



Community Psychiatry

Patient Agreement

To Our Patients,

Welcome to our group. Our dedicated medical providers and staff are committed to providing the highest quality medical care for each and every patient.

Treatment: What to Expect

Child Patient: The initial evaluation for your child involves 2 sessions that are approximately 45-50 minutes each. The purpose of these sessions is to obtain a detailed history for an accurate assessment of your child's difficulties. Many times, your doctor may need to obtain collateral information from your child's other providers and school before generating a more definitive diagnosis and/or recommendations.

Adult Patient: Your initial evaluation involves one, approximately 45-50 minute session. Many times your physician may need to obtain collateral information from your other providers before generating a more definitive diagnosis and/or recommendations.

All: Following the initial evaluation, your physician will discuss the assessment with you and make recommendations regarding medication and/or psychotherapy. Often psychotherapy is a helpful adjunct to medication, or an effective stand-alone treatment for many emotional/behavioral problems. If psychotherapy is recommended, we can refer you to local therapists.

If medication is needed, our staff will schedule follow up sessions which usually occur every one to two weeks during the initial phase of treatment. In these sessions your physician will need to carefully monitor response to medication and side effects which sometimes occur. These follow up sessions typically last 20 minutes to 30 minutes, although they may take somewhat longer in the early stages of treatment.

The most challenging aspect of psychiatric disorders and using psychiatric medications is that there are currently no laboratory tests which can be reliably used either to diagnose a psychiatric difficulty or to decide which medication to choose. Your discussions with your physician and their clinical observations become the basis for choosing medication. For some situations and some medications, your physician may request blood tests or EKG prior to starting medication.

The initial stages of treatment may require several trials of different medication in order to choose one which causes the least side effects and is effective. As with most medications, psychiatric medications can cause harmless but annoying side effects (e.g. dry mouth, constipation, stomach upset, diarrhea, or mild headache) which often subside after several weeks. For this reason, you will most likely meet more frequently with your doctor in the beginning of treatment. Ongoing sessions to monitor progress are usually once per month after successful response to medication without significant side effects.



Community Psychiatry

Cancellation Policy

In order to ensure that all patients receive the time and attention which they deserve, we do not double book appointments and most routine appointments are scheduled for a half hour rather than the usual fifteen minutes. We reserve your appointment time specifically for you and you alone. For this reason, our office charges for cancellations without 2 business day notice. While we understand that occasional emergencies will prevent timely cancellations, we respectfully ask that you give your appointments special priority. Missed or cancelled visits not only jeopardize the quality of your care but create a financial burden for your physician.

If you arrive late for your appointment, your doctor will be able to see you only for the allotted time left of your scheduled appointment. At such times, it may be necessary to schedule an additional appointment that week to allow you and the doctor to have sufficient time to address your treatment concerns.

If you cancel or reschedule your initial visit without two business days notice, the cancellation fee is \$125.

If you cancel or reschedule your follow-up visit without two business days notice, the cancellation fee is \$75.

If you cancel or reschedule your psychotherapy appointment without two business days notice, the cancellation fee is \$100.

We also understand that your time and money is valuable. For this reason, our office staff will call and remind you about each appointment. Please notify our staff if you do not wish to be contacted at either your home or your office.

Finally, timely regular visits are critical to excellent care. In the event that an emergency or illness interferes with your visit, our staff will make arrangements for your doctor to speak with you over the phone in order to ensure careful monitoring and regulation of your medication.



Community Psychiatry

Parity and non-parity benefits

In the State of California any patient with a parity diagnosis by law must receive insurance coverage which is equal to (at parity) with their medical coverage. Our staff can provide you with a list of diagnoses which are considered by the state to be “parity diagnoses.”

Unfortunately, some insurance companies will not always cover Attention Deficit Disorder (ADD/ADHD) even though it is on this list for children. If your insurance company determines that your diagnosis is not “parity,” then you may have higher co-pay, deductible, or a limit to the number of covered sessions with your psychiatrist.

