Policies and Procedures for Patients and Consent for Treatment

Please read the following thoroughly and keep for your records. You will sign a patient registration form stating you have received and agree with these terms.

Welcome to the practice of Dr. Peter M. Levine. I am a board-certified psychiatrist who provides evaluation, consultation, diagnosis, and treatment to adults who are suffering from psychiatric, psychological or mental disorders.

Initial Appointment

When you call the office or submit an appointment request via my website, I will call you to briefly discuss your problems with you and determine if an evaluation would be helpful. If I feel that I will be able to assist you, an initial consultation will be scheduled. This initial consultation will be 90 minutes long. Generally, that is adequate time to make a "working" diagnosis and determine an initial treatment plan. Occasionally, an additional evaluation session is needed.

At the end of the initial evaluation, we will discuss a proposed treatment plan, which may include medications and/or psychotherapy. Follow up visits are necessary to evaluate your response to treatment and for ongoing psychotherapy. Every person responds differently to treatment.

If I determine that I am unable to assist you, I will attempt to refer you to someone who can. However, please be aware that the initial visit is for consultation only and does not necessarily imply a long-term treatment relationship. I feel it is important for us to meet each other to see if there is a good connection and that both parties mutually agree to continued care.

Appointment Policy

Appointments may be scheduled by email (please see email policy) or by phone. I will start and end your session at the time scheduled. If you are late, the visit will not be extended, as this would be discourteous to the next client. However, the full fee for the scheduled visit will apply to this appointment.

If you are unable to come to your appointment, please give at least 48 hours notice. If you provide less than 48 hours notice (or no notice), you will still be charged the usual fee. I do understand that emergencies happen, and we can discuss extenuating circumstances, but the decision to not charge the full fee will be at my discretion.

Occasionally an emergency with another patient could cause me to be delayed, but this is rare. An attempt to contact you will be made if I am aware there may be a delay in your appointment. You will still be able to have your full visit.

I will make every attempt to not have to reschedule your appointment, especially with less than 48 hours notice. However, emergencies and extenuating circumstances happen to me as well (family emergencies, personal illness, etc). I do value your time, and if I do have to reschedule with less than 48 hours notice, the reschedule visit will be charged at half the normal rate.

<u>Psychiatrist/Patient Communication</u>

Routine telephone messages occurring during the normal business day
I do not have an office assistant. When you call the office, you generally will have to leave a message through voicemail or an answering service. For non -urgent calls, I will return the call no later than the next business day.

Routine telephone messages occurring after hours, weekends and holidays
During weekends, after hours (5 p.m. until 8 a.m.), and holidays, please only call if you have an urgent issue or emergency. Otherwise, I will return your call no later than the end of the next business day.

Urgent telephone messages
Should you need to talk with me urgently, please call my office number and leave your message with my answering service. I will make every effort to return your call within 4 hours. However, I will not conduct a therapy session over the phone**. If you feel you are in danger in any way, please call 911 or go to the nearest emergency room.**

Emergencies
Should you have an emergency such as a serious side effect to a medication or concerning symptoms, please call my office number and my answering service will contact me. Also please call me at any time if you are having thoughts of hurting yourself or others, or are having scary thoughts. We will work together to help ensure your safety. Sometimes I may request that you go to an Emergency Room or call 911. I will may every effort to return your call as soon as I possibly can. **However, if I have not returned your call in a manner you consider timely, please go to the nearest Emergency Room or call 911 to ensure your safety and health.**

Reminder Calls
Reminder calls for appointments may be placed as a courtesy. These calls are not mandatory and not receiving a reminder does not mean you no longer have an appointment.

Email messages
Appointment requests may be made either via email through my website or by calling me office phone. All other communication should be conducted during your appointment or by calling my office phone. If you email me, please be aware that my email address and server are not encrypted, and other personal email accounts such as Yahoo or Gmail are also not encrypted. I strongly suggest that you do not leave a confidential personal or health information in an email. There is potential for the message to be intercepted and possibly even published. This office is not responsible for a security breach. Your email address will not be used by this office to communicate any personal health information or in any manner inconsistent with the Health Insurance Portability and Accountability Act (HIPAA).

