



NOTICE OF OFFICE POLICIES AND PRACTICES SARAH FISHMAN, M.D., PhD, P.C.

Effective Date: January 1, 2021

WE BELIEVE IN TEAMWORK

We will make every effort to ensure that your experience exceeds your expectations. We are committed to providing you with beneficial and appropriate medical care. You will have the opportunity to have all your questions and concerns addressed about your condition, including treatment options and cost. Every member of this medical team will strive to treat you with respect and dignity and without regard to age, race, religion, disability or national origin. You have the right to be treated without discrimination. You can expect privacy and confidentiality with respect to your medical care.

We will also:

- Return phone calls and emails promptly
- Provide medication refills for up to 180 days*
- Minimize your risk of exposure to COVID or other infectious agents
- Provide you with test results upon request
- Update your primary physician or other consultant physicians regarding changes in your health care plan

It is important that you take an active role in your healthcare. We would like you to participate in choosing the best treatment options for your condition. You have the right to consent or refuse any treatment offered.

You agree to:

- Inform us of any issues with filling prescriptions or adhering to prescribed treatments
- Follow up at regular intervals as agreed upon in order to keep receiving prescription refills*
- Keep your appointments and arrive on time. Please inform us at least 24 hours in advance if you are unable to keep an appointment**
- Provide accurate and truthful information about your medical history, including but not limited to current and former medication use, substance use or abuse, current or former mental health conditions.
- Pay your bills promptly, and provide all relevant demographic and insurance information for collection of fees from third party entities.

THANK YOU FOR THE OPPORTUNITY TO PARTICIPATE IN YOUR CARE

*Patients must have an appointment either in-person or virtual every six months in order to continue receiving refills. In some cases, a maximum of 90 days may be offered if deemed appropriate by the medical staff. Prescription refills may be denied if you have not been seen in the past six months or if you have an outstanding balance on your account for more than 90 days.

**There is a \$75 no-show fee for all missed appointments or for those not cancelled within 24 hours. Arrival at the office more than 20 minutes after your appointment time may be considered a missed appointment and we cannot guarantee you will be seen. We require a credit card be kept on file to hold all appointments. Your card will not be charged if you arrive for your appointment.