At the time of your visit, your psychiatrist will have no way of knowing ahead of time whether your insurance company will provide parity coverage for Attention Deficit Disorder. Almost all other diagnoses can be confirmed from the list in our office.

If we are alerted that you have non-parity coverage for our services, our office will notify you by mail what your actual coverage is determined to be. You may also contact your insurance company directly to find out the terms of your non-parity coverage.

While we always try to help you get the best coverage for your visit, the final decision about your diagnosis is always made by your doctor.

Starting Medications

Our psychiatrists typically evaluate adults for one session and children for two sessions before determining whether medication is indicated for your care. While parents are understandably concerned about getting treatment as soon as possible, the decision to start a medication often cannot be made during the first session and is usually deferred until your second meeting to allow your doctor the necessary time for a complete history, examination of your child, and reviewing any additional medical or school records pertinent to your child’s care.

Emergencies and Urgent Consultations

For your benefit, a covering physician will be available each day after office hours until 10 p.m. for problems with medications. The psychiatrist can be reached by calling our call center whose number will always be listed on our voice mail message. For emergencies or urgent consultations, please go to your emergency room at the nearest hospital.

Children and Appointments

In order to ensure that you and your family will receive optimum care by our psychiatrists, we kindly ask that your children do not accompany you to appointments unless they are seen as a patient, or are specifically requested to attend by your doctor. Please note that we cannot have children waiting in our waiting area without the supervision of a parent, guardian, or caretaker.



Community Psychiatry

Forms and Other Papers

All forms are completed by your psychiatrist while they meet with you in your session. Please notify your psychiatrist at the beginning of each session if you have forms to be filled out.

Regular Attendance & Prescription Refills

Regular attendance at your appointment is a critical part of your care. **Our office does not routinely refill prescriptions over the phone. If you need a refill before your next scheduled appointment please call one week prior to running out of your medication.** Please do not call for medication refills during the weekends unless you have run out of medication.

Patients needing a refill of a controlled substance during on-call hours: No more than a 5 day supply of your medication will be refilled by the on-call physician to cover you until you are able to be seen by your treating physician. On-call physicians will never supply more than 5 days worth of a controlled substance medication. The covering physician must be provided with the pharmacy's name and phone number where you last received this medication. If the covering Dr is unable to determine through pharmacy records that you are currently taking this medication then the Dr may not be able to refill your medication.

For patients that are on stimulant medications: Pharmacies will not accept prescriptions for stimulants that are called in or faxed. Prescriptions for stimulant medications must be written on a secure paper and given during an appointment.

If you miss an appointment and are running out of medication, we will normally insist that you see one of our psychiatrists who will refill your medication. **Emergency weekend prescriptions when necessary are never given for more than seven days dosing.**

Mail Order Prescriptions

Our physicians would like to assist you in benefiting from these services as long as it does not interfere with the quality of your care. For this reason, we will expect you to keep the recommended appointments scheduled by your physician. Almost all patients are seen at least monthly and we will not provide 90 day prescriptions if you are unwilling to keep your recommended appointments.



Community Psychiatry

About Your Prescriptions and Visits

Your relationship with your psychiatrist is a partnership whose goal is the well-being of your mental health. We would like to take a moment to review our procedures and expectations about prescriptions and refills. We have developed these expectations because over time we have found that they insure that you and your child will have the best response with the least problems on your medication.

- Always discuss any changes or side effects in medications with your physician.
- Never stop or change the dose of a medication without contacting your doctor.
- When medications are stopped they must either be stopped gradually or be replaced with another more effective medication.
- Suddenly stopping medication can cause medical problems. For this reason, never allow yourself to run out of medication.
- Be sure to keep your appointments. Although your physician will provide you with adequate medication until your next visit, cancelled or missed visits can prevent you from having an adequate supply of medication and makes it difficult for your psychiatrist to properly monitor your progress and help with complications.
- If you do cancel or miss a visit, be sure to reschedule your next visit before you run out of medication. **Our office staff will insist that you see your physician before refilling your medication. In our experience, refilling medications without seeing the patient increases the chances of problems and interferes with treatment.**
- If side-effects or problems occur with your medication, contact our office to arrange an urgent visit with your psychiatrist.
- Occasionally, you may have forms or reports which require your doctor's attention. Such paper work will be completed while you are meeting in session with your psychiatrist.

