

## Office Policies and Procedures

### Antonio Cubano MD PA

#### WELCOME

The following information is provided for you as a resource outlining our office policies. We strive to provide state of the art, patient centered psychiatric care supported by privacy-protected technology and excellent customer service. I hope this information will answer most questions you might have about the practice. For more information and policy changes, please visit our website at [www.cubanomd.com](http://www.cubanomd.com). You can also find us on Facebook at [Antonio Cubano, MD, Pa.](https://www.facebook.com/AntonioCubanoMD)

#### OFFICE HOURS

Mon. - Thurs. 8:00 AM — 5:00 PM

Fri. 8:00 AM — 12:00 PM noon

#### APPOINTMENTS

Patients are seen by appointment only. Patients are advised to arrive 20-30 minutes prior to their schedule appointment. We make an effort to keep appointments running on schedule. However, be aware that emergencies occasionally arise which may cause unexpected delays. Please, we ask that you call us if you expect to be late or will be unable to keep your appointment. Patients will be released from the office after one NO SHOW without a notice.

#### CONTACTING OUR OFFICE

Please call our office or email us at [cubanomdpsych@gmail.com](mailto:cubanomdpsych@gmail.com) with questions about scheduling appointment details, medications or any other concerns. Someone will return call/email as soon as possible.

#### EMERGENCY CARE

In the event of a true emergency, it is best to call 911 or go to a hospital emergency room. If you have an urgent psychiatric problem, please call the office or email us.

#### PROFESIONAL FEES

The initial evaluation fee is \$325.00, and medication management and follow up evaluations are \$200.00. The fees for psychotherapy are \$120.00. As part of our contract with insurance companies, we are legally required to collect any co-pays from you at the time of the service. Special consultations may vary in cost depending on the time spent. **Any requested forms/documents/letters will have an additional cost.** No shows for medication management follow ups, or cancellations without 24 hour notice will have a charge of \$50.00. No shows for psychotherapy or cancellations without 24 hour notice will have a full session charge. A charge of \$50.00 will be collected for every additional medication refill requested only at if approved by the MD. We accept cash, debit or credit cards (AMEX, MC, Discover, VISA). No checks.

## **Notice of Privacy Policies**

### **Antonio Cubano MD PA**

#### **YOUR HEALTH INFORMATION**

This notice applies to the information and records we have about your health, health status, and the health care and services you receive at this office. We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

#### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU FOR TREATMENT**

We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health. For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you. Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy and scheduling lab work. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

#### **For Payment**

We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

#### **For Health Care Operations**

We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you.

### Appointment Reminders

We may contact you as a reminder that you have an appointment for treatment or medical care at the office.

### SPECIAL SITUATIONS

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

#### To Avert a Serious Threat to Health or Safety

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

#### Required By Law

We will disclose health information about you when required to do so by federal, state or local law.

#### Military, Veterans, National Security and Intelligence

If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

#### Workers' Compensation

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

#### Public Health Risks

We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, nonaccidental physical injuries, reactions to medications or problems with products.

## Health Oversight Activities

We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

## Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

## Law Enforcement

We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

## Coroners, Medical Examiners and Funeral Directors

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

## Information Not Personally Identifiable

We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

## Family and Friends

We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

## OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission. If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization from you that complies with the law governing HIV or substance abuse records.

## YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

### RIGHT TO INSPECT AND COPY

You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

### RIGHT TO AMEND

If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: a) We did not create, unless the person or entity that created the information is no longer available to make the amendment. b) Is not part of the health information that we keep. c) You would not be permitted to inspect and copy. d) Is accurate and complete.

### RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your

request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

#### RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

#### CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date. You are entitled to a copy of the notice currently in effect.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services.