

# PRACTICE INFORMATION/OFFICE POLICIES AND CONSENT TO TREAT

EFFECTIVE 01/01/2014

Dr. Sidhu provides thorough psychiatric evaluation(s), psychotropic medications and TMS (Transcranial Magnetic Stimulation) if appropriate/needed as well as supportive psychotherapy (in conjunction with medications) in treating mental health problems. Dr. Sidhu's practice is exclusively an office-based consulting practice. Dr. Sidhu does not do hospital work, perform emergency medical services, or provide after-office hour care. Consequently, Dr. Sidhu strongly recommends that in addition to her care, you maintain a relationship with one or more physicians such as a family physician or internist in order to keep updated with your preventative health care.

**\*YOU MAY DOWNLOAD AND PRINT A COPY OF THIS DOCUMENT. PLEASE READ AND INITIAL WHERE IT SAYS 'PLEASE INITIAL' NEXT TO EACH SECTION AND BRING IT WITH YOU TO THE OFFICE FOR THE INITIAL APPOINTMENT.\***

**WHEN YOU NEED EMERGENCY SERVICES/ AFTER-HOURS CARE:** In the event that you are experiencing a life-threatening medical or psychiatric emergency please call 911 immediately. Dr. Sidhu does not provide emergency services. If you are admitted to a hospital for psychiatric care it is highly recommended that a loved one who has your permission (such a family member or close friend) notifies our office of your admission as soon as possible. Dr. Sidhu will do her best to co-ordinate your care with the hospital providers/staff. Dr. Sidhu may be reached after hours for an urgent matter other than a medical/psychiatric emergency, for which you should always call 911. If you are calling regarding a refill or scheduling/re-scheduling an appointment please call our office during business hours (not the after hours number) and please read our medication/refill policies below. *Please Initial* \_\_\_\_\_ You may also find these contact numbers helpful:

\*Suicide Crisis Line ( Orange County):877-727-4747 \*24 HOURS MENTAL HEALTH CRISIS LINE 866-830-6011

\*National Hotline: 800-273-TALK (8255) \*NAMI: warm line 877-910-9276, LA area: 855-952-9276

**INSURANCE AND FEE FOR SERVICE POLICY:** Dr. Sidhu accepts certain Insurance Policies. Prior to confirming your appointment your benefits/eligibility will be verified by our staff. We will then let you know whether or not we accept your particular Insurance policy and what your co-pay/co-insurance may be, if any. The co-pay/co-insurance is your financial responsibility and will be due at the time of service, unless you are told otherwise. If your Insurance happens to be one we do not accept we will inform you of our fee for service rates (please see below under 'professional fees'). If you accept these fees they are also due at the time of service. *Please Initial* \_\_\_\_\_ If Dr. Sidhu is contracted with your particular Insurance plan and your Insurance company is supposed to cover your visits but declines to pay for any reason please be aware that you will be responsible for the full cost of your visit. *Please Initial* \_\_\_\_\_

**MEDICARE ACCEPTANCE POLICY:** Dr. Sidhu is a Medicare provider. Often Medicare is the primary insurance and there is another secondary insurance. The primary and secondary insurances usually share a percentage of the cost of service. Generally, Medicare may cover up to 80% of the cost, which means the remainder of the cost may or may not be covered by the secondary insurance. *If the remaining cost is not covered by the secondary insurance the patient is responsible for that balance.* In this case you will be billed once Medicare has confirmed their portion of the cost.

*Please Initial* \_\_\_\_\_

**PSYCHOTHERAPY:** Your treatment may or may not include supportive psychotherapy. Dr. Sidhu usually combines supportive therapy with medication treatment and usually does not provide therapy only. Also, supportive psychotherapy is meant to be supportive & brief. It is not intended to be in-depth or of any particular length.

*Please Initial* \_\_\_\_\_

**MEDICATIONS | MEDICATION-REFILLS:** Medications can only be prescribed after the initial evaluation has been completed. Established patients are always given enough medication and refills until the next office visit, so refills are not necessary over the phone. This is to limit medication errors and to protect your safety. If you have missed or cancelled an appointment, you may be provided with enough medication until the re-scheduled visit only if Dr. Sidhu/your provider working with Dr. Sidhu feels it is clinically appropriate. If it is determined that you need to be seen in person before you can be given medication due to the nature of your symptoms/concerns you will be given the earliest available appointment and medication will not be provided till your visit. This is to ensure your safety and accurate assessment for appropriate treatment. *Please Initial* \_\_\_\_\_

**SESSIONS:** Dr. Sidhu will conduct a thorough initial evaluation during your initial interview. This comprehensive assessment is necessary whether Dr. Sidhu provides medication management, TMS (Transcranial Magnetic Stimulation) treatment or both, as it will help to better understand your history, your symptoms, and your reason for seeking treatment. Before the end of your first visit, Dr. Sidhu will determine whether or not you will benefit

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from further evaluation or can begin treatment. In some cases an additional visit may be necessary to complete the initial evaluation ( for example, someone with an extensive psychiatric history or more complicated presentation) as extra time may be necessary to gather information, speak to your family/loved ones, review past medical records or order any necessary lab work. If this is the case, Dr. Sidhu will ask that you schedule additional time (typically 30-60 minutes) at a future date in order to complete the initial evaluation. During this time, as well as in the next 1-2 sessions Dr. Sidhu and you can decide if hers is the best practice to provide you with the services you need. *Please Initial*\_\_\_\_\_

PROFESSIONAL FEE-FOR-SERVICE RATES (WHEN NOT USING INSURANCE BENEFITS)\* \* Fees are subject to change \*

