



Psychiatric Associates Of Northern Virginia

PATIENT SERVICES AGREEMENT

Welcome to Psychiatric Associates of Northern Virginia (PANV) This document contains important information about our professional services and business policies. It also contains information about the Health Insurance Portability and Accountability Act (HIPAA), a Federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. You may revoke this Agreement in writing at any time. Please bring up any questions you have at your first appointment.

Office Hours: The office is usually open Monday-Friday, by appointment. We may close the office for holidays or vacations, and this will be stated on the telephone voicemail greeting.

Psychiatric Services:

We offer the following psychiatric services: Initial diagnostic evaluation

Medication management services

Psychotherapy services

Payment and Billing Policy: Payment (i.e. cash pay, copays, payment towards deductible) is due prior to your appointment on the day services are rendered. Our failure to collect these amounts may be a violation of our contract with your insurance company. In addition, your failure to pay the required co-amounts is a violation of your financial responsibility for coverage. If I am an in-network provider for your insurance, I will collect the portion of the fee that the insurance does not cover. Unless proof from the insurance company is provided at the time of the appointment stating that your deductible has been met, all deductibles will be due at the time of the appointment. If the insurance company also pays for the office visit, we will gladly reimburse you.

If your account is not paid in a timely manner and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency, hiring an attorney, or utilizing other options, which will require me to disclose otherwise confidential information. In most collection situations, the information released includes the patient's name, contact information, the nature of services provided and the amount due. If such legal action is necessary, these costs will be included in the claim. We are required by law to obtain your signature for permission to release information to your insurance carrier. Please assist us in complying with your insurance requirements. We expect payment of all your services rendered within 60 days. It may become necessary for you to pay your account in full if your insurance company fails to pay for services within 60 days. It is your responsibility to understand your coverage and benefits, including pre-certification, referral and authorization requirements. We will, however assist you to ensure that all plan requirements are met.



I understand that PANV will file and attempt to collect from my insurance company. I agree to waive any insurance company rights that would prevent me from being responsible for unpaid charges.

*If there is a change in your insurance coverage, your address, or other important demographic information between appointments, please let us know when you check in. If you do not notify PANV within 30 days of that change, PANV reserves the right to NOT issue a refund. I agree to waive any insurance company policy rights that require refund of the aforementioned monies.

Cancellation Policy: Once an appointment is scheduled, you will be expected to pay for it, unless you provide at least one business day's advance notice of cancellation. Insurance companies do not provide reimbursement for no-show appointments and/or appointments that you do not cancel with sufficient notice. A missed appointment fee(\$100) will be charged for an appointment not cancelled with sufficient notice (24 hours before start of the appointment time) or for a no-show appointment.

Late Policy: Please arrive on time for your appointment. Patients arriving more than 10 minutes late may be asked to reschedule. A missed appointment fee (\$ 100) will be charged.

Confidentiality: Your privacy is important to us. All protected health information (PHI) will be kept confidential. In most cases we will obtain your consent prior to releasing any PHI; however, records and/or PHI may be released regardless of consent in the following circumstances:

According to state and local laws, we must report to the appropriate agencies all cases of physical and sexual abuse or neglect of minors (children under the age of 18), the disabled, and the elderly.

According to state and local laws, we must report to the appropriate agencies all cases in which there exists a danger to self and/or others.

When authorized by the recipient of services, in order to process medical insurance claims and authorized payment of benefits.

In the event that a patient is in need of emergency services and other medical personnel need to be contacted.

If you become involved in specific kinds of legal proceedings, the courts may subpoena information concerning your treatment.

E-mail, text, cell phone and fax communication: It is very important to be aware that e-mail and cell phone (also cordless phone) communication can be relatively easily accessed by unauthorized people and, hence, the privacy and confidentiality of such communication can be easily compromised.

E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can be sent erroneously to the wrong address. Please notify your treatment provider at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices.



Please do not use e-mail or faxes in emergency situations! Email will ONLY be used to arrange appointments. PLEASE DO NOT RETURN FILLED FORMS BY EMAIL, but bring them to your session or fax them to the office. If there would be a need to discuss clinical matters in between session, please use the phone (a landline is the most confidential means of communication).

Professional Records: The laws and standards of our profession require that we keep protected health information (PHI) about you in medical record. Except in unusual circumstances that involve danger to yourself and/or others, you may examine and/or receive a copy of your clinical record if you request it in writing. Because these are professional records, they can be confusing if read without the guidance of a mental health professional. For this reason, we recommend that you initially review them in our presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, we are allowed to charge a copying fee of \$35.00 or more. If we refuse your request for access to your records, you have a right of review, which we will discuss with you upon your request. Insurance companies can request and receive a copy of your clinical record.

Patient Rights: HIPAA provides you with rights with regard to your clinical record and disclosures of PHI. These rights include requesting that we amend your record; requesting restrictions on what information from your clinical record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records, and the right to request a paper copy of this Agreement.

Emergency/After hours Service: If you are in need of emergency services, call 911 or proceed to the nearest hospital emergency room.

Telephone contact fees: We may charge you a fee for telephone calls relating to your care, with charges based on the amount of time spent. We charge a minimum of \$25 for telephone calls, with charges based on the amount of time spent.

Treatment of Minors: Treatment of patients under the age of 18 will be provided only with the consent of the parent or legal guardian. In cases of divorce, a copy of the custody agreement must be provided. Most custody decrees entitle the non-custodial parent to access the health record without consent from the custodial parent. Patients under 18 years of age (who are not emancipated) and their parents should be aware that the law may allow parents to examine their child's treatment records. Before giving parents any information, we will discuss the matter with the child, if possible, and do our best to handle any objections he/she may have.

*If the patient is a minor, he/she will not be seen without his/her legal guardian present.

Medication Refill Policy: It is your responsibility to contact the office before you run out of medications. Please have the pharmacy FAX a refill request to the office at least 3 to 5 business days before your meds will run out.



Patients on controlled medications need to be seen within 30 days. Only in rare circumstances can this be extended to more than 30 days. There is a \$10.00 per prescription fee to rewrite any expired prescriptions.

We require that patients on psychiatric medication be seen at least once every 30-90 days. If a patient has not been seen in the office in the last 90 days, we will not issue a refill without a scheduled follow-up appointment.

Forms and Letter: Any additional paperwork, letters, or forms not specifically related to intra-office care, will be subject to a fee based on the time it takes to complete the documentation (\$ 35 for 10-15 min, \$55 for 20-30 min, \$ 75 for 45-60 min, etc.) which will need to be paid prior to release of the paperwork.

Insurance Reimbursement: If you have a health insurance policy, we can fill out forms and provide you with assistance in helping you receive your benefits. Please note that you, not your insurance company, are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, we recommend that you call your plan administrator. Your contract with your health insurance company requires that we provide the health insurance company information relevant to the services that we provide to you. We are required to provide a clinical diagnosis. Sometimes we are required to provide additional clinical information such as treatment plans or summaries, or copies of your entire clinical record. In such situations, we will make every effort to release the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files. In some cases, the insurance companies may share clinical information with a national medical information databank. We can provide you with a copy of any report we submit, at your request. By signing this Agreement, you agree that I can provide requested information to your insurance carrier.

By signing this form, I confirm that I have fully read this contract and that I am responsible for the information in each section.

By signing this, I acknowledge that I have received a copy of the Notice of Privacy Practices of PANV.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature: _____

Date: _____