



### Office Policies

*I appreciate the opportunity to work with you and your family. The following information describes some important policy and procedural matters concerning my practice. Please read this material and sign the acknowledgement. If you have any questions, feel free to discuss them with me.*

#### CONSENT TO TREAT

The undersigned patient or responsible party (parent, legal guardian, or conservator with legal authority to make medical and mental health care decisions for the patient below) consents to, and authorizes services, provided by Jillianne Grayson, MD. These services may include psychotherapy, medication therapy, laboratory tests, diagnostic procedures, and other appropriate alternative therapies.

The undersigned understands that he/she has the right to:

1. Be informed of and participate in the selection of treatment modalities.
2. Receive a copy of this consent.
3. Withdraw this consent at any time.

#### TREATMENT PLAN

The patient's first two visits are solely for evaluation and to determine whether Dr. Jillianne Grayson can provide appropriate services. The individual treatment plan establishes an ongoing working relationship between a patient and Dr. Grayson. **Adherence to your individual treatment plan is required** to remain a patient in Dr. Grayson's practice. Your treatment plan includes a required frequency of patient visits to the office to be seen by Dr. Grayson. **You are required to be seen every 6 months to stay an active patient of Grayson Psychiatry (If you are on controlled substances you are required to be seen every 3-4 months).**

If for some reason treatment is not going well, I might suggest you see another professional for an evaluation. If you wish for another professional's opinion at any time, I will help you find a qualified person and will provide him or her with the information needed. If you wish to stop treatment at any time, I ask that you agree to meet for at least one more session to review your treatment and transfer to a new provider to make it as smooth as possible.

#### CONTROLLED SUBSTANCES

Controlled substances/ medications such as benzodiazepines (Klonopin, Xanax, Valium, Ativan ect.) sleep aids and stimulants (Adderall, Ritalin ect.) are sometimes used in the treatment of psychiatric disorders. It is important that you understand the risks and benefits of using these medications before you receive them from your outpatient providers. Because these medications can be addictive, develop a tolerance and can have health consequences we have set up guidelines to protect against these dangers.

1. Be clear with this doctor if you or a family member has ever had a history of addiction or drug or alcohol abuse.
2. Be clear with this doctor of all the other medications that you are currently taking including narcotic pain medication, methadone, suboxone ect.
3. Be clear with this doctor if you are currently using alcohol, cannabis/ TCH or other drugs.
4. Once you receive a controlled substance you are responsible for this prescription and medication. Controlled substance may not be taken more often than prescribed nor be taken or distributed to an unauthorized person as this is a Federal Offense.



5. Early refills will not be offered in response to misuse, overuse or for convenience. Lost or stolen prescriptions will not be replaced, and the clinic will not authorized early refills in these instances.
6. If it is determined that you are using a controlled substance inappropriately, that agent will be tapered and not prescribed again. Including if it is determined that a parent/guardian is using a controlled substance that is prescribed to the child/patient.
7. If you have occurrence/ episode into overuse of alcohol or drug use, the controlled substance will be tapered and not prescribed again.
8. If it is determined that there is a medication interaction that could be life threatening, the controlled substance will be tapered to stop.
9. If there are medical compromise/ significant physical safety concerns with use of this agent, the controlled substance will be tapered to stop.
10. The eventual goal with most controlled stances is to taper off them eventually-- controlled substances are usually not for long-term use. However, abrupt discontinuation of some controlled substances could result in seizures, withdrawal or even death.
11. Using controlled substances with alcohol, marijuana or other illegal drugs is a sign of addiction. If you are found to do this, you will be tapered of this agent and advised to seek substance abuse treatment immediately.
12. Coordinated care will be required for controlled substance prescribing. This doctor is consistently evaluating your medication and condition for dangerousness. A release of information to your other providers/ doctors will likely be obtained to ensure your safety. Failure to agree to this may result in delay in prescribing and/or stopping these high risk agents.
13. Monitoring of the DEA Controlled Substance Registry and communication with your pharmacy will be used to verify your history of filling prescriptions.
14. Agreeing to any lab request or drug screen is necessary. Refusal or inability to provide drug screen at random will be assumed that it contains unauthorized drugs.
15. **You must keep your appointments to obtain refills on your medication. Controlled substances are typically NOT refilled or altered outside your appointments. In general, if you receive a controlled substance, you will be expected to be seen at least every 3-4 months, often in person (at least once a year). Failure to keep appointments may result in discontinuation of these high-risk medications.**
16. Remember these guidelines are designed to help reduce the risk associated with taking controlled substances. Breach of this agreement may result in the discontinuation of these agents. In rare instances, breach of this agreement may result in dismissal from this clinic.

#### USE OF MIND-ALTERING SUBSTANCES

Please do not present for appointments under the influence of any mind-altering drugs and/or alcohol. Should a patient present for treatment under the influence of mind-altering drugs and/or alcohol, the appointment will be canceled, and the patient will be charged for the full appointment.

#### DISCLOSURES AND CONFIDENTIALITY

Each patient is required to complete and sign all patient forms to the best of their knowledge. If the patient has a Legal Guardian and/or is subject to a child custody agreement, then a copy of the most current applicable document(s) will be provided to Dr. Grayson. All communication between physician and patient is held in the strictest confidence unless:



1. the patient authorizes release of information with a signature.
2. You may access your records upon request. In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believed that the information would be harmful to you, but I will discuss this with you. For minors, legal guardians also hold a right to access these files.
3. the physician is ordered by a court to release information.
4. child or elder abuse/neglect is suspected.
5. Dr. Grayson becomes concerned for the patient's safety or the safety of others.
6. In the case of 3 or 4, Dr. Grayson is required by law to inform authorities and/or potential victim.

#### CONSENT TO BE MONITORED AND RECORDED FOR SECURITY PURPOSES

Please note that Grayson Psychiatry has implemented closed-circuit video surveillance in the waiting areas, hallways, and front door for security purposes. This has been put in place for the security of providers and patients. There is no audio/visual recording in treatment rooms. By signing you are agreeing to being the subject of closed-circuit video surveillance at Grayson Psychiatry and to being recorded and taped because of this.

#### FEES AND INSURANCE

**Dr. Grayson does not participate in any insurance plans.** Patients with private insurance may file claims for reimbursement with their insurance companies for out-of-network service; Dr. Grayson will provide patients with information to allow them to do so but the claims must be submitted by patients directly to the insurance company. Payment is due at the time of service. **To ensure that Dr. Grayson is paid for services rendered in a timely manner, every Patient and/or Patient's Guarantor must complete and sign Dr. Grayson's Credit Card Authorization form or input their payment method into the patient portal. Dr. Grayson uses Dr.Chrono (onpatient) via Square for credit card processing. Credit card is preferred method of payment.**

You are responsible for timely payment of Dr. Grayson's services, regardless of the status of any reimbursement you may seek elsewhere. Late fees are avoided by ensuring that your Credit Card Authorization is current on the patient portal. If your credit card is declined for any reason, and your **balance is not paid within 5 business days, then your patient account will incur a \$50 late fee (and an additional \$50 for every additional week).** Dr. Grayson may impose reasonable interest, late charges, direct collection costs, court costs, and/or reasonable attorney's fees should your patient account become delinquent. For returned checks, the Patient will be charged for the amount of the returned check plus a \$50 fee. Any other financial arrangement must be made with Dr. Grayson, in writing, prior to service.

Dr. Grayson has opted-out of providing services to Medicare beneficiaries and does not provide services to a Medicare beneficiary without a current Medicare private contract. Additionally, Dr. Grayson does not provide services to an HMO beneficiary without an HMO private contract in place.

#### Current Fees:

- **25 min follow up- \$265**
- **50 min follow up- \$365**
- **Intake- \$950**
- **60 min therapy session- \$350**
- **Administrative services (prior authorizations, emergent prescription requests, services rendered outside of appointment time, etc.)- 15 min- \$90**



## LEGAL SERVICES

Rarely, but on occasion, a court will order a provider to testify, be deposed, or appear in court for a matter relating to your treatment or case. To protect your confidentiality, I strongly suggest not being involved with the court. If I am subpoenaed, your private mental health records are also at risk of being subpoenaed. All services related to a legal case, a subpoena, a court case, and/or litigation will be billed in 15-minute increments at a rate of three times my hourly rate \$1,095 per hour.