## MEDICATION MANAGEMENT FEES (WHEN NOT USING INSURANCE):

INITIAL CONSULTATION	\$350	Paperwork/Completing Forms	\$75	Certain services (e.g., family conferences, record review, prior authorization for medications,etc.) may entail additional fees. Please ask. <i>Please Initial</i> _____
FOLLOW UP	\$175–\$280	Return check fee	\$25	
Prescription rewrites	\$15	Photocopies of records	\$25/1 <sup>st</sup> 20page +\$0.15/page after	
Letters	\$20			
Phone calls 10-15mins.	\$25			
15-20mins.	\$75			
>20mins.	\$110			

## TMS FEES (WHEN NOT USING INSURANCE):

INITIAL CONSULTATION	\$350
MAPPING/RE-MAPPING	\$300
TREATMENT SESSIONS X 36	\$200

\*TMS REQUIRES APPROXIMATELY 36 TREATMENT SESSIONS FOR FULL TREATMENT\*

\*PAYMENT PLANS ARE AVAILABLE & CAN BE DISCUSSED DURING COMPLIMENTARY CONSULTATION FOR QUALIFIED CANDIDATES\*

*Please Initial*\_\_\_\_\_

PAYMENT| DISHONORED CHECKS You are responsible for payment of charges at the time of service. If your check is returned (e.g., refused for insufficient funds), you will be required to pay an additional fee of \$25.If your account has payment overdue for more than 60 days, legal means may need to be used to secure payment, including collection agencies or small claims court (in most cases, the only information that would be provided would be your name, nature of services provided, and amount due). An interest/finance charge may be added. *Please Initial* \_\_\_\_\_

MISSED APPOINTMENTS It is important that you appear for all scheduled appointments. Your failure to cancel a confirmed appointment in a timely manner deprives other patients of an opportunity to receive care at our office. You will be responsible for paying a missed appointment fee of  $\frac{1}{2}$  the total cost of your visit if you fail to appear for a scheduled visit and have not provided at least 48 hours advanced notice of cancellation. This policy is aimed at minimizing the waiting time and ensuring availability of prompt medical care. *Please Initial* \_\_\_\_\_

PROLONGED ABSENCE FROM TREATMENT: In the event that you have had to cancel or have missed your appointments for an extended period of time Dr. Sidhu may require that you be re-evaluated and treatment may need to be re-initiated. This is to ensure that Dr. Sidhu can be updated on any personal, psychiatric or other health issues that may have come up during your absence that may be relevant to your care. In this case you will need to schedule an appointment for an initial evaluation as opposed to a follow up. *Please Initial*\_\_\_\_\_

HIPAA NOTICE OF PRIVACY POLICY: You will be provided this form when you check in for your initial evaluation. Please review this carefully. While you can keep the Privacy Policy document please SIGN and return the acknowledgment form with to the office staff. Your initials here indicate that you have read the HIPAA Notice of Privacy Policy and have signed the acknowledgment form (please return it to the office). *Please Initial* \_\_\_\_\_

PROFESSIONAL RECORDS: Both law and the standards of our profession require that we keep appropriate treatment records in accordance with HIPAA. We use an EMR system called OFFICE ALLY, which is HIPAA compliant. You are entitled to review a copy of the records,unless Dr. Sidhu strongly believes seeing them would be emotionally damaging,in which case she would be happy to provide them to an appropriate mental health professional of your choice. Because these are professional records, they can be misinterpreted or upsetting, so it is recommended that you review them together so the contents can be explained/discussed. *Please Initial*\_\_\_\_\_

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CONFIDENTIALITY: Confidentiality in mental health treatment is required and protected by law. Dr. Sidhu can only release information about her work with you to others with your written permission. Please be aware that some basic information about diagnosis and treatment may be required as a condition of your insurance coverage. Some exceptions to confidentiality where disclosure is required by law are:

- if there is a threat of serious bodily harm to others, Dr. Sidhu is required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization
- if there is threat to harm yourself, Dr. Sidhu is required to seek hospitalization for you or to contact family members or others who can help provide protection
- if there is an indication of abuse to a child, an elderly person or a disabled person, even if it is about a party other than yourself, Dr. Sidhu must file a report with the appropriate state agency
- if you are involved in judicial proceedings, you have the right to prevent Dr. Sidhu from providing any information about your treatment. However, in some circumstances in which your emotional condition is an important element, a judge may require Dr. Sidhu's testimony
- if due to mental illness, you are unable to meet your basic needs, such as clothing, food, and shelter, Dr. Sidhu may have to disclose information in order to access services to provide for your basic needs

These situations rarely arise, but should such a situation occur, Dr. Sidhu will make every effort to fully discuss it with you before taking any action. Dr. Sidhu may occasionally find it helpful to consult with other professionals/physicians. Under such circumstances, Dr. Sidhu will make every effort to avoid revealing the identity of her patient. However, the consultant is also legally bound to keep the information confidential. *Please Initial*\_\_\_\_\_

Dr. Sidhu makes no representations, claims or guarantees that you will be helped with your mental health problems or conditions by undergoing treatment here. However, she will do her best to help you to accomplish your mental health care and wellness goals. Dr. Sidhu believes that your involvement in your treatment is essential to achieving your goals and sees this relationship as a partnership.

## CONSENT TO TREAT:

Your signature below indicates that you have carefully read and understood this Practice information, Office Policies and Consent to Treat document and you agree to abide by its terms during your professional relationship with Dr. Sidhu.

I have executed this consent freely and willingly, and understand its provisions. I have read, understand and agree to the above. I recognize that Hina Sidhu, MD will rely upon my execution of this document as my consent for treatment.

Name of Patient (printed): \_\_\_\_\_:Date: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

Name of Doctor (printed): HINA SIDHU, M.D. Date: \_\_\_\_\_

Signature of Doctor: \_\_\_\_\_