

Practice Policies & Consent for Treatment

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and feel free to ask any questions that you might have. When you sign this document, it will represent an agreement between us. If you request it, you will be provided with a photocopy of this form after you have signed it.

PROFESSIONAL SERVICES

As a Double Board Certified Adult and Child & Adolescent Psychiatrist, I am trained to see patients across the age spectrum (5-65 years). Services include diagnostic psychiatric evaluations and consultations, medication management and/or individual, couples & family psychotherapy.

I practice comprehensive, collaborative, evidence-based, and highly individualized care. Therefore, it often takes time for me to get to know each patient and family to best formulate a treatment plan.

It is essential to have ongoing collaborative care with proper consultation with all providers involved, therefore, with your consent, I will be in contact your (child's) therapist, primary care physician, school or other providers as treatment necessitates. The success, length and course of treatment are affected by many things, including the severity of the problem and the motivation of the patient, among other factors. The best outcome is achieved through collaboration between the patient and provider.

I do not provide forensic services such as custody evaluations, ability to stand trial, etc.

CONFIDENTIALITY

Communication between a patient and his/her mental health provider is held in confidence and will not be revealed to an outside agency without written consent unless specifically required by law (for example: child abuse, imminent threat of danger to yourself or others, court order, etc). Information released to insurance companies for reimbursement for services is released only on authorization from you.

If the patient is under 18 years of age, the law may give parents/legal guardians the right to access your records. It is my policy to request an agreement from parents that they will relinquish this right so that patients under 18 (especially teenagers) may have privacy in their sessions. An exception to this would be if I believe that there is a danger of imminent danger to oneself or others.

Please be aware that the audio or video recording of any session is not permitted

secondary to therapeutic and privacy issues. In the event that there is a specific reason for a recording to be made, it must be done in a mutually agreeable way and only following a discussion with both parties. If an unauthorized recording is made, it is grounds for termination of the therapeutic relationship.

Psychiatrists often find it helpful to consult about a case with other professionals. In these cases, details that would reveal the identity of my patient are avoided. The consultant is, of course, also ethically bound to keep the information confidential.

APPOINTMENTS, CANCELLATIONS AND NO SHOW POLICY

Please remember that your appointment time is reserved for you. I have a 24-hour cancellation policy, please allow for one business day to cancel appointments without being charged. As everyone has emergencies, I will not charge for first cancellation/no-show. After that, patient's will be responsible for the full fee for any late cancellations. Please call by Friday at 1 pm for any cancellations for the Monday.

Please note that these charges are not reimbursable by insurance companies. As a courtesy, you will receive a reminder call or email about your appointment, but please keep track of your appointment card to ensure that you know when your appointment is scheduled for.

If multiple appointments are missed without notice, I reserve the right to terminate treatment and refer you elsewhere.

TELEPHONE CALLS, COMMUNICATION AND LETTERS

I am in the office 3 days a week; nevertheless, I do try to check my messages throughout the workday and on days out of the office. Brief phone calls are not charged. Longer, more involved calls are charged as outlined in Professional Fees. I can be reached at 404-220-8022, option 1 or directly at 404-565-0965. I try to return urgent calls as soon as possible and routine calls are usually returned within 24-48 hours during the work week. My administrative assistant can be reached by pressing option 3 for scheduling and non clinical questions.

Please do not leave any urgent messages on my voicemail or email afterhours. My voicemail and email are not monitored on holidays, weekends or after 5pm on weekdays.

For more urgent calls at any time, established patients or their guardians are welcome to call me and press option 3 to be transferred to the answering service and I will be reached, or if I am unavailable, they will instruct you on how to contact the covering physician. **This service is not available for emergencies. If you have a true medical emergency, any time of the day, please call 911 or go to your closest emergency room.** On few occasions when I am out of town, I may have another clinician or physician available for urgent calls. Please be cognizant that I remain on call virtually

24h/7d/365 days per year.

From time to time, forms will need to be filled out for schools and camps, etc. Routine, brief forms are filled out at no charge. Extended or complex forms or letters and full psychiatric reports will be charged as outlined in the Professional Fees.

