



OFFICE POLICIES AND PROCEDURES

Mental Health Emergencies and After Hours

- For urgent mental health needs, call the office's main number (281-532-5462). During normal business hours, the receptionist will attempt to set up an urgent appointment with a provider for established patients. If it is before or after normal business hours, a recording will provide instructions for reaching a provider on call. Efforts will be made for all urgent appointments to be conducted within 24 hours of the phone call.
- In the event of a mental health emergency requiring immediate care, all patients should call 911 or go to the nearest emergency room.

Appointment Scheduling, Late Arrival, No Show and Cancellation

- Please note that the provider's schedules fill up quickly. You are strongly encouraged to schedule your appointments at least two weeks in advance.
- We send out advance appointment reminders. You are expected to confirm the appointment, or request rescheduling or cancellation. If you do not respond, we may decide to replace your appointment time with another patient.
- If you must cancel an appointment, please call at least 24 hours in advance. 24-hour notice is defined as one business day. Messages left over the weekend are not considered sufficient notice. If you miss or cancel two consecutive appointments without 24-hour notice, no further appointments may be scheduled with our providers.
- Patients are expected to arrive 15 minutes prior to their scheduled appointment time to allow for registration process. Patients who arrive late will be seen by the provider only for remainder of their appointment duration (e.g. if you arrive 10 minutes late for a 20-minute appointment, you will be seen by the provider for the remaining 10 minutes only). Patients who arrive past their appointment duration time will be marked as no show.

Medications and Refill Requests

- Please schedule your follow-up appointment BEFORE you run out of medicines.
- Controlled substances will NOT be refilled without an office visit.
- Up to 7 days of non-controlled medicines may be authorized by our providers if a patient has a scheduled appointment within 7 business days of the refill request. This shall not be done more than once for any individual patient.
- All refill requests must originate from the patient. We will NOT process pharmacy generated refill requests.
- Some medications require prior authorization from your insurance company. We may charge \$30 for the staff time involved in processing such a request. Please note that our processing of the request does not guarantee your insurance company authorizing the request.
- New symptoms will require an appointment; the clinicians will not diagnose without a face to face encounter.

Buprenorphine Program Guidelines

- Photo identification with current address is required. The prescription will have your photo identification address on it.
- You are required to submit urinalyses results on a regular basis while on buprenorphine. Proof of submitting the urine sample for analysis is not sufficient. Prescription will not be filled in the absence of the test results. Fees for urinalyses is the sole responsibility of the patient.
- No prescription will be replaced if lost, stolen, damaged or misplaced.
- You must provide us with your pharmacy name and phone number.
- Our practice will only prescribe Buprenorphine/Naloxone combination medications only.



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- The physician may require that you attend counseling while on buprenorphine. If you are attending support groups, you will need to bring proof of attendance. If you are under the care of a therapist, you will be required to sign a medical release form so that we may verify that you are receiving ongoing treatment while on buprenorphine.
- Inability to adhere to the buprenorphine program guidelines will result in termination of the patient-physician relationship.

Policy Regarding Diagnosing ADHD and Treatment Involving Stimulant Medications

- An accurate diagnosis of ADHD can be complex. We use a combination of clinical interviewing for DSM-5 criteria & objective testing (TOVA or equivalent).
- In case of minors, a combination of self-report, observation, parental/guardian's report & teacher's report will be used to make a clinical diagnosis of ADHD. Additionally, psychological testing will be required for all initial diagnosis. We use TOVA testing in our office, which is FDA approved to measure attention and inhibitory control.
- In case of an adult with a previous diagnosis, we require the actual medical records to be brought in during the initial appointment for the practitioner's review. You can arrange with our staff to send in a release of information request to your previous provider, so that information may be available at the time of your initial appointment. You are ultimately responsible for the records to be available at the time of your appointment. We require objective psychological testing to be part of this report. If it has not been done, then we will require you to perform one (we do TOVA in our office, but you may get an equivalent done outside of our office). We also require a urine drug screen during the initial visit, and 2 to 3 more per year, if you were to be prescribed a stimulant medication.
- If you are prescribed a stimulant medication, please understand that it comes with significant responsibility. Several of these medicines are widely abused and the DEA recognizes it as being a concern. We as a clinic want to engage in safe and responsible prescriptive practices only. When you are initially prescribed a stimulant, you may need to be monitored frequently. Once the dose has been stabilized, your appointments need to be scheduled between 25 to 30 days from previous appointment.
- Repeat scripts may be issued at the discretion of the provider, only for those patients who have established care for six months or more in our outpatient clinic. If repeat scripts issued for scheduled II controlled substances are lost, stolen or not found by the receiving pharmacy, you will be required to return to the clinic for an appointment in person. We will NOT address this issue over the phone with the patient or the pharmacy.
- Non-physician providers in our office including clinical nurse specialist, nurse practitioner & physician assistants cannot write a script for a scheduled II controlled substance. While you may be seen by our non-physician provider, they will consult with our physician to have a script issued the same day as your appointment. This is typically done at the end of the business day.

