

TRANSCRANIAL MAGNETIC STIMULATION & BRAIN MUSIC THERAPY

GENERAL OFFICE POLICIES AND REGULATIONS

The following are the policies and regulations of this office and are followed without exception. Read them carefully. Initial each statement and sign below indicating that you have been made aware of them and that you agree to adhere to them. If you are a minor, a parent or guardian signature is required.

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LEASE INITIAL ALL STATEMENTS		
CONSENT FOR TREATMENT I, the undersigned, as the patient or on behalf of the patient do hereby consent to and authorize all diagnostic and therapeutic plan considered necessary or advised in the judgment of the physician . I understand that no guarantee or assurance has been made as to the results, which may be obtained.		
APPOINTMENTS Services are by appointment only. In the event of an emergency, we will try to work you in. This may cause a wait and we ask for your patience in this regard. As a courtesy, we provide a reminder call and/or 2 reminder emails; however, it is your responsibility to be aware of your appointment date and time and to show up on time for that appointment whether or not you receive a confirmation call/email. We recommend that you show up early for your appointment and anticipate for traffic, weather conditions, etc. If you arrive late, we will not be able to give you additional time as your allotted time has been pre-scheduled and reserved for you. Arriving late for an appointment may not allow sufficient time for you to address any issues/concerns you wish to discuss with the doctor/technician.		
CANCELLATIONS In an effort to provide excellent service to all of our clients/patients in the best therapeutic environment, it is our policy to require a fee for no-show appointments and cancellations made less than 24 hours in advance of the scheduled appointment. The cancellation fee must be paid before my next scheduled appointment. If you have missed an appointment you will not be given another nor have your medications refilled until you have paid the missed appointment fee.		
● A fee of \$100 will be assessed for missed/late-cancelled follow-up appointments.		
• A fee of \$100 will be paid before rescheduling a missed/late-cancelled initial evaluation appointment		
REQUESTS FOR MEDICAL RECORDS If you have an appointment with another provider or any other request that requires information, referrals and/or medical records from Dr. Ghelber, you must notify our office at least 7 business days prior to your appointment date. All information in your chart is strictly confidential and cannot be released to anyone without your written consent. Records can be transferred to another physician upon you written request. This usually takes up to thirty days and is done in the order in which their requests are received. Records transferred to any persons other than physicians, i.e., patients, lawyers, certain insurance companies, etc. are subject to a fee. The amount of this fee will depend on the volume of the record.		
LETTERS/ADDITIONAL PAPERWORK REQUESTS The time taken to review and/or process patient		
paperwork (extensive medical records, reports, correspondence, chart notes, etc.) will be		

assessed a fee for the time spent on the paperwork. All letters to any person other than physicians will be subject to a fee starting from \$40.00. Again, the exact amount will depend on the complexity of the document. Patients are expected to pay for all requested papers before they can be sent or picked up. An authorization to release healthcare records will be required before paperwork can be completed. Dr. Ghelber does not do paperwork regarding disability or court appointed paperwork.

Please allow 10 business days to complete any requested paperwork.

BILLING/CLAIMS Dr. Ghelber, PA DBA Institute for Advanced Psychiatry, is NOT contracted with insurance companies, and we do not file claims for the services you receive. It is your responsibility to ensure that we have all of the pertinent information to file claims with your insurance company. We will provide receipts containing procedure and diagnosis codes that may be submitted by the patient to insurance carriers for reimbursement. You may choose to submit claims to your insurance company. The reimbursement must be sent directly to you. You are responsible for contacting your insurance company and ensuring payment is sent to your address. Any insurance reimbursement we receive will be returned to sender. We will not be responsible or handle insurance reimbursement

Please be aware that some commercial insurances will not cover the services provided.

PAYMENT POLICY/FEE AGREEMENT The Institute for Advanced Psychiatry requires payment for services at the time they are rendered. If payment is not rendered at time of service you will not receive service. You will also be responsible for \$100 fee. Payments may be made with cash, personal check or credit card. We do NOT take American Express. **There will be a \$50 additional fee for all returned checks.** If you have any questions regarding payment and services you need to address this at time of service or no refund will be given. No refund will be given for rendered services. Patients are expected to maintain a zero balance. Accounts need to remain current in order to maintain ongoing treatment. Our office does not send patients invoices, but statements are available after each procedure. Please feel free to inquire about your balance before your account becomes delinquent. The patient/guardian is responsible for court cost, legal fees, or agency fees, which may be incurred in the collection of the account.

COURT FEES: If a deposition or opinion in court is required there is \$500 per hour charge, with a minimum charge of \$2000 which must be paid in advance. IF Dr. Ghelber is subpoenaed with less than 15 days notice is subject to an extra \$2500 charge. We require a phone call from the patient or lawyer to notify the office

PHONE CONFERENCES Patients are charged for time spent consulting with Dr. Ghelber on the telephone or the time taken for Dr. Ghelber to consult with other professionals regarding your treatment (with your permission). The fee charged depends on the length of the conference.

procedures or methods, or gain whatever information they wish to know about the process and course of therapy. Patients are also assured confidentiality that is protected both ethically by the Institute and legally by Texas State Law. There are, however, important exceptions to confidentiality that are legally mandated. In general terms, these exceptions include the following: 1) The law requires notification of relevant others if it is judged that a patient has an intention to harm him/ herself or another individual. 2) The law obliges us to report any incident of suspected child abuse, neglect or molestation in order to protect the children involved. Confidentiality will be respected in all cases, except as noted above.

