

Aida R. Coffey
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CLINIC POLICY AND TREATMENT CONTRACT

1. EXPECTED PATIENT RESPONSIBILITY: Understand that your health is your responsibility. Your doctor is to help diagnose and suggest treatments that are best suited for you, but this is a working relationship. In order to ensure optimal psychiatric care you must agree to the following:

- a. You are expected to keep your appointments and give advance notification if you cannot come to your appointment. All visits are by appointment only. You must show up **on time**.
- b. You are expected to adhere to the treatment plan (this includes not only medications but also changes that are suggested, such as sleep habits, exercise, behavior modifications).
- c. You are expected to be honest and disclose truthful information to the doctor.
- d. You are expected to take your medications only as directed. It is your responsibility to make sure your medication is not lost or stolen or improperly used by you or others.
- e. You understand that the consumption of alcohol or illicit drugs of **any** amount is not recommended and that it may negatively interfere with your treatment.
- f. If you are female, you are expected to tell your doctor immediately if you are pregnant or thinking of becoming pregnant.
- g. You must notify Dr. Coffey if your address and/or phone number has changed and keep her updated to your current residence. We are not responsible for failure to communicate with you if you have not given the current contact information.

2. PAYMENTS:

- a. Payment or copayments for each visit is your responsibility. You may be charged an additional fee for any payments that are not received at the time of visit.

3. ADDITIONAL CHARGES THAT MAY OCCUR (Include but is not limited to the following):

4. APPOINTMENT CANCELLATIONS: All appointment cancellations must be made at least 24 hours before the time of appointment. There is a No-Show charge of \$75.00 per session. If you cancel an appointment within 24 hrs of there is a charge of \$50.00.

- a. LATE FOR APPOINTMENTS: Dr. Coffey reserves the right to cancel your appointment if you are more than 10 minutes late and charge the NO Show rate of \$75.00.
- b. BOUNCED CHECKS: There is a service charge of \$25.00 for bounced checks. If your check bounces once, the doctor reserves the right to refuse payments via personal check.
- c. AFTER HOURS CALLS: See below. Regular business hours are 8:00 am to 5:00 pm, Monday to Friday except on government observed holidays.
- d. SERVICES BEYOND DIRECT PATIENT CARE: see below
- e. INSURANCE members: Any services not payable by your insurance is your responsibility (e.g. no show charges, bounced checks, telephone calls, etc)

5. MEDICATION REFILLS: You will be given enough medication refills to you to the next appointment. ***It is your responsibility*** to pick up and keep the medications secure. If you reschedule, it is your responsibility to make sure that you have enough meds to last you to the next appointment or ask for a refill. Refills must be **REQUESTED DURING BUSINESS HOURS ONLY**. Understand that it may take up to 5 business days to be processed. Dr. Coffey has the discretion to refuse any medication refills. If you did not show and did not call to reschedule, absolutely **NO** refills will be given for any stimulants or DEA Scheduled medications.

6. CALLING THE DOCTOR AFTER HOURS:

- a. Dr. Coffey is available by phone for after hours **URGENT** communications. You may call the office phone number. You must leave a message with a call back phone number and reason for calling. **If Dr. Coffey needs to call you back, there will be a \$25.00 charge for up to the first ten (10) minutes. After ten minutes it is \$5.00 for every additional minute that she must stay on the phone with you.** Phone messages may be recorded.

b. If at any time you need immediate emergency assistance, please contact or report to your local emergency room or call 911. Additional community emergency resources include the MHMR Crisis Hotline at 512-472-4357 or 211

7. PRIVACY ISSUES AND REQUEST OF MEDICAL RECORDS: You have the right to ask for your medical records. You must sign a Release of Information Request. REQUEST MUST BE IN WRITING. However, Dr. Coffey reserves the right NOT TO release any information to a non-medical professional (such as family members or bosses, etc) even if you request. The charge for copying or faxing your medical record is \$25.00 for the first 20 pages and then \$.50 per page that must be paid in advance. We are not responsible for those records that have been released from this office. Dr. Coffey has the legal right to REFUSE to release any medical records if it is not in your best interest. It takes up to 10 business days to have the records ready.

8. TERMINATION BY THE DOCTOR: Reasons for termination of services by the doctor include but is not limited to the following: disorderly conduct in the waiting area, cursing at other patients or staff, sexually inappropriate behavior, invading the privacy of other patients or clinic staff, any act of public indecency as defined by the law in the office, any criminal act, verbal threats to any persons in the office, forging a prescription, not taking medications as directed, selling or giving away your medications to someone else, lying to or deceiving your doctor, threatening or stalking the doctor, too many missed appointments for any reason, or any other inappropriate behavior that may cause problems in the safety or care of the individual. If for any reason, not just limited to those stated above, the doctor needs to terminate service, you will be given 30 (thirty) days to find another provider.

9. ONE TIME VISITS: If you come in for a one time consultation or if at the first visit, you or Dr. Coffey does not decide not to pursue initiation of treatment, NO patient-doctor relationship is formed and you are not considered an established patient. You will not receive any written termination letter.

10. AUTOMATIC TERMINATION OF SERVICES: If Dr. Coffey has not seen you in fifteen (15) months or it has been at least 15 months from the date of your last prescription written, your services may automatically be terminated by Dr. Coffey. If you decide to come back for a visit, you will be charged the initial psychiatric evaluation rate, rather than a follow up visit rate.

11. SERVICES BEYOND THE SCOPE OF DIRECT PATIENT CARE: Dr. Coffey reserves the right to refuse any request for services that is beyond the scope of direct patient care. In situation where such services are needed, you may be charged upfront for things such as, but not limited to:

- a. Filling out any type of paperwork
- b. Faxing information to Insurance companies.
- c. Letters written on your behalf to schools or courts, etc: to be determined by the doctor.

12. LEGAL SERVICES: Dr. Coffey strongly advises against bringing forth your mental health information in any legal case. You have the right to block your mental records from being brought into any legal case by asking your lawyer to right a letter to the Judge asking that your mental health records be barred from legal inquiry (this is your right). HOWEVER, if you chose to bring your mental health into a legal case, you need to understand the following:

- a. Once you allow mental health records to be open in a legal case, there is NO MORE CONFIDENTIALITY.
- b. If Dr. Coffey is brought into court for ANY REASON (by you or by the oppositional legal team or by the judge) to discuss your mental health, you will be charged an hourly rate for time she is *taken away* from her office of \$225.00 per hour (including driving time). You will be asked to give a retainer fee of \$1,125.00 (5 hours) in advance and backed with a valid credit card.

CLINIC POLICY STATEMENT and TREATMENT CONTRACT STATEMENT OF UNDERSTANDING:

I freely and voluntarily accept treatment from Dr. Coffey. I have been given a copy of the office policy and understand that violation of the terms of the policy may be grounds for termination of treatment.