Telepsychiatry Services

- Telepsychiatry is the provision of mental health services from a distance using two-way, interactive videoconferencing.
- The patient's appropriateness for telepsychiatry services will be determined by the physician based on the clinical situation, co-existing medical conditions, and patient's familiarity with the process.
- Patients will be provided our notice of privacy practices. Patients must provide written acknowledgement of receiving this notice prior to the initiation of services.
- Patients requiring immediate care for mental health crisis (e.g. suicidal and/or homicidal thoughts) are not suitable for telepsychiatry services and should seek local help or call 911.
- Guidelines generally considered standard for keeping medical records, release of medical information and patient confidentiality will be applied to telepsychiatry as well. No recording of



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session is allowed in any circumstances. Patients need to notify the psychiatrist at the beginning of the session if any other person is present in addition to the patient.

- All patients (NOT on controlled substances) are required to have at least one in-person office visit every 12 months to be eligible for continued telepsychiatry services.
- Established patients receiving controlled medications (schedule II to schedule V) may be eligible for telepsychiatry services provided they have an in-person appointment once every 3 months. Patients on controlled medications will be subject to random drug testing. Prescribing controlled medications will be solely at the discretion of the treating provider based on medical needs and will be limited to a maximum of 30-day supply.
- All payments must be made in full before the session. You will be required to authorize Holistic Psychiatry to securely store your payment card on file for this purpose. Be informed that your health insurance may or may not pay for telepsychiatry services.

Confidentiality

- The staff adheres to a strict confidentiality policy. We require specific written authorizations to release information to anyone.
- In order to maintain your privacy, our staff members will not send or receive communications over any social networking site(s).
- A copy of our Notice of Privacy Practices is available upon request.
- If you have questions or concerns, please call the Privacy Officer at 281-532-5462.

Forms Policy

- Completing or not completing the forms is at the sole discretion of our clinicians.
- We recommend that you get a physician trained in occupational medicine to comment on areas of paperwork related to your specific job description. Our clinicians are trained in mental health only. We will only comment on area of our expertise and defer others to the appropriate specialists.
- If required by your employer or other such purposes, the documentation of your clinic visit(s) with any of our providers may be faxed over at no additional cost. If your employer is unwilling to accept clinical documentation from the office, then you may request the office to fill out employer required forms. Filling out any form(s) requires an extensive review of your records & may be time consuming. You will be responsible for payment for this service. Payment will be required prior to our office staff working on your request. No refunds will be provided. Most forms will take up to 10 business days to process.
- We will complete the FMLA & short-term disability paperwork for qualifying patients only with references to their clinical records. We do NOT fill out most other forms of paperwork requested.
- Cost to fill out forms will be based on time spent by provider(s) & office staff to process the request. You will need to deposit a minimum of \$75 per form to initiate the process. You will receive a final invoice if there is an additional cost.

Payment Policy

- Patients are responsible to know their own individual insurance coverage. As a courtesy to our patients, we call the insurance to verify benefits and co-payments. We cannot guarantee that the information provided to us from the insurance provider is correct.
- Payment for services, including insurance co-payments, is due at the time of each visit. If you are unable to pay at the time of service, your appointment will need to be rescheduled.
- Unless arrangements are made for a payment plan, all accounts that are outstanding for more than 90 days will be sent to our collections agency. We are under no obligation to render services if you have an outstanding balance.



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Initial Evaluation	\$300
Medication Management	\$150
Returned Check Fee	\$50

Mandated Reporting

- Please note that physicians are mandated reporters. This means they are required to notify the proper officials if we suspect abuse or neglect of a child or a compromised adult. Even if abuse or neglect happened years ago, if it occurred when you were a child, and you reveal that to your physician, he or she is required to report the issue to legal authorities.

I understand and agree to the above policies: _____
(Signature of the Patient or Parent or Guardian)

Print Name: _____ Date: _____
(Last Name) (First Name)