

KINGWOOD PSYCHIATRY OFFICE POLICIES

This booklet has been prepared to make you aware of how our behavioral health providers, employees, and volunteers at Kingwood Psychiatry work to safeguard your privacy and to help you understand the federal regulations that we follow in doing so.

The Health Insurance Portability and Accountability Act, known by the acronym **HIPAA**, sets forth certain legal requirements regarding how hospitals and healthcare providers must protect your medical information. As part of our compliance efforts, Kingwood Psychiatry must provide you with a Notice of Privacy Practices, which describes how your medical information may be used and disclosed. This letter provides that information and also discusses your rights as a patient under the law.

Kingwood Psychiatry has coordinated its response to the HIPAA regulations. This has been done to ensure that you will receive this notice the first time you seek care at our facility. You will be asked to sign this form acknowledging that you have received this document.

We encourage you to read this document in its entirety. It explains how Kingwood Psychiatry may use and disclose your medical information and it will help you understand your rights as a patient. For your convenience, what follows is a summary of key provisions of our notice.

Kingwood Psychiatry may use and disclose your medical information to:

1. Professional behavioral health providers and personnel who provide you with care.
2. Remind you about an appointment.
3. Talk to family or friends involved in your care.
4. Ensure that we follow the rules of regulatory agencies regarding quality of care and effective use of resources.
5. Request payment from your insurance company
6. Tell you about care-related benefits or services that may be of interest.
7. Comply with legal requirements, subpoenas, or court orders for mandatory reporting, such as with cases involving child or elder abuse.

Your medical record is the physical property of Kingwood Psychiatry, but the information contained in the record belongs to you. You have important rights concerning your medical information.

You have a right to:

1. See and obtain a copy of the medical information used to make decisions about your care.
2. Ask us to amend the medical information we have about you, if you feel the information we have is wrong or incomplete.
3. Ask us to restrict or limit the medical information we use and share about you.
4. Ask us to communicate with you about medical matters in a certain way or location.
5. Obtain a list of individuals or entities that have received your medical information from Kingwood Psychiatry for reasons other than treatment, payment, or healthcare operations.
6. Submit a complaint. If you have any questions or would like to report a concern or problem regarding the handling of your medical information, please contact our Office Manager (HIPAA compliance officer) at 281-358-5701 and we will be happy to respond.

After-Hours On-Call Provider Policy

Kingwood Psychiatry is dedicated to ensuring that our clients have access to a provider after clinic hours. The goal of our After Hours On-Call Policy is to support our clients in a time of crisis, emergencies, and/or medication side effects with an effective and responsive on-call provider at Kingwood Psychiatry. We do not outsource our after-hour calls to an answering service. We believe in making sure that our clients are comfortable and feel confident in our providers. We also want to ensure continuity of care. So, when you call with an emergency, the provider on the phone can look at your information in the computer and talk to you directly without having to go through a third party.

After-Hours On-Call Procedures:

- If you are in a crisis or emergency that requires immediate attention that requires the police or fire department, please dial 911, or go to your nearest emergency room.
- If you are in a mental health crisis and need to speak with the on-call provider after clinic hours, please dial (281) 358-5701, and press Option 1. If unable to speak with the on-call provider immediately, please leave your name, date of birth, call back number, and your circumstances. The on-call provider will contact you within 30 minutes of receiving your voicemail. If you call and leave a message for the on-call provider after hours, please be aware that the provider will call from an unknown name and number or the call may come up as unavailable.
- Please do not leave messages regarding any medication refills, as those messages will not be returned. You will need to call during our normal business hours Monday – Friday 9AM to 5PM and schedule a medication refill appointment. Please do not leave messages regarding a patient at the hospital, as this should be addressed directly with the attending physician and staff at the hospital. Our Providers On-Call system is there to take care of emergencies for outpatient clients.