DEPENDENT PATIENTS If you are requesting our services as the parent/guardian of a child under the age of 18 or as the guardian of a dependent adult, the same general practice as outlined above will apply. However, as the child or dependent adult's psychiatric care provider, it is important that the patient be able to trust the physician/technician. As such, the physician/technician will keep the content of the patient's sessions confidential in the same way that she would keep confidential the content of an independent adult patient's sessions. This is not only the clinic policy, but also a state and federal law. This is true even when the parent/guardian is financially responsible for the patient's appointments. In general, specific information that the patient provides will not be released, however it is appropriate to discuss with the parent/guardian, the patient's progress and the parent/guardian participation in their treatment and any issues that represent imminent safety concerns.

MESSAGES The Institute for Advanced Psychiatry has regular business hours Monday-Thursday 8am-4pm. During this time, messages may be left for Dr. Ghelber with any of the office staff. At any time: -FOR LIFE-THREATENING EMERGENCIES YOU MUST CALL 911 OR PROCEED TO YOUR NEAREST EMERGENCY ROOM. THESE SITUATIONS SHOULD NOT BE HANDLED BY LEAVING A VOICEMAIL OR A MESSAGE FOR THE DOCTOR. For URGENT MATTERS, which cannot wait until the next business day, you may call the office phone at 817.659.7344 and leave a voicemail or call the doctor on call. If you need to speak with Dr. Ghelber Monday-Thursday after normal business hours you may call the office and dial 8. A fee of \$75 will be assessed. On the weekends, you may contact the doctor on call whose contact information will be on the office line voicemail message. For all other matters, please call the clinic during normal business hours. Often, one of the office staff can handle your question and they will be pleased to assist you. Although your message is very important to us, please know that leaving multiple messages or emails will not speed up the process to receive a returned call. We check voicemails and emails periodically throughout the day and will contact you at our earliest convenience or, at the most, by the end of the business day.

MEDICATION REFILLS/AFTER HOUR No routine prescriptions will be refilled after hours or on the weekends. Check your medications regularly and make sure that you have enough. Please allow 72 hours for prescription refill request to be processed. Our office is closed on Friday, all requests received after 4pm on Thursday may not be processed until Monday. If you miss your appointment or run out of medication because you did not schedule a timely follow-up appointment as agreed upon in the previous appointment, prescriptions will, in general, not be refilled until you have a scheduled appointment. Due to administrative requirements on issuing CII prescriptions a fee of 20 dollars on will be implemented for requested between office visits. If you are a patient prescribed Suboxone by Dr. Ghelber you are required to follow the drug screen protocol that has been discussed. If you fail to follow protocol medication will not be dispensed. Be sure to notify Dr. Ghelber if you are pregnant or think you may be pregnant. If you become pregnant while taking psychiatric medication(s), you will need to discuss the risks and benefits of the particular treatment(s) you are on with Dr. Ghelber. In the case of an emergency please follow the protocol listed above.

COURTESY Dr. Ghelber and her staff believe it is important to make everyone as comfortable as possible when visiting the Institute for Advanced Psychiatry. We ask that you put any mobile devices on silent and refrain from using them during your session. Should you need to take or make a telephone call while waiting, please step outside to avoid disturbing others. In addition, we try to create an environment of courtesy and respect for patients, physicians and staff. Please remember to be courteous to everyone while present in the clinic. Rude or disruptive behavior could result in termination of the physician-patient relationship. Every effort is made to begin appointments on time, but sometimes it may be necessary to wait. We appreciate your patience and understanding.

TERMINATION At times, terminating the physician-patient relationship is necessary. Termination of psychiatric treatment may occur at any time and may be initiated by either the patient or the doctor. Reasons for termination by the physician are generally due to patient non- compliance with treatment(s), missed appointments, multiple cancellations, or, in rare cases, the inability to continue a therapeutic relationship. Dr. Ghelber will continue to provide your care for 30 days after a notice of termination in order to allow you to find a new physician.

INACTIVE STATUS The patient will or appointment made or makes an alternative appointment appointment between Dr. Ghelber and the patient the	ent with the office. After the passage	of six months without an	
Inactive status may be instituted if bills are not paid in appointments missed with less than 24 hour cancellati Inactive status designates that Dr. Diana Ghelber will the need arises. Only emergency triage will be provide inactive status starts, a maximum of one month of me health care provider. If the doctor decided to reinstate required.	n a timely fashion. Inactive status ma on notice. reserve the right to direct triage to a ed. If the doctor has prescribed medi- edication may be prescribed while the	ay be institute after two mother provider or facility if cation continuously and e patient finds an alternative	
We trust that you understand the necessity for these terms, and we thank you for your cooperation. If you have any questions, do not hesitate to ask the staff or the doctor. Please sign below, acknowledging that you have received the above information and agree to abide by the terms hereof.			
MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ OFFICE POLICIES AND REGULATIONS OF DR. D ADVANCED PSYCHIATRY.			
PRINTED NAME OF PATIENT/GUARDIAN	SIGNATURE	DATE	