

PSYCH ASSOCIATES of MD, L.L.C.

Patient Information Packet

Please read this entire packet carefully, as it contains important information concerning your treatment at Psych Associates of MD, L.L.C.. If you have questions concerning any of the information presented here, please be sure to ask a member of our office staff or your clinician. Please sign and date the forms that accompany this packet and return them to our office staff before your first session. Thank you for your cooperation.

Welcome to Psych Associates of MD, L.L.C. We find that many patients and their families request information about topics related to treatment services. The following information is provided to assist you. In addition, your clinician and our office staff are available to discuss any concerns or questions you may have about Psych Associates of MD, LLC.

1. *Patients' Rights and Responsibilities:*

A copy of our group's "Patient's Rights and Responsibilities" is available in our offices and on our website. Please read over these statements carefully as they address our responsibilities to you as a patient and your responsibilities as a recipient of services.

2. *Telephone Calls:*

Each clinician is committed to providing prompt return of telephone calls; however, we need your assistance to make it possible to respond as quickly as possible. If you need to reach your clinician, please call the office in which you are seen. If your clinician is unable to take the call, please follow the directions on the message greeting. Office phones are:

Columbia	Towson
410-290-6940	410-823-6408
Toll free 1-866-456-6940	Toll free 1-877-456-6408

Use the automated directory to reach your clinician's extension. Always say your name, any telephone numbers where you can be reached, and convenient times to reach you. Discuss with your clinician whether appointment information can be left on your answering machine. If you have a Caller ID which blocks unidentified numbers, do not leave that number for your clinician's return call. When using personal cell phones, clinicians do not allow their number to be identified, so the return call will not get through. Always leave a call back number without Caller ID block.

3. *Emergencies:*

Office hours: If there is an emergency during normal working hours (8:30 AM to 4:00 PM), please contact the office and tell the staff member the nature of the emergency. You will be assisted in obtaining the services you need.

After hours: If you need emergency assistance after hours, please call your doctor or therapist. Each clinician has emergency instructions available on their voice mail introduction.

4. *Cancellation of appointments:*

When you and your clinician agree on a scheduled time, your clinician will reserve that time for you and will not be able to offer that time slot to another individual. That can mean that patients need to be turned away because an adequate appointment time cannot be found. For this reason, you are asked to contact your clinician at the office where you are treated should you need to cancel a scheduled appointment. At least twenty-four (24) hours confirmed notification is required to cancel an appointment, except when weather conditions make local travel hazardous. Monday appointments must be canceled by the previous Friday. ***A fee (amount depends on the scheduled service) will be charged for appointments missed without the required twenty-four hours' advance notice.*** This fee ranges from \$60 and up.

Should you miss two consecutive appointments, we will assume that you no longer wish to receive services with us and we may close your treatment file. Should you wish to resume treatment with Psych Associates of MD, L.L.C. at any time, you may contact the office where you would like to be seen.

5. *Inclement Weather:* When weather is such that your appointment may be cancelled due to hazardous driving conditions, please call your provider's telephone extension. Each provider will leave a message to callers with instructions regarding appointments for that day. If you are unable to make an appointment although your provider is in the office, please call to discuss the situation and reschedule your meeting.

6. *Prescription Refills:*

Please make and keep timely appointments with your psychiatrist. Should an emergency occur and you need a refill of medication before your next visit, it will be necessary for your pharmacist to FAX that request to our office. We will make every effort to handle the request by the next business day. ***A limited supply will be allowed as determined by the psychiatrist.*** This is to cover your need until you can make an urgent appointment to see your psychiatrist. Except on rare occasions, all refills should be obtained during a scheduled visit with your psychiatrist.

Please contact our office 6 to 8 weeks ahead of when your follow up appointment is needed to avoid prescription refill gaps. Requesting refills because you "ran out of medications" suggests poor planning in getting an appointment. It creates an unnecessary burden on the psychiatrist's time. Your record needs to be reviewed and a decision needs to be made regarding necessity of authorizing an additional supply. Because of this use of psychiatrist's time, you will be charged a minimum of \$25 for this service for a limited amount of medication. This fee will not be covered by any insurance.

7. *Fees:*

We will make every effort to assist you in understanding your insurance coverage for services we provide. Benefits for psychological testing vary according to individual insurance contracts. Please be aware that fees are subject to change. Please make sure you stay informed about your insurance benefit and patient due responsibilities. It will be important for us to have that information, as well as any changes, so we may assist you in using your benefits appropriately. Give insurance information and changes to office staff as soon as available. You may discuss any questions you have regarding fees and payment with our office staff.

If you are covered by more than one health insurance carrier, please contact your employee benefits administrator about coordination of benefits for mental health and substance abuse services. Psych Associates of MD, L.L.C. will bill selected primary insurance carriers for any services rendered and, in most cases, will bill any secondary and tertiary policies. However, you may still be responsible for a portion of the fee not covered by your insurance.

Co-payments and coinsurance fees are due and payable in full at each session. We accept cash, some credit cards and checks. Make checks payable to "Psych Associates of MD, L.L.C.". We will submit claims to many insurance companies for processing. However, if we do not work with a particular insurance carrier, you may pay our fees and make arrangements privately with your insurance carrier. Any outstanding balance over 30 days old will be charged 1.5% interest per month. ***Failure to pay fees within a sixty (60) day period may result in your account being turned over to an outside collection agency. We charge a \$35 service fee for checks returned for not sufficient funds.***

If we need to provide clinical information for any reason other than coordinating care, there is usually a fee. Non-clinical reasons include such needs as insurance underwriting or disputes, legal reasons, employer requests, and others not directly related to your treatment. A simple letter will usually be provided without cost. However, please be sure to discuss with your clinician any fees that may be involved for such needs.

8. *Confidentiality:*

No records of your treatment will be released outside of Psych Associates of MD, L.L.C. without specific written permission from you. You should know that there are some unusual circumstances under which your clinician may release treatment information *without* your authorization. These situations are: (1) an emergency involving imminent danger or harm to yourself or another, (2) court order, (3) physical or sexual abuse of a minor, and (4) if a crime is threatened or committed at one of our sites or against any of our staff. Your clinician will discuss these conditions with you if you have any concerns.

A few of our psychiatrists participate in C.R.I.S.P. This is a health information exchange that is open only to physicians. It is important for coordination of your care. We at Psych Associates continue to team with other physicians in order to provide you with the best possible care.

Do not hesitate to discuss these and any other topics of concern you may have about your treatment at Psych Associates of MD, L.L.C. with your clinician and/or the manager at the site where you received services. We ask for your signature on the Informed Consent statement, found in your New Patient Packet, to assure that this information has been communicated to you during your initial evaluation for services.