A Crisis and/or Emergency is Constituted as One of the Following:

- The client is suicidal and has plans to hurt self.
 - The client has self-injurious behaviors such as cutting, burning, or hitting themselves.
 - The client has threatened to hurt someone, is aggressive, and/or destroying property.
 - The client is psychotic, confused, or has altered mental status
 - The client has an adverse drug reaction, as such to include, racing heart, throat swelling, rash, syncope (passing out), shortness of breath, or increased agitation.
 - The client is actively detoxing off of a controlled substance and requires immediate inpatient stabilization.
-
- Our After Hours On-Call services start at 5pm and end at 8am Monday to Friday. Weekend and holiday coverage is available 24 hours a day. Please try to contact us during normal business hours if you are having medication side effects or if you are in a crisis. We are usually able to schedule you an emergency appointment to be seen and evaluated the same day, if necessary.
 - If a client requires hospitalization, the on-call provider will try and secure a bed at Cypress Creek Hospital for client's age 12 and older. If under the age of 12, the on-call provider will try and secure a bed at Kingwood Pines Hospital. If an inpatient bed is not available, the on-call provider will direct you to the nearest emergency room so that they can route you to the appropriate psychiatric facility for admission.

Paperwork Policy

Kingwood psychiatry realizes that patients may need time off from work. We have developed a paperwork policy to assist our clients with getting the paperwork completed in a timely manner. You need to make an appointment with our office to fill out your FMLA, Disability, or any other paper work that needs to be completed. As per law, we need to evaluate and assess the mental competency of the patient before filling out the paper work. However, in extraordinary circumstances, you were not able to make an appointment due to various reasons, we will charge you \$65 fee for filling out the paper work. Please allow 10 business days to fill out the paper work.

Prescription Refill Policy

In order to clarify our therapeutic relationship with our clients who are prescribed medications, we have created a policy for how we handle medication refills. If you have no-showed, cancelled, and/or rescheduled your appointment, we will not refill your medications. So, it is imperative that you keep your medication refill appointments to prevent yourself from running out of medications. We reserve the right to refuse any refill requests. Please initial and sign below to acknowledge that you are aware of our prescription refill policy:

- Clients should contact our office directly to schedule an appointment to get a medication refill. Please check your medications prior to your next appointment to identify which ones need refilling. As a client of Kingwood Psychiatry it is your responsibility to schedule your refill appointment in a timely manner so that you do not run out of medications. I understand it is my responsibility to schedule an appointment to request prescription(s) refills
- Kingwood Psychiatry requires a regular office visit with the provider for all clients taking prescription medications. The interval will be based on your needs and the prescribed medications. I understand that regular office visits are required to have prescription(s) refilled.
- Kingwood Psychiatry requires routine blood work for all clients on prescription medications, which is necessary in monitoring the safety and effectiveness of your medications. Clients that do not complete routine blood work will not have their prescriptions refilled. I understand that regular blood work is required to have prescription(s) refilled.
- Clients must be responsible and schedule their medication refill visit at least 2 weeks prior to running out of medication. Refill requests can take up to 5 business days to process, so please plan ahead. I will be responsible to know when my medication(s) need to be refilled and I will schedule my office visits and blood work early.
- All new clients will be required to complete blood work prior to receiving any prescription medications. If the client is prescribed any controlled substances, he or she must submit to a urine drug screen prior to issuance of the controlled substance. I understand that I will be asked to do monthly UDS if I am enrolled in the Suboxone clinic.
- All existing clients prescribed controlled substances will be required to submit to a urine drug screen on a bi-annual basis or more often, if the provider suspects drug abuse or misuse. I understand.
 - If the client is on any stimulants (Schedule II Drugs), they must make an appointment to receive a medication refill. Please be advised that these prescriptions expire in 21 days of the earliest fill date. If you have subsequent scripts that are not expired, you must bring those with you to be replaced as well. I understand

Tele-Psychiatry Services (Apply only to patients who uses this service)

