

## **Prime Psychiatry P.A.**

Welcome to Prime Psychiatry! We are happy to work with you, your child or other family member and are appreciative of this opportunity to help.

We believe our professional expertise will make treatment as productive as possible. During your initial appointment and subsequent follow ups, treatment goals and the steps to achieve these goals will be discussed. Please do not hesitate to ask if you have questions about your treatment modalities or any other aspect of your care.

### **CONFIDENTIALITY**

We regard the information you share with us with the greatest respect and would like to assure you that all information between you or your family member and our psychiatrist/therapist are strictly confidential, and the psychiatrist/therapist will not release any information about treatment (including for a minor) unless:

- You or a family member being treated presents as imminent danger to self or others
- Suspicions of abuse/neglect
- Specific requests from a judge or if the notes are subpoenaed by a court of law
- If multiple family members receive services, there may be case collaboration with our clinical staff to aid treatment
- It is agreed upon in writing, complies with State Laws or as a necessity for continuity of care such as interactions with your primary care provider, counselors or other medical practices.

I understand that for the purpose of reimbursements, my medical information will be released to insurance companies. I also understand that in cases of danger to self/others or cases of abuse/neglect, Prime Psychiatry is required by law to inform potential victims and legal authorities to ensure protective measures are taken. I acknowledge that I have received a copy of Prime Psychiatry's Notice of Privacy Practices. I understand that if I have any questions regarding confidentiality, I can contact the Privacy Officer at 4697774691.

### **CONSENT TO RELEASE OF INFORMATION**

I consent to information release for the evaluation and treatment of myself, my child or other family member. I am aware this release of information may be with the source of referral and other co-treating health care facilities for the purpose of treatment. This includes but is not limited to my primary care provider, counselors, inpatient facilities or other medical providers. I authorize that providers of Prime Psychiatry may disclose information regarding my treatment or my child's treatment and this may include information related to mental health status, drug and alcohol abuse, HIV status and other sexually transmitted diseases. If I so chose to revoke this authorization, it must be in writing. I am aware however that such may render treatment ineffective and my providers may elect to transfer my care to another qualified professional. Treatment at Prime Psychiatry infers that this consent to release of information remains valid.

## **PRACTICE POLICIES**

Please carefully review the following information about our practice policies. Your understanding of these policies will help us work most effectively with you.

**OFFICE HOURS:** Monday through Friday, 8:00am to 5:00pm and on Fridays. Our office is closed on all major holidays.

**APPOINTMENTS AND APPOINTMENT CANCELLATIONS:** We strive to ensure our appointments begin promptly as scheduled. Our new evaluations are scheduled for 40-50 mins and our follow up appointments are 15-20 minutes long. We strongly recommend you fill your forms online prior to your appointments. You are also encouraged to arrive on time. If you are late, this will cut into your appointment time. Please notify the office of appointment changes or cancellations as far in advance as possible to allow another client utilize the time.

Clients agree that failure to cancel an appointment at least 24 hours in advance will result in their credit card on file being charged \$75 as we are unable to bill insurance companies for missed appointments. The above are subject to change.

Clients experiencing crisis are advised to contact the National Suicide Prevention Lifeline (18002738255), the Suicide and Crisis Center of North Texas (2148281000) or attend the nearest Emergency Room.

**FEES:** Insurance co-payments, if any, are due on the day of scheduled appointment. We accept cash, check, debit or credit cards.

I hereby authorize my insurance benefits to be paid directly to Prime Psychiatry and I recognize my responsibility to pay for all non-covered services, including any additional cost incurred in collecting these amounts.

I also authorize Prime Psychiatry to release any information necessary to process my insurance claim. In the event that my insurance fails to make a payment to Prime Psychiatry, I understand that I am ultimately responsible for the fees and this will be charged to my credit card.

I understand that if I choose to self-pay, payment is also due on the day of the appointment. Our fees are \$300.00 for a new evaluation and \$180.00 for follow ups. There is a \$30.00 fee for bounced checks and a \$15.00 fee for declined credit cards. Unpaid balances are charged a late fee of \$40.00/month. These fees are subject to change.

I understand that if I fail to pay for the services received, that not only may my services be terminated, but in addition all billing information including name, address, place of employment, dates of service received, etc, may be given to a professional collection agency to use in their process of collection. I further understand that if my account is placed for collection, I will be responsible for the fee charged by the collection agency and any attorney or court fees assessed.

