friday PRIOR to the weekend.

Initial _____

Disability Evaluations

- I do not provide one-time assessment for disability or disability insurance.
- I can only complete supportive documentation on your behalf for medical leave, excused absence from school, or other reasons if you have been my patient for at

least six (6) months and I have been assessed a minimum of 5 times (including initial evaluation and routine follow up appointments) as well as managed your psychiatric care during the applicable period of illness. This service is billed at our hourly rate. Completion of any paperwork is at the discretion of the physician.

Prescription Policies

- *I understand that my doctor will prescribe enough medication to last until the next recommended visit via phone calling to your pharmacy at this time. . I will track my current supply of medication and remaining refills. I will request prescription refills during my appointments. Prescriptions may only be called in for patients who are current patients and whom maintain regularly scheduled appointments. If you have not been seen in 3 months or more your chart will be closed and your refill will not be filled. The responsibility for making a timely appointment request that ensures an adequate supply of medication is mine. If I do not meet this responsibility, I agree to pay the fees for interim (between-visit) or urgent refills - \$50.00 to replace a lost prescription, \$50.00 for same day refills, \$25.00 for next day refills, if my doctor judges such a refill to be medically necessary. Please allow for 5 days for a prescription refill to be addressed. Refill requests will only be honored in person and or telephone. Refill email and or texts to the office will not be honored. For your safety, medication refills will not be called in over the weekend. There may be a charge for telephone refills requested after business hours unless prior arrangements have been made in advance with your physician. Prescriptions for controlled substances such as sleep, anti-anxiety or ADHD medication will only be provided during appointments . I understand that while being prescribed a controlled substance, I will need to be seen monthly for the first several months, and then at least every 3 months once stable, without exception. Dr. Broadwater subscribes to the Georgia and Texas State Prescription Drug Monitoring Programs to track patients' use of controlled substances. Lost stimulant prescriptions will require a police report in order for a new prescription to be given. Misrepresentation about or misuse of controlled substances may be cause for patient discharge. Dr. Broadwater does not prescribe BENZODIAZEPINES (VALIUM, XANAX, ATIVAN, KLONOPIN OR OTHERS.), NARCOTICS (CODEINE, MORPHINE, NORCO, OXYCONTIN OR OTHERS.) AND DOES NOT TREAT ADULT- ONSET ADHD WITH STIMULANTS (ADDERALL, CONCERTA, METHYLPHENIDATE, VYVANSE, OR OTHERS). I*

understand and agree to these office policies regarding prescriptions and controlled substances.

Initial _____

Confidentiality and Release of Medical Records

- Your status as a patient and all information related to your care is treated confidentially. This office will NOT share or release health information about you to anyone, including your spouse/partner, family, or employer without your written consent. There are legal exceptions to this rule, which you can review with the doctor *including safety concerns. I have had all questions related to confidentiality satisfactorily answered. I agree to keep a current consent-to-release-information form on file with this office. I will supply my doctor with all prior mental health records and select physical health records that she requests. I agree to keep my doctor updated about changes in my health conditions and about medications being prescribed to me by other doctors. I understand I have the right not to share my medical records, but this may jeopardize my overall care and cause the termination of the doctor-patient relationship.* **Initial** _____
- I have read the HIPPA forms given to me by this office. **Initial** _____
- Prohibited contact with associated treatment team members may make it difficult for Dr. Broadwater to provide standard of care. If so, then transition to another clinician may be indicated. **Initial** _____

Health Habits

- Being honest with your doctor about your lifestyle habits allows for the best outcomes. *I agree to disclose to my doctor, at the onset of care and on an ongoing basis, my habits such as diet, exercise, smoking, internet use, shopping, gambling, sexuality, alcohol and other drug use, sleep habits, stress management and relationships. I understand that maximizing healthy habits and self-care is vital to my treatment.* **Initial** _____

Office Closure

- You will be given ample notice if Dr. Broadwater will be out of town resulting in closure of the office. Instruction of how to contact Dr. Broadwater if different from the standard policy will be recorded on the doctor's outgoing voicemail.

