

Office Policies and Patient-Provider Agreement

- 1) Scheduling: The receptionist schedules all appointments. Please call during regular office hours to schedule an appointment. We suggest you make follow up appointments before you leave the office as our schedules can fill quickly.
- 2) Cancellations/No Shows: Please provide us with at least 24 hours notice of appointment cancellations. We charge the full price for a late cancellation or a no show appointment unless there are special circumstances beyond your control. We will not offer to reschedule late cancellations or no shows for the initial evaluation session.
- 3) Late Appointments: One late patient can delay the whole schedule and inconvenience other patients. If you arrive 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. If the provider is running behind, you will still have your allotted time.
- 4) Emergency Appointments: Every effort will be made to accommodate crisis situations and the need for earlier appointments, however you may need to keep in day to day contact with our office to check for cancellations if no appointments are immediately available.
- 5) Billing: Please refer billing questions to the receptionist. Billing insurance companies is done as a courtesy to you. It is important to stress that the patient or responsible party maintains full responsibility for payment of services regardless of what the insurance company pays. A 1.5% per month late fee shall be assessed on all accounts more than 60 days past due.
- 6) Insurance Panels: Currently, we are on several insurance panels. If we are not on your plan, you can self submit our bill as an “out of network” provider and possibly be reimbursed a portion of the bill. We can provide you with a super-bill to submit to your insurance company.
- 7) Services and Fees: We provide new and return appointments for medication management with brief psychotherapy. Payment is expected at the time of service. We use electronic medical records.
- 8) Fees for Services Provided Outside of Scheduled Appointments: If you need insurance forms, disability forms, letters, etc. to be filled out, please inform us at the beginning of the appointment so that we can attend to this during your scheduled time. If these forms are completed outside of your appointment time we have the right to charge for the time involved. The fee is \$200.00 per half hour.
- 9) Medication Refills: Normally, you will be provided with enough medication to last until your next follow up appointment. If you need a refill, please call your pharmacy to fax over a refill request. Please be attentive to the amount of pills you have left and call for refills at least 3 days before you run out. Refills for controlled substances will not be handled on weekends, after hours or on holidays.
- 10) Phone Services: Our office is open Monday through Friday from 9am-12p and 1p-5p. Our receptionist is available to answer and screen all calls. Outside of these hours, if you have a question, refill request, want to schedule or cancel an appointment, etc. it will have to wait for regular business hours. These are NOT medical emergencies. If you have an after hours emergency, you can call our number and the

answering service will call us. Medical emergencies might include an adverse medication reaction or feeling suicidal or homicidal. If you have a serious medical emergency, please don't wait to call us, call 911 or go to the nearest emergency room.

- 11) Vacations and Coverage: We do take vacations and will provide medical coverage as needed.
- 12) Confidentiality: You are entitled to confidentiality regarding your health care. However, the law under special circumstances also obligates us to report to authorities any significant suspicion of imminent danger: to the patient by self-harm, to someone the patient is targeting for harm, or to dependent children/elders being subjected to abuse or neglect. Furthermore, the legal system can subpoena medical records relevant to a legal matter without patient consent. If you want us to be able to speak to someone such as a family member or therapist, please sign the release forms at your appointments. We cannot send letters to your employer, school, etc. without written consent.
- 13) Termination: You have the option of terminating our treatment relationship if you are unsatisfied with your care. Likewise, 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-compliance with treatment recommendations, including follow-up intervals; three or more no show or late cancellations within a year; discourteous treatment of 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, and will be provided 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 that we are of the medical opinion that further treatment is not necessary.
- 14) Office Hours: The receptionist's phone hours are Monday through Friday from 9:00 AM to 12 PM and 1 PM to 5:00 PM, excluding major holidays. After hours and at lunch, voice mail or an answering service are available to take your calls.

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 Joyce Weckl PMHNP and Brian S. Taylor, MD.

Please initial one:

_____ I **DO** give consent for Dr. Taylor or Joyce Weckl, PMHNP to communicate with my primary care physician.

_____ I **DO NOT** give consent for Dr. Taylor or Joyce Weckl, PMHNP to communicate with my primary care physician.

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

Date

Patient Name

D.O.B.