Tele-psychiatry delivers comprehensive mental health services using interactive video conferencing platforms that are HIPAA compliant and similar to Skype or Face Time. The provider and the patient are in two different locations. Tele-psychiatry allows the client to receive mental health care without a face-to-face in-person visit. Tele-psychiatry also reduces traveling to the office, while taking time off from work and/or school. Potential risks may include, but may not be limited to: insufficient transmission of information due to poor video resolutions, delays in receiving mental health evaluation and treatment due to equipment or technology malfunction, security protocols may fail which may lead to a breach of privacy, and a lack of access to pertinent details that are available in a face-to-face in-person visit. This may result in errors in judgment. The alternative to tele-psychiatry includes the old-fashioned face-to-face sessions.

Your Rights:

1. I understand that the laws that protect the privacy and confidentiality of my health information also apply to tele-psychiatry services.
2. I understand that the video-conferencing platform is known to incorporate network and software security protocols to protect the confidentiality of information and audio/visual data. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional breach of my protected health information (PHI). You can review the security features of our video-conferencing platform on our website at kingwoodpsychiatry.com.
3. I have the right to withdraw my consent to the use of tele-psychiatry at any time and make an in-person visit to see my provider.
4. I understand that my provider has the right to withhold or withdraw consent for the use of tele-psychiatry at any time if an in-person visit is necessary to stabilize my condition.
5. I understand that all rules and regulations, which apply to the practice of medicine in the State of Texas, also apply to tele-psychiatry.

Your Responsibilities:

1. I will not record any tele-psychiatry sessions without prior written consent of the provider and I understand that the provider will not record tele-psychiatry sessions without my consent as well.
2. I will inform the provider if any other person can hear or see any part of our session before the session begins. Equally, the provider will inform me if any other person that can hear or see any part of the session before the session begins.
3. I understand that I must be a resident of Texas to be eligible for tele-psychiatry services from Kingwood Psychiatry.
4. I understand that my Initial Consultation can be done by tele-psychiatry in which my identity will need to be verified prior to beginning the session and must meet the provider's satisfaction.
5. I agree to pay a convenience fee of \$25.00 plus my co-pay as most insurance will only pay for the visit and not any other fees associated with the tele-psychiatry visit.

Treatment Information and Consent Form

Nature of the Therapeutic Relationship: Your plan of care may involve psychotherapy and/or medications and requires and active engagement on your part to talk about your life openly and honestly and take the medications as prescribed. If difficulties arise, we hope that we can work together to resolve them as quickly as possible.

Your relationship with your clinician is a professional and therapeutic relationship. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. We care about helping you, but we are not in a position to be your friend, or to have a social or personal relationship with you.

Psychotherapy: The goal of psychotherapy is to help you see things about your life in a new way. You may experience painful aspects of your life or surface emotional distress. The working relationship of psychotherapy is unique. Feelings about me may be a very important part of the treatment, and we should discuss them regardless of whether they are negative or positive. Treatment can make you feel worse or uncover a more severe illness that we would assist you with in overcoming, with your permission.

Medications: Your clinician will explain important side effects of any medication that he or she may prescribe for you. If you encounter an unexpected side effect from the medication, please call the office immediately to discuss a dosage adjustment or emergency visit.

Please check your medication supply before our scheduled visits, so that we can prevent you from running out of your medications or have problems with handling refills over the phone. Your clinician will only refill enough medications to cover you until your appointment date.

Financial Policy: We accept most insurance. If we are not on a specific insurance panel and considered out of network, you will be financially responsible for the visit. Payment is due at the time of service. We accept cash, any major credit card, and personal checks.

Appointments: If you are not able to keep your appointment, you must notify the office at least 48 hours in advance at (281) 358-5701 to cancel your appointment. If you are a NO SHOW, you will be charged the appropriate fee that is stated in our No Call/No Show Cancellation Policy.

Notice of Privacy and Confidentiality: Privacy and confidentiality is a cornerstone of psychiatric treatment. Discussions between the clinician and the client are confidential. No information will be released without your written consent, unless mandated by law.

Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of the elderly or disabled, abuse of patients in mental health facilities, sexual exploitation, criminal prosecutions, child custody cases, suits in which the mental health of a party is an issue, fee disputes between the provider and the client, a negligence suit brought by the client against the psychiatrist, or the filing of a complaint with the state licensing board or other regulatory body.

If you have any questions about confidentiality, you should bring them to our attention so that we can discuss the matter further. By signing this information and consent form, you are giving your consent to your clinician to share confidential information with all persons mandated by law and with the agency that referred you and the managed care company and/or insurance carrier responsible for providing your mental health care services and payment for those services, and you are also releasing and holding your clinician harmless from any departure from the right of confidentiality that may result.

Psychotherapy notes will have a high level of protection under the HIPAA (Health Insurance Portability and Accountability Act of 1996) privacy regulations that took effect in April 2003. Then their contents may not be divulged without your specific authorization, which is not permitted to be required as a condition of insurance coverage. Other exceptions to the special protection of psychotherapy notes under law are to prevent harm to the patient or others, for the provider's defense in legal actions, regulatory actions, regulatory oversight of the provider's professional status, confidential supervision in training situations, or investigation by a medical examiner in the event of a patient's death.

We serve as the Privacy Official and contact person as required by HIPAA. We keep electronic medical records and any electronic files are password protected to protect your information. You have the right to view your general medical record (but not psychotherapy notes) and request amendments within a reasonable time period. Records will be retained as required by law.

If you give consent for the release of medical information from your general medical record, in compliance with HIPAA. We will disclose only the minimum amount of information necessary to serve the purpose for which the request has been made. The American Psychiatric Association has defined guidelines for minimum disclosure. Also under HIPAA regulations, we will provide you with a notice of privacy practices. We must ask you to sign a HIPAA release of information and provide you with notice of privacy practices. We must ask you to sign a separate consent form and acknowledgement that we have given you this notice.

Under HIPAA, your consent is not required for clinicians to release information for treatment, payment, or healthcare operations. However, we have the right to offer you the opportunity to withhold consent for release of any or all information, with the understanding that if you withhold consent, it may not be possible for me to communicate with other providers, laboratories, pharmacies, etc. or to submit insurance claims or give supporting clinical information without further action on your part to give consent. We believe that it is important for provider-patient relationship to offer you the choice of giving or withholding consent, rather than assuming that you accede to the HIPAA regulations automatic consent. We will be very happy to discuss any part of this notice with you, at your request, at any time.

Confidentiality and Third Party Payers: You should realize that any information given at your request to an insurance company or managed care company is, thereafter, beyond my control. Health insurance companies sometimes give information to the medical information bureau, which may affect your future eligibility for life, disability, or other insurance. Some employers obtain identifiable data from administrators of their health insurance. Medicare and other insurance plans have the right to inspect the medical records of subscribers who file claims. In our experience, such events are rare and we would resist them to the greatest extent legally possible, but it is important that you know that this can happen if you choose to file claims for insurance or Medicare payments. However, the best safeguard for your privacy is not to involve third parties in your treatment. Other breaches of privacy could occur in extreme situations that are beyond my control, and are required by law or are essential to prevent imminent serious harm.

Initial Treatment Plan: By signing this information and consent form below, I agree to the initial treatment plan below. Usually, the initial treatment plan begins only with a psychiatric evaluation, unless otherwise stated below.

Consent to Treatment: I voluntarily agree to receive mental health assessment, care, treatment, or services and authorize the undersigned provider to provide such care, treatment, or services as are considered necessary and advisable.

I understand and agree that I will participate in the planning of my care, treatment, or services and that I may stop such care, treatment, or services that I receive through the undersigned provider at any time.

By signing this treatment information and consent form, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

Patient Name

Signature

Date

Representative/Legal Guardian Name

Signature

Date