

## **PRACTICE POLICIES and PROCEDURES**

**General Information:** Welcome to Pondworks! Your initial visit is a consultation to decide if our services match your current needs. That might take more than one appointment. If, after this consultation period, we agree to enter into a treatment relationship, we are both accepting certain obligations. As a patient, you have the right to our professional time and ability for treatment. You have the right to be informed of the benefits and risks of treatment, and you may consent to or decline the treatment offered. You have the right to privacy. Your obligations include cooperating with our decided plan of treatment, attending scheduled appointments and paying the agreed upon fees on time. The remaining document explains many of our office practice policies and procedures. If you have questions, please let us know!

**General Office Procedures:** Office hours are by appointment only. If you need to reach your provider between appointments, please call our main number, (512) 371-9555, and leave a voice mail message (Option 3). Messages are checked several times a day during regular office hours. We will return your call as soon as possible, usually within 24 hours. We also have a secure online patient portal, for administrative issues only.

**Emergencies:** Our medical emergency line is also accessible from the main phone number, (512) 371-9555 (Option 2). If you are unable to reach your provider or are unable to wait for a call back, please call 911 or the Mental Health Hotline, (512) 472-4357, or go to your nearest emergency room. During any scheduled absences, such as vacations, we will arrange to have another clinician available to cover any emergencies.

**Prescription Refills:** Please allow several days' notice for medication refills. Stimulant refills require one week's notice. Please call your pharmacy and ask them to send a refill request to our office by secure fax at (512) 367-5756.

**Fees:** Please see the provider rates form for your provider's current fees. We will provide at least one month's notice should there be any changes in the fee charged. Our office reserves the right to charge for any letter/report writing, preparation of treatment summaries, completion of insurance forms, lengthy phone contact outside the scheduled appointments, or other such ancillary professional service.

### **Cancellation Policy:**

- If an appointment is canceled with **at least 24 hours'** notice, you will not be charged. Providing our office such notice allows us to schedule other patients in your absence. If you do not provide such notice, you will be charged for the visit.
- **Our front office closes at 12:00 noon on Fridays.** If you wish to cancel a Monday appointment and not be charged, you must leave a voice mail by noon. Our phone system will capture the date and time of your call. The front office's direct phone is (512) 420-2224.
- The fees are \$150 for missing a therapy appointment and \$100 for medication management.
- Exceptions for extenuating circumstances can be discussed on a case-by-case basis and are at the discretion of your provider.

**Payment:** Payment is due at the time of the appointment. We require a credit card number on file for all patients. Statements for outstanding balances are mailed monthly. Payments overdue by 90 or more days will

be considered delinquent, and services may be suspended until payment issues are resolved. In addition, we reserve the right to charge interest on any delinquent balance, at a rate of 1% per month (12% annual rate). If a check is returned due to insufficient funds, you will be charged an additional bank fee of \$40. Payment plans are available upon request and with approval.

**Insurance:** Our office accepts a small number of insurance plans. If we file claims on your behalf, you agree to allow us to collect fees from your insurance company. In addition, you agree to authorize the release of any medical or other information necessary to process claims. We can discuss this third party release of information, and it may be revoked at any time. You are responsible for helping us, by:

- 1) checking with your insurance company regarding your mental health coverage
- 2) obtaining any necessary authorizations or referrals
- 3) informing us of any insurance information changes
- 4) contacting our office with any questions you have

**If at any point your insurance company determines such treatment is not medically necessary or for any reason does not cover the treatment, you will be responsible for all charges.**

**Medicare:** Our providers are opted-out with Medicare. If you are a Medicare beneficiary, you will need to sign a private contract stating that you are aware that we are not part of the Medicare network and agree to pay our standard, fee-for-service rates.

**Privacy:** Information about you may be disclosed under two categories:

- **Authorized Disclosures:** These disclosures require your written permission or fall under the guidelines of HIPAA. The “Request for Information” (ROI) form you would sign in our office allows you to indicate the information you are willing to disclose, to whom, and an expiration date regarding the authorization.
- **Required Disclosures:** These disclosures involve circumstances where public policy concerns override your right to privacy. In these situations information must be released with or without permission. These include:
  1. Emergencies where there may be a danger to yourself or others.
  2. Child or elder abuse.
  3. If a court of law issues a legitimate subpoena requesting information.

**Complaints:** Should you become concerned about your treatment we urge you to discuss these concerns directly with your Pondworks provider. If we are unable to resolve your concerns we could consult with a colleague selected together or by you independently of your Pondworks provider. Complaints of unprofessional conduct should be presented to the Texas Board of Medical Examiners at (512) 305-7010. If you are concerned that Federal privacy laws (HIPAA) have been violated, please contact the U.S. Secretary of Health and Human Services.

**Firearms:** All firearms are prohibited at Pondworks. See § 30.06 and 30.07, Texas Penal Code.

**Agreement:** I have read the policy and I have taken a copy for my own records. I understand the policy and agree to abide by it.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_