All of our staff and doctors want to be sure that you and your child get the best response to treatment with medication. We appreciate the commitment of time and money, which you have made towards improving the quality of your child's life. Although regularly scheduled visits with your doctor may at times feel burdensome, this commitment insures that you and your child will receive the high level of care, which you deserve.

Community Psychiatry

Consent for Treatment

CONSENT FOR TREATMENT: "I further authorize and request that the psychiatrists and psychotherapists at Community Psychiatry Associates carry out psychological examinations, treatments, and/or diagnostic procedures which now or during the course of my care as a patient are advisable. I understand the purpose of these procedures will be explained to me upon my request and are subject to my agreement. I also understand that while the course of my treatment is designed to be helpful, it may at times be difficult or uncomfortable." **All other legal custodians of this child have been informed of and agree to my intention to enter this child into psychiatric treatment.**

Print Patient's Name _____ Patient's Date of Birth _____

Signature _____ Date _____

Contact Information

I give the staff of Community Psychiatry Associates permission to contact me directly on my:

Home phone Work Phone Cell phone Other _____

I give the staff of Community Psychiatry Associates permission to leave a message for me on my:

Home phone Work Phone Cell phone Other _____

Email address (optional) _____

Signature _____ Date _____

Information Regarding Confidentiality

I have received my HIPAA information.

Signature _____ Date _____



Community Psychiatry

Gastric Bypass Evaluation

If this is a Gastric Bypass evaluation your insurance company will not cover the visit, so please notify the front desk immediately. Blue Cross is the only insurance company that will pay a small portion of the Gastric Bypass Evaluation. Please check in with our staff for a break down and explanation of what the cost of today's visit will be.

- This is a Gastric Bypass evaluation
- This is **NOT** a Gastric Bypass evaluation

Signature _____ Date _____

Legal Issues

This Agreement will be governed by the laws of the State of California.

If any provision of this patient Agreement is held in whole or in part to be unenforceable for any reason, the remainder of any such provision and of the entire Agreement will be severable and remain in effect.

Community Psychiatry does not get involved in legal matters or custody disputes. Our doctors and staff will not testify in court.

This Agreement contains the entire Agreement between the patient and Community Psychiatric Associates and its physicians. No other agreement, statement, or promise made on or before the effective date of this Agreement shall be binding.

Signature _____ Date _____

Same Day Appointment

Most insurance companies do not pay for two mental health visits on the same day. If I schedule visits with my psychiatrist on the day in which I meet with my counselor ***I may be expected to pay for one of these visits.*** I understand that if my insurance company does not cover one of these sessions I am responsible for which ever appointment is not covered.

Signature _____ Date _____

Community Psychiatry

Responsibility for Payment

The accounting and collection systems for missed co-pays and unpaid deductibles are expensive and cumbersome for our practice. If you incur a balance that you are unable to pay you may establish a payment plan with our billing department. If you have a past due amount we will still be able to see and treat you as a patient, however if we are unable to collect on a balance owed we may be unable to continue your treatment. If you would like to call our billing department to enquire about a balance owed, or make payment arrangements you may contact them at (866) 681-4869.

I hereby authorize payment of insurance benefits directly to the Community Psychiatry Associates for payment of medical services. *I understand that I am financially responsible to Community Psychiatry Associates for charges not covered by my insurance including co-payments and deductibles, which are due at the time of my visit.*

The adult accompanying a minor is responsible for full payment. This is regardless of any divorce decrees (which is a contract between the parents; not between you and your doctor). If the ex-spouse is responsible for a minor's bill, the adult accompanying the minor is responsible for paying the physician fees and may collect reimbursement from the ex-spouse.