Medical records, work excuses, school notes, calls to employers, return to work letters, etc. will be provided on a fee basis. The fee will be based on time spent preparing the requested information. We DO NOT do FMLA/Disability paperwork. In the rare case that we fill out FMLA/Disability paperwork, there will

be a charge of \$100.00 as we will not be able to bill your insurance or your employer for that. There is a \$20.00 fee for medication refill requests between appointments.

**PHONE CALLS/EMAILS:**

Phone calls are only received during office hours. Non urgent phone calls are returned within 48hrs. We do not accept after hours phone calls. For emergencies, please call 911 or attend the nearest Emergency Room. Except in extreme situations, we advise contact be restricted to session time as our providers are always busy seeing scheduled clients. In view of this, phone calls may be charged based on the time spent per call. A good option to communicate with our providers is using the HIPPA compliant email system in the patient portal. Emails will be answered in 24-48hrs.

**PRESCRIPTION REFILL POLICY:** We advise you always contact Prime Psychiatry at least 10 days in advance if you need additional medications until your next visit. Please allow 48 hours for processing of medication refills. Prescription scripts will only be called in for those who are current clients and who maintain their regularly scheduled appointments. We do not participate in automatic refills. During your appointments, enough refills will be given to last until your next appointment. It is your responsibility to schedule and keep your appointments as suggested. Missing your appointment means you would have to schedule another appointment to be seen and be given a new script.

For controlled medications that require a monthly prescription (CII scripts), such as stimulant medications for ADHD, please notify our offices at least 10 days in advance for a refill. Prescriptions for controlled substances cannot be called in and must be picked up. Prior authorizations incur a fee of \$30.00. Please note that we are unable to provide immediate refills to walk-in patients.

**LABORATORY:** We may need to order laboratory studies in some cases. Please note that the cost of labs is not included in your visit charge. It is your responsibility to ask the laboratory about their costs and make payments accordingly.

**TESTIFYING IN COURT:** Our providers DO NOT testify in court. If we are however requested or subpoenaed to provide testimony, such as in a custody case, you will be financially responsible even though the subpoena is sent from the opposing side of this case. This holds true whether the client is active with our providers or if the relationship has ended. We will require travel expenses be paid as well as an hourly rate of \$500 for preparation, research, travel and appearance for the case. At least \$1000 will be due prior to the court appearance. Record copying fees are \$1.50 per page and \$150.00 per hour copying fee.

**TERMINATION POLICY:** Clients may terminate services at any time. We also reserve the right to terminate treatment for clients who miss 3 consecutive appointments and if there are no services delivered for 90 days or more, unless special arrangements for less frequent care have been made.

**POLICY ACCEPTANCE:** The providers of Prime Psychiatry are committed to providing high quality professional services. Agreement to our policies will ensure a smooth and efficient therapeutic relationship. We look forward to working with you. This policy was updated on 11/01/2016 and is subject to change.

I agree that I have read the above polices, understand, and agree to abide by them. I have been given the opportunity to ask questions and make clarifications.

### **AGREEMENT FOR SERVICES**

I have read through the confidentiality, consent, practice polices, notice of privacy practices and have had the opportunity to clarify unclear issues with providers of Prime Psychiatry. I agree to enter into a medical/counseling relationship with Prime Psychiatry PA.

### **CONSENT FOR TREATMENT OF A CHILD/DEPENDENT**

I hereby certify that I am the legal guardian of this patient and legally authorize Prime Psychiatry PA to provide mental health care to the above named. I am aware that such care may include evaluations, diagnosis, treatment, medical procedures and/or psychological testing carried out by Prime Psychiatry's psychiatrists, therapists or ancillary staff.

### **CONSENT FOR TREATMENT OF AN ADULT**

I hereby authorize Prime Psychiatry to carry out evaluations, diagnosis, treatment, medical procedures and/or psychological testing based on the professional recommendations of my psychiatrist/therapist. I understand that these procedures carried out by Prime Psychiatry's psychiatrists, therapists or ancillary staff will be subject to my agreement.

