

OFFICE POLICIES AND PROCEDURES

Ingrid E. Schmidt, M.D.

5750 Balcones Drive, Suite 109

Austin, TX 78731

512-453-2755

In order to provide you with the best services, I want to offer open communication and clarification of policies and office procedures. To make our visits as efficient and effective as possible, I ask you to arrive promptly and to assist in the pursuit of a very goal-oriented therapy.

DOCTOR/PATIENT RELATIONSHIP: The first visit is for the purpose of a psychiatric evaluation, which will help me assess your specific needs. Once the evaluation is completed I will determine if my area of expertise is best suited for you, or if you should be referred to another mental health provider that could better serve you. In that instance, I would assist you in finding another provider. The first visit does not *automatically* establish an ongoing doctor/patient relationship.

There are times after treatment is underway, that either the patient or the doctor feels the need to terminate the doctor/patient relationship. In that event, we would discuss termination and referral to a different provider. I would assist you in connecting with a different provider and I would offer care for 30 days beyond termination.

APPOINTMENTS: My office telephone is answered at different times throughout the day Monday through Friday. If no one is available to answer the phone, please leave a message on the answering machine and we will get back to you as soon as possible. I currently see patients from 11:00 a.m. to 5:00 p.m. Monday through Friday. Please come in punctually for your appointments, as I cannot extend my allotted time for you.

EMERGENCY/URGENT SITUATIONS: In case of an urgent need, Medical Exchange will assist in reaching me. Their number is 512-458-1121. If you do not reach me fast enough or if the emergency is life threatening, you need to turn to an emergency room or call 911. I am happy to take care of urgent needs over the phone but if you require more than a brief consultation or if you call between 9 p.m. and 8 a.m., I have to charge accordingly.

CANCELLATION AND MISSED APPOINTMENTS: If you need to cancel or reschedule a session, you must give me at least 24 hours notice. Be aware that once you have scheduled an appointment, that that time is reserved for you and requests from others are refused. The fee for a session cancelled late or broken is \$175 for an hour appointment and \$125 for half-hour appointment. This policy protects my schedule and practice. Also, appointments for Mondays need to be cancelled on Fridays before 12:00 noon. My office CANNOT bill your insurance company for late cancellations or missed appointments.

PAYMENTS AND INSURANCE: There will be a \$25 charge for all returned checks. **For BC/BS PPO patients only:** Your co-pay is due at the time of service. I will abide by the BC/BS contracted rate. It is your responsibility to inform the office on any changes regarding your insurance carrier or account. You are responsible for any charges incurred that BC/BS deems as the patient's responsibility.

For all others: I ask you to pay at the time of service. I am not a PPO or HMO Provider for your insurance company; however, I am an out-of-network provider. Check with your insurance company to see how much they will reimburse you for out-of-network services. My office will provide you with a receipt that you may attach to your insurance company's claim form so that you may file with your insurance company at once. You can download your insurance claim form from your computer or check with your HR department at work for claim forms. My office cannot be responsible for decisions and determinations of your insurance carrier. Prior authorizations from your insurance company is your responsibility. Please note that it is imperative that you understand that YOU are responsible for the charges incurred in this office.

PRESCRIPTIONS REFILLS: Please take care of everything that is needed during your office visit, including prescriptions. Usually, there will be a charge of \$20 for any prescription that needs to be called in outside of your office visit. This charge CANNOT be billed to your insurance company. I will give you a written prescription for your medication that will have enough refills until your next visit.

CONFIDENTIALITY: Your records are kept in the accounting room, which is locked if my office manager or I are not right there. Only she and I have a key.

I will keep psychotherapy notes separate from other clinical information. Psychotherapy notes cannot be disclosed without your specific request. Videos or audiocassettes that I make fall under the same category unless I make the audiotape specifically for you. Under HIPAA, there are a few, rare exceptions.

The strictly clinical record, "medication prescriptions and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests and any summary of the following items: diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date," would be available for treatment, payment, and healthcare operations. I will give out only "minimum necessary" information. Your signature authorizing this release is requested on the PATIENT REGISTRATION FORM – the second page of this WELCOME packet. When it comes to confidentiality, I will abide by the more stringent laws/regulations, which override those established by HIPAA.

NOTICE OF PRIVACY PRACTICES: Your signature below acknowledges that you have been given the opportunity to review the NOTICE OF PRIVACY PRACTICES, which are in a notebook in the waiting room and posted on the waiting room wall. The notice explains how your medical information will be used and disclosed. You are entitled to receive a copy of this document upon request.

If you understand and are in agreement with the above policies, kindly sign both copies provided and take one home with you.

Please sign and date:

Signature

Date