

# **WOMEN'S & CHILDREN'S CENTER FOR MENTAL WELLNESS**

PSYCHIATRY

7591 Fern Avenue, Suite 1705, Shreveport, LA, 71105

T (318) 550-3398 F (318) 550-3481

## **NOTICE OF OFFICE POLICIES AND PROCEDURES, *EFFECTIVE 1/3/2020* PURPOSE OF THIS INFORMATION**

In order for us to provide the best care possible, we want our patients to have as much pertinent information as is possible. If you have any questions or concerns about the healthcare or business practices of this office, please feel free to discuss them with us.

### **PRIVACY AND RELEASE OF INFORMATION**

Services you receive in this office are confidential, except in the circumstances listed below.

1. Threats of harm to self or others
2. Abuse of a child, vulnerable adult, or developmentally disabled person
3. A court order to release information
4. Subpoena of treatment records by an attorney. If you do not want this information released, you must obtain a protective order from the court within fourteen (14) days.
5. If you will be applying your health insurance benefits, we may be required to provide information to your health plan, including some or all of your record of treatment, in order for your carrier to pay for services. By signing the Acknowledgement of Receipt of Office Policies and Procedures form you consent to release of that information to your health plan. *Psychotherapy notes are handled separately under HIPAA and have additional protections.*
6. If you are party to child custody litigation at any time in the future, the court may order release of information about your treatment in this office.
7. In some instances, as provided by the state law of LA, information about your healthcare may be exchanged with other healthcare professionals involved in your treatment.

In circumstances other than these, we will not release information about your treatment without your authorization.

### **EMERGENCY CONTACT**

Messages left on voicemail are retrieved during regular business hours (M-Thurs 9-4, Fri 9-12 *subject to change*) and calls are returned as soon as possible. There is an email address and request forms (via website) available for routine matters, but for more urgent needs please call the office. If you need more rapid attention for your own or someone else's safety, do not delay care. Please call 911 or report to the nearest hospital emergency room. There is no answering service for afterhours.

### **PATIENT RECORDS**

An electronic record (file) is kept of services you receive in this office. You may authorize in writing that copies of the record be released to entities you designate, at your expense. *Additional charges may apply.* Under certain circumstances where seeing the record may put a patient or other person at risk, we may redact certain information in the record and/or require that you review the record in consultation with another healthcare provider. We have the right

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to restrict psychiatry notes release to the patient if it may not be of benefit for the patient to have direct access or have a potential to be used in any form of legal proceedings. You may receive an accounting of non-routine uses and disclosures of your record.

## **SECURITY PROCEDURES**

We make reasonable efforts to prevent access and disclosure to unauthorized personnel. We keep an ongoing log of potential risks and the physical and electronic safeguards implemented to limit these risks. The center abides by all applicable privacy regulations.

## **INSURANCE BENEFITS AND PATIENT RESPONSIBILITY FOR FEES**

Only your health insurance plan can describe your benefits to you or verify provider eligibility. The administrative staff will help you obtain this information from your health insurance plan, but you must contact the health insurance plan directly for verification. If charges are denied by a health insurance plan- they become entirely your responsibility, even if you had understood from your health insurance plan that the charges would be paid by them. If you fail to provide accurate information on all your insurances, you will be responsible for all the denied charges. Charges will be due in full immediately upon any denial by the insurance company. Additional service fees may apply.

## **FEES AND PAYMENT**

Fees are subject to change. Payment for charges not covered by your health insurance plan (including co-payment, co-insurance, and deductible amounts) is due in full at the time of service. Fees will be charged and have to be prepaid on any paperwork done on behalf of the patient. Please telephone the clinic directly with any questions or concerns about your account payments and fees.

## **UNPAID BILLS**

It is important that you discuss with us any financial hardship that you may have. Doing so may allow us to arrive at a mutually agreeable payment plan that allows the continuation of your treatment. If this cannot be accomplished, seriously delinquent accounts may be referred to a collection agency and we may have to terminate our relationship as provider and patient. Information necessary to effect collection will be released to the collection agent. Submission to a collection agency will entail a service fee of 30%. Should it become necessary to file suit in this context, you agree to pay reasonable attorney fees. Accounts over 90 days past due will be sent to collections. It is the responsibility of the patient to ensure his/her account is settled in the timely 90-day manner.

## **LATE CANCELLATIONS AND MISSED APPOINTMENTS**

Failure to keep a scheduled appointment will result in a no-show fee for the scheduled appointment, unless you cancel at least 24 hours prior to the appointment time. Recurrent timely cancellations and rescheduling will also be subjected to fees. Saturday missed

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appointments will be subject to the full amount of the visit, unless canceled at **least 72 hours** prior to appointment. Late cancellations (less than 24 hours) will also be subject to a fee. Please note that insurance health plans do not pay for any of these charges. These charges will be entirely your responsibility. New evaluation appointments that are cancelled are missed will be subject to fees. There is a reminder service offered by the clinic- but it is a courtesy reminder and not a reason for missed appointments.

## **Prescriptions**

It is important that you monitor the medications you are prescribed. It is your responsibility to update your provider/doctor with medication changes. If the medication needs refilling, it is required to contact the clinic one week in advance. Prescriptions that are misplaced or stolen cannot be replaced.

In order to give you the safest treatment at the clinic we access any pharmacy information on your medications (including what other providers prescribe) and use any medical source possible to ensure we have an accurate and current list of your medications. You must keep your provider/doctor updated on all medication changes that occur. We also discourage seeking scripts that you obtain here from other providers due to the safety issues.

By Signing the acknowledgements and receipt of these policies you are aware we have access to your medications from other providers and pharmacies.

## **GRIEVANCE PROCEDURES AND COMPLAINTS**

If you have any questions or concerns about administrative or business matters in this office, please discuss them with the clinic manager, Angela Miller Harrison.

If you have any questions or concerns about your treatment, you are encouraged to discuss them with me. In addition, or instead, the following avenues are available:

1. You may contact your health insurance plan or behavioral health benefit manager;
2. If you feel the problem is serious and/or you have not reached resolution through one of the avenues above, you can file a complaint with the LA State Department of Health.
3. You may also file complaints regarding privacy practices to the Secretary of the U.S. Department of Health and Human Services.

## **Patient Contact and Insurance Information**

Please inform the clinic of any changes in your contact information immediately. This applies to any changes in insurance information as well. Patient will be fully responsible for any incurred charges for failure to inform the clinic of any changes.

Any updates/ changes to the policies listed are subject to change. The changes will be posted in the office and a copy of these policies are available upon request at anytime. Please feel free to call the office to discuss any issues pertaining to these policies and procedures.