**\*\*\* I agree to be charged \$75 if I fail to cancel an appointment at least 24hrs in advance as insurance companies do not pay for missed appointments.**

**\*\*\* Please note that we do not do FMLA/Disability Paperwork.**

## **Prime Psychiatry Notice of Privacy Practices**

### **Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. A copy can also be reviewed in the US Department of Health and Human Resources website - <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html>**

**Effective Date: December 01, 2015.**

A federal regulation, known as the "HIPAA Privacy Rule", requires that Prime Psychiatry PA provide detailed notice in writing of our privacy practices.

### **OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU**

In this Notice, we describe the ways that we may use and disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called "protected health information" or "PHI". This Notice describes your rights as our patient and our

obligations regarding the use and disclosure of PHI. We are required by law to:

Maintain the privacy of PHI about you;  
Give you this Notice of our legal duties and privacy practices with respect to PHI; and  
Comply with the terms of our Notice of Privacy Practices that is currently in effect.

As permitted by the HIPAA Privacy Rule, we reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If and when this Notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised Notice upon your request made to our Privacy Officer.

You will be asked to sign a form to show that you received this Notice. Even if you do not sign this form, we will still provide you with treatment.

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

### **USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

The following categories describe the different ways we may use and disclose PHI for treatment, payment, or health care operations without your consent or authorization. The examples included in each category do not list every type of use or disclosure that may fall within that category.

**Treatment:** We may use and disclose PHI about you to provide, coordinate, or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI when you need a prescription, lab work, an X-Ray, or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider. If you are referred to another physician, we may disclose PHI to your new physician regarding whether you are allergic to any medications. In emergencies, we may use and disclose PHI to provide the treatment you need. Since we are a specialist practice, we may provide your primary care physician information about your particular condition so that he / she can take this into consideration in your general health care.

**Payment:** Our practice may use and disclose PHI to bill and collect payment for the treatment and services provided to you. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose PHI for billing, claims management, and collection activities. WE may disclose PHI to insurance companies providing you with additional coverage.

We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a health insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.

**Health Care Operations:** We may use and disclose PHI in performing business activities that are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. We may use and / or disclose PHI when providing training programs for students, trainees, health care providers or non-health care professionals (e.g. billing personnel). Other examples where we may use PHI would be in business planning and development or other administrative activities related to complying with the HIPAA Privacy Rule and other legal requirements.

We may also disclose PHI for the health care operations of any "organized health care arrangement" in which we participate. An example of an organized health care arrangement is the joint care provided by a hospital and the physicians who see patients at the hospital.

**Communication From Our office:** We may contact you to remind you of appointments and to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

### **OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION FOR WHICH YOU HAVE THE OPPORTUNITY TO AGREE OR OBJECT**

**Individuals Involved in Your Care or Payment for Your Care:** We may use and disclose PHI about you in some situations where you have the opportunity to agree or object to certain uses and disclosures of PHI about you. If you do not object, we may, make these types of uses and disclosures of PHI.

We may disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care.

If you are present and able to consent or object (or if you are available in advance), then we may only use or disclose PHI if you do not object after you have been informed of your opportunity to object.

If you are not present or you are unable to consent or object, we may exercise professional judgment in determining whether other use or disclosure of PHI is in your best interests. For example, if you are brought into this office and are unable to communicate normally with your physician for some reason, we may find it is in your best interest to give your prescription and other medical supplies to the friend or relative who brought you in for treatment.

We may also use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up prescriptions, medical supplies, X-rays, or other things that contain PHI about you.

We may use and disclose PHI about you whenever our office is contacted by individuals (e.g., Early Childhood Intervention (ECI), School Representatives, Speech Therapy, Occupational Therapy, Physical Therapy, Medical / Hospital Facilities,) in which they are needing forms completed so your child can be placed or processed within their specialized programs.

**Required By Law:** We may use and disclose PHI as required by federal, state, or local law to the extent that the use or disclosure complies with the law and is limited to the requirements of the law.

## **USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES**

**Public Health Activities:** We may use and disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the following activities:

To prevent or control disease, injury, or disability

To report disease, injury, birth, or death;

To report child abuse or neglect;

To report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration (FDA) or other activities related to qualify, safety, or effectiveness of FDA-regulated products or activities;

To locate and notify persons of products they may be using;

To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease' or

To report to your employer, under limited circumstances, information related primarily to workplace injuries or illnesses, or workplace medical surveillance.

