

Morgan Hill Psychiatry, Inc.

OFFICE POLICY STATEMENT

Welcome!

Please read the following carefully. Please sign and date at the bottom giving us consent that you understand and abide by the policies of our practice before you are seen in the Clinic:

EMERGENCIES:

Morgan Hill Psychiatry Inc. is an out-patient clinic and does not deal with psychiatric or medical emergencies. Please call 911, your local Crisis Center or go to the nearest ER in case of any emergency. Please don't contact us for that though we'll need the records later for any emergent interventions.

We don't admit patients to the hospital and request them to go to the ER directly. This is strictly an Out-Patient Facility.

APPOINTMENTS:

All sessions are arranged by appointments only. Please email us or leave a voice mail for us and we'll contact you within 2 business days to arrange an appointment. We cannot extend the sessions if you arrive late.

CANCELLATIONS & NO-SHOW CHARGES:

We request that you inform us 24 hours before canceling your appointment to avoid Cancellation Charges that would be 25% of our Consultation Fee. This policy, however, doesn't apply in case of reasonable emergencies.

FEES & PAYMENTS:

Please be advised that payments are expected at the time of the service and is your responsibility. We do not take any kind of health insurance and we accept Cash, checks and credit card payments.

Our Consultation Fee is \$350/hour. It includes time spent with you Face-to-Face and writing the progress notes. This time varies depending on the nature and complexity of the illness.

It can typically vary as follows:

1. Initial Psychiatric Evaluation: From 45 minutes to 120 minutes.
2. Follow-Medication Management Visit: 25 minutes to 45 minutes.
3. Adult-Psychotherapy: 45-60 minutes.

We accept Cash and Major Credit Card Payments.

REFILLS:

Please have your pharmacy call us or send us a fax 72 hours before you run out of medications for refill requests with your full name, date of birth and medication request.

VISITS:

Depending on the nature and complexity of the illness/problem, follow-up visits for Children and Adolescent can vary 2 to 6 weeks. For Adults, it can vary from 4 to 12 weeks. Again, this time period of follow-up visit can vary from patient to patient and the stability of the patient.

MEDICAL/PSYCHIATRIC RECORDS:

We request that you have your old psychiatric provider and your primary care physician fax us copies of your old records, It should include an initial psychiatric evaluation and the last follow up note. We also request that your primary care physician faxes us a copy of your last physical exam, any lab work, EKG or radiological work like CT Scan result faxed to us.

If we don't get your all routine lab work done within past 12 months, we will order that.

CONFIDENTIALITY:

You should have received a copy of our privacy practices. We maintain a record of your treatment. You have certain rights with regards to accessing that record. Please direct your

inquiries about access to your records to us. All issues discussed in the course of therapy are strictly confidential with the following exceptions:

1. Consultation with other current health care providers, if pertinent to treatment.
2. Instances where the patient may be an imminent threat to self or others, unable to take care of basic needs or in cases of suspected child or elder abuse.
3. When ordered by a court.

4. Some treatment information such as name, diagnosis, date of service and charge is routinely given to your insurance company to facilitate reimbursement. Some companies request additional information for treatment authorization.
5. We will only share the information of the minor with the parents/legal guardians as allowed by the Law.

Your records are saved in computer and are password protected.

Please don't discuss anything in email about the illness; use this only to contact us or send us documents. You also consent that you will not write anything about your symptoms and illness in email communication. Please note we may take 3 working days to respond to the email communication. Moreover, email communications can also be unsafe.

VACATIONS:

If we are closed due to vacations, we will ensure that we see you immediately before and after the vacations and that you have enough refills.

CHILD & ADOLESCENT PSYCHIATRY VISITS:

Please note that Psychiatric Evaluation of a Child and Adolescent is not complete until we also interview the parents/legal guardians. It is important that you accompany them on the visits.

We might need feedback from the schools and teachers.

THERAPY FOR CHILD & ADOLESCENT PATIENTS:

We strongly believe in behavioral and therapeutic interventions and would strongly encourage our patients to see therapists on regular basis. In case of Adults, we'll provide that but for Children & Adolescents, we work in collaboration with Discovery Counseling Services (Link to <http://mydiscoverycc.com>) and will refer our patients to them. We'll do the medication management.

CLINIC TIMINGS:

At this point in time, we are accepting new patients only for selected mornings, all late afternoons and early evenings and on the week ends and even on holidays. As this changes, we'll update on our site.

Our psychiatrist have full time job but we want to extend our services to our community.

DISCONTINUATION OF SERVICES:

We will not make an appointment with you if there are 3 No-Shows. You and we have the right to discontinue services at any time. If we do that, we will ensure that we provide you with a list of providers in the area that you can follow up with.

We also reserve the right to accept or not accept a patient for our services.

If you have any questions regarding these issues or others, I encourage you to discuss them with me. Thank you.

I have read and agree to the above.

Signature _____

Date _____

Signature of Parents/Legal Guardians in case of a minor _____

Date: _____