

Stewart Psychiatry MD, LLC Office Policies

Appointments:

All intake paperwork must be completed in order to schedule an appointment in this clinic. It is the patient's responsibility to attend appointments as directed. Failure to do so is grounds for discharge from the clinic. Initial evaluations do not guarantee acceptance into the clinic unless both parties agree to move forward. All medical recommendations will be based on the evaluation and review of available collateral information. This means that the doctor may not agree to continue any medications or carry over any diagnoses provided by previous physicians or other healthcare professionals.

Virtual Appointments:

Virtual follow-up appointments may be available at the discretion of your doctor. Your microphone and camera must remain on for the duration of the appointment. You are required to be in the state of Alabama at the time of your appointment. It is preferred for you to be located in a quiet setting, like your home, to protect your privacy. Your current location will be requested at the start of each appointment. No appointments will be conducted while you are in a moving vehicle or in public settings like inside a store or at a sporting event. Your appointment will be rescheduled if you are not in an appropriate location.

Appointment Fees:

-Insurance:

This clinic currently accepts Blue Cross Blue Shield of Alabama. We are not able to accept any Medicaid/Medicare patients at this time. Insurance documentation is required prior to scheduling an appointment. All co-payments are due prior to the start of the appointment. All patients must maintain a working card on file for appointment charges.

-Cash Pay:

If you do not have coverage through the insurance companies listed above, we accept direct payment for services. In this case, we will not bill insurance on your behalf. A superbill can be provided by request for you to submit to your insurance company for reimbursement. This clinic does not guarantee reimbursement as this is at the discretion of your insurance company.

Initial evaluations require a 50% non-refundable deposit in order to be scheduled. The remaining balance is due at the start of the appointment. You are able to reschedule the initial appointment without penalty prior to 1 business day before the scheduled time. If you do not reschedule during this period or do not show up for the appointment, a new deposit will be required to schedule again.

An individualized Good Faith Estimate will be provided after scheduling the initial evaluation. All fees must be paid at the start of each follow up appointment. All patients must maintain a working card on file for appointment charges. If you do not cancel at least 1 business day before

the start of your appointment or fail to show up to your scheduled appointment, you will be charged the full fee.

Initial evaluation (90 minutes): \$300

Follow up appointment (30 minutes): \$150

Extended follow up appointment (45 minutes): \$200

Emergency Calls:

Patients may call the office with any questions and can expect a return call within two business days for non-emergency requests. Depending on the reason for your call, you may be required to make an appointment to discuss. If you are having a medical emergency (i.e. thoughts of harming yourself or others) outside of regular business hours, you are advised to call 911/988 or get to the nearest emergency department for evaluation. Please call the clinic after so that a follow up appointment can be made as soon as possible.

Late/No Show:

If you are late to your scheduled appointment, you may be required to reschedule to allow for enough time to complete your evaluation. Multiple instances of not showing up for scheduled appointments may lead to discharge from the clinic. Failure to show up to an initial appointment may lead to discharge from the clinic.

Prescription Medications:

An appointment is required to receive a prescription for medication from this clinic. Enough refills will be provided to last until the next appointment. It is your responsibility to keep up with your medication and to call the clinic at least two weeks prior to needing a refill. Depending on the circumstances, a courtesy refill may be provided between appointments, but this is not guaranteed. No controlled substance medication prescriptions will be provided without an appointment.

Controlled substances:

Any patients prescribed controlled substances must agree to submit to random drug testing. You may not use alcohol, drugs, or illicit substances and receive prescriptions for controlled substances from this clinic. The prescription monitoring database will be reviewed regularly and any evidence of misusing controlled substances or getting prescriptions from multiple health care professionals will be grounds for discontinuation and possible discharge from the clinic. By accepting a controlled substance prescription from this clinic, you understand that they are federally regulated and cannot be provided without an appointment. If you miss an appointment, you must be seen in the clinic to receive the new prescription refill.

Vital Signs/Laboratory Studies:

All patients must be willing to obtain any necessary laboratory studies in a timely manner. For telehealth only patients, you may also be required to obtain basic vital signs (i.e. blood pressure, height, weight, etc.) during the time of your appointment or provide recent records from your

primary care doctor or other health professional. Failure to do so may lead to discharge from the clinic.

Forms/Letters:

An appointment is required for the doctor to fill out any forms or write letters. This clinic does not provide letters for emotional support animals. This clinic does not provide any forensic assessments (i.e. for custody hearings) or comprehensive disability evaluations.

Records/Release of Information:

All patients will be required to sign a release of information to facilitate open communication between this clinic, your therapist, and your primary care doctor or other healthcare professional. Records are available to be sent to the patient or any outside healthcare professional at your request. Printed copies may incur an additional cost.

Proof of Guardianship:

A legal guardian must be present during every appointment. Proof of guardianship is required when establishing care and must be updated if any changes occur during the course of treatment.

Confidentiality: All information discussed during the course of your treatment is confidential with the exception of permitted uses and disclosures as listed in the Health Insurance Portability and Accountability Act (HIPAA). According to HHS.gov, "A covered entity is permitted, but not required, to use and disclose protected health information, without an individual's authorization, for the following purposes or situations: (1) To the Individual (unless required for access or accounting of disclosures); (2) Treatment, Payment, and Health Care Operations; (3) Opportunity to Agree or Object; (4) Incident to an otherwise permitted use and disclosure; (5) Public Interest and Benefit Activities; and (6) Limited Data Set for the purposes of research, public health or health care operations. Covered entities may rely on professional ethics and best judgments in deciding which of these permissive uses and disclosures to make."

<https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

Discharge:

In the event that you are discharged from the clinic, you will be provided with referral information and a 30-day supply of any medication that you are currently being prescribed. Reasons for discharge include, but are not limited to, patient preference to attend another clinic, patient requiring a higher level of care or services that are not provided in this clinic, failure to follow clinic policies, not taking medication as prescribed, not attending appointments as instructed, and threatening/harassing/disrespecting clinic staff.

I have read, understand, and agree to the office policies that were provided to me. I understand that I will be notified if any of these policies change in the future.

Printed Name of Guardian: _____

Signature: _____

Date: _____

Printed Name of Patient: _____

Signature: _____

Date: _____

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