**Abuse, Neglect, or Domestic Violence:** We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.

**Health Oversight Activities:** We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities, and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

**Lawsuits and other Legal Proceedings:** Our practice may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discover requests, or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.

**Law Enforcement:** Under certain conditions, we may disclose PHI to law enforcement officials for the following purposes when the disclosure is:

About a suspected crime victim if, under certain limited circumstances, we are unable to obtain a person's agreement because of incapacity or emergency;

To alert law enforcement of a death that we suspect was the result of criminal conduct;

Required by law;

In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process;

To identify or locate a suspect, fugitive, material witness, or missing person;

About a crime or suspected crime committed at our office; or

In response to a medical emergency not occurring at the office, if necessary to report a crime, including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime.

**Research:** We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes, except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.

**To Avert a Serious threat to Health or Safety:** Our practice may use and disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to help prevent the threat.

**Specialized Government Function:** Under certain conditions, we may disclose PHI:

For certain military and veteran activities, including determination of eligibility for veterans benefits and where deemed necessary by military command authorities;

For national security and intelligence activities;

To help provide protective services for the President of the United States and others;

For the health or safety of inmates and others at correctional institutions or other law enforcement custodial situations or for general safety and health related to correctional facilities.

**Disclosures required by HIPAA Privacy Rule:** We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI about you.

**Incidental Disclosures:** We may use and disclose PHI incident to a use or disclosure permitted by the HIPAA Privacy Rule so long as we have reasonably safeguarded against such incidental uses and disclosures and have limited them to the minimum necessary information.

**Limited Data Set Disclosures:** We may use or disclose a limited data set (PHI that has certain identifying information removed) for the purposes of research, public health, or health care operations. This information may only be disclosed for research, public health, and health care operations purposes. The person receiving the information must sign an agreement to protect the information.

## **OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION**

All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may later revoke your authorization at any time, except to the extent we have taken action based on the authorization.

### **3. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU**

Under federal law, you have the following rights regarding PHI about you:

**Right to Request Restrictions:** You have the right to request additional restrictions on the PHI that we may use or disclose for treatment, payment,

and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the privacy Rule. **We are not required to agree to your request.** If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, you must make your request in writing to our Privacy Officer. In your request, please include (1) the information that you want to restrict; (2) how you want to restrict the information (for example, restricting use to this office, only restricting disclosure to persons outside this office, or restricting both); and (3) to whom you want those restrictions to apply.

**Rights to Receive Confidential Communications:** You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We are required to accommodate only *reasonable* requests.

**Right to Inspect and Copy:** You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your medical and billing records but does not include psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy PHI, please contact our Privacy Officer. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor, and supplies used in meeting your request.

**Right to Amend:** You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request, you must schedule an appointment with our Privacy Officer in order to discuss and submit your request in writing. You must also give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.

**Right to receive an Accounting of Disclosures:** You have the right to request an “accounting” of certain disclosures that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to 6 years, *other than* disclosures made: for treatment, payment, and health care operations; to family members or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative; for certain notification purposes (including nation security, intelligence, correctional, and law enforcement purposes); as incidental disclosures that occur as a result of otherwise permitted disclosures; as part of a limited data set of information that does not directly identify you; and before April 14, 2003). If you wish to make such a request, please contact our Privacy Officer identified on the last page of this Notice. The first list that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

**Right to a Paper Copy of this Notice:** You have a right to receive a paper copy of this Notice at any time. To obtain a copy of this Notice, please contact our Privacy Officer in our office.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our practice or the Secretary of the United States department of Health and Human Services. To file a complaint with our office, please contact our Privacy Officer at the address and number listed below. We will not retaliate or take action against you for filing a complaint.

#### **RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES**

Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time **in writing**. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

#### **PRIVACY OFFICER CONTACT INFORMATION**

You may contact our Privacy Officer at the following address and phone number:

**Privacy Officer:** Prime Psychiatry PA, 3010 Legacy Drive, Suite 220, Frisco TX 75034. Phone: 2146188402

This notice was written and became effective on December 1, 2015.

**\*\*\* I agree to be charged \$75 if I fail to cancel an appointment at least 24hrs in advance as insurance companies do not pay for missed appointments.**

**\*\*\* Please note that we DO NOT do FMLA/Disability Paperwork.**

Initial Here

I agree to the above policies and practices of Prime Psychiatry P.A.

Signature:

Date: