

PSYCHIATRIC HEALTH PROFESSIONALS, P.C.
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Marietta, GA 30060
770-426-3088

PRACTICE POLICIES AND PROCEDURES

Welcome to Psychiatric Health Professionals. We are dedicated to providing you with quality psychiatric health services. Please take the time to read the following information and fill out the required forms prior to your first appointment, so that we may use the time to learn more about you and how we can help you. We look forward to meeting you.

SERVICES

We currently provide psychiatric evaluation and treatment by a board certified psychiatrist. Psychiatrists specialize in the diagnosis and treatment of a variety of mental disorders. An evaluation is done in order to assess the biological, psychological, and social components of one's illness, and to appropriately provide treatment. Recommendations may be made for prescription medications, diagnostic laboratory tests, or referrals for specific therapies.

CONFIDENTIALITY

Psychiatric records are protected under the laws of the State of Georgia and Federal regulations (42CFR Part 2) and are kept in strict confidence. The release of any information to anyone must be given in writing by you or your legal guardian. If you are using insurance, you must sign a release of information for the insurance company. The information released to them usually includes dates of service, charges, symptoms, diagnosis, and treatment recommendations. We avoid providing confidential information without your prior consent. We do not release records directly to our patients. This exception is allowed under Georgia Code 31-33-2. We will be happy to forward your medical record to your physician or attorney with proper written permission from you.

Federal HIPAA law does require that confidentiality be waived if one's personal safety or the safety of someone else is in question. Additionally, if there is abuse of an elderly person, or disabled person, we are required by law to report this to the appropriate state agency.

APPOINTMENTS

Appointments are scheduled by calling our office. New patients are asked to arrive at least 30 minutes early. Please fill out and sign the forms provided prior to your appointment time. **Since the appointment time scheduled is yours, if you miss an appointment for any reason, without a 24 hour cancellation notice, you will be charged for the full appointment.** The law does not allow us to bill insurance companies for missed appointments; therefore, the patient is fully responsible for this fee.

Please note that we do not make patient reminder calls beyond the initial appointment, unless time permits. **Therefore, you are responsible for your appointment regardless of whether or not you have received a reminder call.**

PRESCRIPTIONS

Prescriptions will be written only during scheduled appointment times. You are responsible for scheduling your appointment according to the schedule you discussed with your provider. Please call prior to your prescription running out, and we will be happy to accommodate you with an appointment. If prescriptions are written, faxed or called in under any circumstance, there will be a \$25 fee.

PHYSICIAN COMPLETED FORMS AND LETTERS

Due to additional time and cost incurred, there is a fee for all forms or letters completed by the physician. These include, but are not limited to Disability forms, Employee forms, Medical Records requests, Medication prior authorizations, Report preparation, or Letter writing. Fees vary depending on the time involved and information requested. Please be aware that these services are not covered by your insurance.

FEES FOR SERVICES

We accept self-pay or insurance for our services. Payment is expected at the time of service. A service fee will be added to your bill for any balance not paid at the time of service. For your convenience, we accept cash, check, or credit cards. We do not file secondary insurances unless required to do so by law. We are required to collect all co-pays at the time of service.

INSURANCE INFORMATION

If you wish to use your insurance benefits for our services, we are happy to facilitate the process. We will bill your insurance carrier only if a card is on file and benefits have been assigned to us. Most mental health services require prior authorization. It is your responsibility to confirm that the provider you are scheduled with is in your network, and make yourself aware of your Mental Health insurance coverage. To assist you, we have provided you with the **Patient Insurance Verification Form** with this packet. **Please fill out this form in its entirety prior to your first appointment, or anytime you change your insurance plan,** or you will be required to make payment in full at the time of service. We cannot file your insurance claims for you without this information.