Initial _____

Policy Concerning Children

- Do not leave your children unattended in the waiting room. Our office cannot watch them. If you bring a child to the appointment, but wish to speak to the doctor in private, bring someone with you to watch you child/children in the waiting room

Initial _____

Alternatives to In-Person Appointments

- Dr. Broadwater offers appointments in a variety of ways - Dr. Broadwater's office(s), virtually, via telephone, or out of office accommodating her patients as best possible. I acknowledge that this is at the discretion of Dr. Broadwater. Alternative locations may result in higher fees. Virtual and or telephone appointments are at the discretion of Dr. Broadwater and are NOT routinely utilized for child/teen appointments. Out of office locations have geographic and time-of-day restrictions. Using an alternate modality is not always medically appropriate, and the doctor may decline to provide such a service and recommend an in-person appointment instead. *If I request a phone or virtual appointment, I agree to pay the full cost of the service. I also understand that even when all reasonable security measures are employed, these alternate modalities cannot be guaranteed as entirely secure and confidential.*

Initial _____

Lab work

- I will obtain all ordered labs and tests, including fasting labs, within two weeks of receiving the order forms. Noncompliance with recommended laboratory

monitoring to ensure your health while taking medication(s) will result in discharge from our practice. **Initial** _____

Social Media and Networking

- Psychiatric care works best when conducted in a confidential, safe, well-rounded setting. As a matter of policy, Dr. Broadwater does not interact with patients on personal social media or networking sites. **Initial** _____

Documents

- Documents and forms require 7-10 business days for completion. A fee will be charged for any forms/letters that need to be completed/written. Fee starts at \$25.00 and increases in accordance with the amount of time spent preparing forms and/or letters. Fees must be paid PRIOR to release of completed documentation. The fee will be doubled for documents that need to be completed sooner than 7 business days from the date of the request. **Initial** _____

Medical Records

- Fees for Medical Records are as follows based on the State of Georgia:
Search Fee : \$25.00
Pages 1 - 20 : \$0.97 per page
Pages 21 - 100 : \$ 0.83 per page
Pages 101+ : \$0.66 per page
Certification Fee : \$9.70
O.C.G.A. 31-33-3; Rates do no apply to disability applications.
- Fees for Medical Records are as follows based on the State of Texas:
Hospital Fees
Pages 1 - 10 : \$45.74 flat fee
Pages 11 - 60 : \$1.54 per page
Pages 61 - 400 : \$0.76 per page
Pages 401+ : \$0.41 per page
Postage : Actual cost of mailing

If records are stored on digital or electronic platform: Search Fee : \$82.87

Postage : Actual cost of mailing

Texas Health & Safety Code §241.154

Please allow for 7-10 work days for medical records to be obtained, reviewed and mailed out.
Initial _____

Patient Satisfaction and Grievances

- Dr. (Simpson) Broadwater has an unrestricted medical license (#MD67942 and M67933) in the States of Georgia and Texas. The doctor and her staff are strongly committed to patient satisfaction and to working together with patients to ensure they receive high-quality, compassionate medical care. To that end, patients are asked to discuss any concerns or dissatisfaction directly with Dr. Broadwater. *I agree that if I am dissatisfied with some aspect of my care, I will a) inform Dr. Broadwater in writing that I have a grievance and b) give her the opportunity to remediate it. If no such remedy is possible and I choose to terminate my care, I agree to do so in writing. I also agree that I will follow these steps before posting a negative review of the doctor or her practice in any public forum, and that if I do post a negative online review that I will do so in a constructive and respectful manner.* **Initial** _____

Guarantor's Signature _____

Date _____

Printed Name of Patient (Minor) _____

Printed Name of Guarantor (Adult Patient) _____