PRESCRIPTION REFILLS

Prescription refills can be called into my voicemail, however, I urge you to keep your standard appointment as medication is discussed and monitored thoughtfully in session. If necessary to obtain a refill, please allow **5 full business days** to obtain of a mailed prescription and **2 full business days** for ones that can be called in to a pharmacy. It may be required that I schedule a phone session or follow-up appointment before renewing certain medications. If a medication has been prescribed, I urge you not to modify it without contacting me first. Abrupt termination of some medications prescribed may have serious adverse effects. Please discuss any medication changes with me, including medications added or changed by you or other medical providers.

PROFESSIONAL FEES

Diagnostic interviews for children, adolescents and young adults are done in an initial 90 minute appointment. Please note that all patients under age 18 **MUST** be accompanied by a parent or legal guardian at the time of the evaluation. I will be spending at least half the session with a parent/guardian so please bring an quite activity for the child to stay busy while waiting. It can often be helpful to bring an additional adult or to supervise young children (under 10 years old) while waiting. It is essential that I have legal documentations of divorced parents

Adults patients may choose to start with a 60 minute evaluation at \$300/hour. Often times, multiple visits may be necessary for full evaluation and recommendations.

Communication with referring provider and/or other pertinent providers (including schools if indicated) and review of documents are included in these initial fees.

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| Initial Psychiatric Evaluation (90 minutes) | \$450 |
| Routine follow-up appointments (25-30 min): | \$175 |
| Extended Follow-up or Psychotherapy appointments (45 min): | \$275 |
| Extended Follow-up appointments (60 minutes): | \$300 |
| Extended phone calls (over 15 min): | \$50 per 15 min |
| Extended or complex forms/letters and full psychiatric reports: | \$100 |

PAYMENTS AND INSURANCE

Payments are expected at the time of service regardless of your insurance coverage. **I do not file insurance claims nor do I accept any insurance plans or payments.** Since coverage varies widely from policy to policy, we cannot guarantee that these services will be reimbursed by your insurance carrier. If you wish, you may file for reimbursement directly with your insurance carrier. At the time of payment, you will be provided a super-bill. This will include the diagnosis code and billing code for the appointment

You are responsible for all fees. My practice accepts cash, check and credit/debit card. Check payment is preferred. Returned checks will be assessed a \$25 office administrative fee as well as any bank charges. All accounts become overdue after 60 days if no payment arrangement has been made. I will make every effort to cooperate with any individual who has special financial concerns. Severely past due accounts may be sent to a collection agency and any collection costs will be added.

DISCONTINUATION OF TREATMENT, NO CONTACT POLICY

Typically, the decision to terminate treatment is made through a mutual and thoughtful discussion involving the physician, parents and patient. In the event that you discontinue treatment without notifying my office, I will assume that your therapeutic relationship with me terminated 90 days after your last visit, unless you have an appointment scheduled for a future date, beyond which I carry no further responsibility for your care.

This is a great deal of information to review, so please feel free to contact me with any questions and I look forward to working with you and your family.

ELECTRONIC COMMUNICATION

There are limitations of email communication in regards to confidential communications between the provider and the recipient. If I provide a working email address below, I hereby give permission to communicate with me via email about administrative matters concerning the care of the above named patient. It is Dr. Poline's policy that she does not communicate via email about any clinical matters as she does not check emails routinely after hours or on weekends.

RESPONSIBLE PARTY SIGNATURE/INFORMATION

PARENT/GUARDIAN CONSENT FOR TREATMENT: I acknowledge that I have read, accept and understand this policy and consent for treatment of myself or my minor child listed herein and accept responsibility for all fees incurred. If the patient is a minor child, I hereby certify that I have legal custody of the child / adolescent being treated and am legally empowered to make medical decisions concerning him/her.

NOTICE OF PRIVACY PRACTICES: I acknowledge that I have read or been offered a copy of the Notice of Privacy Practices for the office of Carrie Poline, D.O, FAPA.

CUSTODY AGREEMENT: If the parents are divorced and the custody is "joint legal," both parents will need to sign the consent for treatment. However, if parents are divorced and only one parent signs the consent for treatment a copy of the custody agreement must be provided. This agreement must reflect which parent obtains authority over medical decision making.

Patients Name: _____ **Date of Birth:** ___/___/___

Patients Street Address: _____ **Apt #** _____

City: _____ **State** _____ **Zip:** _____

Preferred email address: _____

Responsible Party Name: First: _____ **MI:** ___ **Last:** _____

If not patient, relationship: _____

Date of Birth: _____/___/___

Home: (____) _____ - _____

Cell: (____) _____ - _____

Responsible Party Signature: _____ **Date:** ___/___/___