<u>Prescriptions</u>
Medication management takes place during your session. This includes prescribing new medications, renewals of existing prescriptions, and changes in medications and dosages. Medications are prescribed to last until your next appointment. If you miss an appointment, it is your responsibility to request a refill so that you do not run out of medication. I may not give a refill if I have not seen you recently and/or feel that an office appointment is clinically indicated. I will then work with you to ensure that you are seen as soon as possible.

Confidentiality
All communication between physician and patient is held in the strictest confidence unless:
(1) The patient authorizes release of information with a signature
(2) The physician is ordered by a court to release information
(3) Child or elder abuse/neglect is suspected
(4) I become concerned for the patient's safety or the safety of others.
In the case of (3) or (4), I am required by law to inform authorities and/or potential victims.

Payment
My practice is a private pay outpatient practice. I do not participate with any insurance plans or managed care companies and am considered "out-of-network" or "non-participating". This allows me to practice psychiatry without any outside interference or administrative burdens.

Payment is due in full at each session. My practice accepts checks and credit cards. Your credit card number will be kept on file in case of a "no show" visit and this information can also be used for payment for your session if you wish.

Patients may elect to seek reimbursement from their insurance company as most health insurance plans provide for some outpatient mental health benefits. It is your responsibility to contact your insurance plan to establish if you have out-of-network benefits, what you will be reimbursed if you do, and how to submit your claim(s) directly to your insurance plan. I will provide you with a statement (receipt) reflecting all the relevant codes and information, including charges, payments, diagnostic codes, procedure codes and my Federal Tax ID number.

Generally, you should be able to collect directly from your health insurer if you do the following:

- Keep your receipts – A receipt will be provided to you at the end of each session.
- File for reimbursement – Complete the insurance form provided by your insurance company, attach the receipt provided by me to this form, and send these documents to your insurance company, requesting that you be paid rather than the physician. If there is no place to specify paying you rather than the physician, write the following in red ink on your insurance form: "Pay subscriber, not provider."
- Always retain a copy of the form and receipt that you send to the insurance company.

I am not participating ("non-PAR") with Medicare, and at this time I am not taking new Medicare patients.

Fees

Professional fees will be discussed with you at the time of your initial inquiry and I will provide you with a list detailing my fee structure at your first visit. Professional fees and/or office policies may change from time to time. I will inform you at least 30 days in advance of changes in professional fees and/or office policies.

Other Providers
Since many psychiatric symptoms can be caused or exacerbated by medical illness, I strongly suggest that you have a primary care physician to consult so that medical causes of symptoms can be ruled out. If applicable, I will be happy to send a letter to your primary physician describing the evaluation, diagnosis, and treatment recommendations at your request and with your authorization.

Psychotherapy
I usually recommend psychotherapy as either a primary treatment or as an additional treatment along with medications. With your authorizations, I will be happy to consult with your therapist if you already have one.

Hospitalization
I have an outpatient only practice and do not see patients in the hospital. Should you have a psychiatric illness that may require periodic hospitalization, I will make every effort to help you coordinate your care with the hospital of your choosing. **If an emergency arises, you should call 911 or go to the nearest hospital emergency room to ensure your safety**.

Problems & Communication
If you are experiencing any problems, either as a result of a treatment side effect or due to an issue in our therapeutic relationship, please do not hesitate to discuss it with me. Your wellbeing is my highest priority.

Consent for Treatment
By your signature on the Patient Registration form, you acknowledge that you are presenting yourself to Peter M. Levine, M.D., LLC, for evaluation, diagnosis, and/or treatment of a medical or psychiatric condition. You give consent and authorize Dr. Levine to order and/or perform all exams, tests, procedures, and any other care deemed necessary or advisable for the evaluation, diagnosis, and treatment of this medical condition. This consent is valid for each visit made to the office, unless and until revoked in writing.

By your signature, you acknowledge that you have read and understand the information obtained in this consent and the policies and procedures. You accept the terms of this consent and the policies and procedures of this office.

Patient Name____

Patient Signature____________________________________

Date _________________________________