Parents are responsible for sending co-payments for unaccompanied minors at each visit.

I have been informed of my doctor's cancellation policy and acknowledge that I am financially responsible for missed or cancelled appointments if I miss or cancel without two business days notice. *I understand that insurance does not cover missed or cancelled appointments.*

In the event that my insurance coverage stops, I understand that it is my responsibility to notify Community Psychiatry Associates before utilizing further services. I agree that I am financially responsible for all services that my child or I utilize after my insurance coverage ends.

Person Responsible for Payment

Name (Please Print) _____

Signature _____ Date _____

Patient's Name (Please Print) _____

Community Psychiatry

Disclosure Authorization (Billing and Payment Activities)

I, _____ authorize staff of Community Psychiatry to exchange
(Name of Patient or Guardian)

information with:

(Name of Insurer)

the information described below that pertains to my treatment or treatment of my child/ward as necessary. The purpose of disclosure is to permit Community Psychiatry and my insurer to conduct billing and payment activities in connection with treatment by Community Psychiatry.

The specific information I authorize to be disclosed is information regarding my (or my child's/ward's) diagnosis, presence/participation in treatment, psychiatric evaluation, assessment/evaluation report, treatment recommendations, treatment plan, progress notes, treatment progress, continuing care plan, discharge/transfer summaries, physician orders, lab results, physical exam, billing statements, and scheduling, confirming and cancelling appointments.

I understand that I may revoke this authorization by providing written notification to Community Psychiatry at any time except to the extent that action has been taken in reliance on it. Unless sooner revoked, this authorization expires one year after the end of the treatment.

I understand that unless I have specifically requested in writing that the disclosure be made in a specific format, Community Psychiatry reserves the right to disclose information in any manner that they deem appropriate and consistent with applicable law including, but not limited to, verbally, in paper format, fax or by computer technology.

I understand that if I refuse to sign this authorization, the consequence will be that no information will be disclosed to my insurer. In such an event, Community Psychiatry will not be able to bill my insurer for treatment and I will be responsible for payment for services at Community Psychiatry's standard rates. Community Psychiatry will not condition my treatment on whether I give authorization for the requested disclosure.

Community Psychiatry will share information only with those entities that I authorize. Though unlikely, there is always the potential that the disclosed information will be re-disclosed by the authorized entities and no longer protected by the HIPAA Privacy Rules. Community Psychiatry is not responsible for the conduct of those entities.

Community Psychiatry

I understand that I have a right to receive a copy of this authorization. I also have a right to inspect and copy the information that is to be released.

I agree to the foregoing authorization:

Print Patient's Name

Patient's Date of Birth

Signature of Patient

Date

Signature of Parent/Guardian or Personal Representative

Date

If you are signing as a personal representative of an individual, describe your authority to act for this individual (power of attorney, healthcare surrogate, etc.): _____

Signature of Witness Attesting to Identity & Authority

Date

I do not agree to the foregoing authorization. I understand that Community Psychiatry will not be able to bill my insurer and I will be responsible for paying for treatment as described above:

Print Patient's Name

Patient's Date of Birth

Signature of Patient

Date

Signature of Parent/Guardian or Personal Representative

Date

**If you are signing as a personal representative of an individual, describe your authority to act for this individual (power of attorney, healthcare surrogate, etc.): _____



Community Psychiatry

NOTICE TO CONSUMERS

Medical doctors are licensed and regulated by the Medical Board of California

(800) 633-2322

www.mbc.ca.gov

I, the undersigned, understand that my physician at Community Psychiatry is licensed and regulated by the Medical Board of California. I understand that I may contact the Medical Board of California for information or with a complaint about California medical doctors.

Patient Name (Print)

Patient/Guardian Signature

Date