If I get called into court by you, your attorney, or an attorney representing your child, you will be charged the hourly rate, including any time involved with the court case (including but not limited to, travel time, meals, consultations with lawyers representing any involved party including my own lawyer, emails, affidavits, correspondence of any kind, phone calls, depositions, attendance at courtroom proceedings and any wait time prior to or in lieu of actual court appearance.) You will be billed for any legal fee I incur because of my involvement. All the charges above may be billed directly to the credit card on file.

## COMMUNICATION POLICY

Patients have the option of participating in a patient portal managed by HIPAA-compliant third-party vendor Dr.Chrono (onpatient), for the purpose of communicating clinical information, scheduling, billing and medication refills. This is the best way to reach Dr. Grayson. Due to privacy concerns, any electronic communication (such as email, texting, Facebook, Skype, etc.) containing clinical information will not be read, and will be deleted without response. **Email is not HIPAA- compliant and therefore should be reserved for logistical issues only. If you opt out of using the patient portal, please use the telephone to communicate patient information with Dr. Grayson.**

- **NON-URGENT CLINICAL QUESTIONS BETWEEN VISITS**

- **Please send a message via patient portal;** or leave a message on Dr. Grayson's voicemail. You will receive a call back or response as soon as possible, usually by the next business day.
- **Dr. Grayson does not regularly review her emails, please do not use email as a means of communication with Dr. Grayson.**
- Dr. Grayson's voicemails and patient portal are not reviewed on Fridays, weekends, Federal holidays, or after 5pm on Monday-Thursday. For emergency and urgent situations, please see "Urgent/Emergent Situations."

- **URGENT/EMERGENT SITUATIONS-**

- **If you are experiencing a medical or psychiatric emergency, please call 911 or go to the nearest emergency room.**
- If you need to reach Dr. Grayson or the covering physician urgently, then call Dr. Grayson's office phone number, and listen to the complete outgoing message. If another physician is covering for her, the outgoing message will have instructions for how to contact that person.

- **PHARMACY REQUESTS-**

- **Medication refills should be requested during appointment times.**
- **It is the Patient's/Parent's responsibility to request medication refills in a timely manner. If refills are needed in between appointments, please submit requests via patient portal.**
- **Dr. Grayson's office requires at least 3 (three) business days in advance to respond to prescription refill requests.**
- **Urgent prescription requests requiring a response in less than 3 business days' notice may be subject to a fee (\$90).**



- **Prescription refill requests can only be provided to current patients of the practice.**
- **Patients must request refills; no auto requests are considered from anywhere anytime.**
- APPOINTMENT REMINDERS-  
Patients have the option of receiving appointment reminders via text and email. These reminders are automatically generated by HIPAA-compliant third party vendor Dr.Chrono(onpaitent). Responses to these emails and texts are not received or read by Dr. Grayson.
- PHONE-  
I consent to receive calls from Dr. Jillianne Grayson for my protected healthcare and other services at the phone number(s) listed in the portal, including my cell phone number provided. I understand I may be charged for such calls by my cellular carrier and that such calls may be generated by an automated dialing system. I understand that I can revoke this consent at any time.

#### CANCELLATIONS OR MISSED APPOINTMENTS

If you are unable to make an appointment, please let Dr. Grayson know as soon as possible by calling the office and leaving a voicemail message or canceling online.

- **Because your appointment time is reserved for you, you will be charged the full fee for the scheduled service(s) unless you cancel 24 hours in advance (not including weekends or holidays).**
- Exceptions to the missed appointment fee will be made for weather emergencies.
- If you are late for your appointment, you will be seen for the remaining appointment time and will be charged the full appointment fee. If you arrive for your scheduled appointment with 15 minutes or less remaining in their scheduled timeslot, you will not be seen and be charged the full appointment fee.
- Excessively late arrivals are treated the same as a No Show or Late Cancellation. Arriving with less than 15 minutes does not allow Dr. Grayson adequate time to assess patient needs without affecting others' appointments.
- **After 3 no shows, Dr. Grayson reserves the right to terminate services.**

#### TELEMEDICINE

Telemedicine/teletherapy involves the use of synchronous electronic communications to enable clinicians and patients/clients to work together remotely. Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption. There are potential risks associated with the use of telemedicine/teletherapy. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the physician and consultant(s);
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information.
- In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reaction or other judgment error.

Emergency Situations:



If a situation occurs where we are talking and get disconnected and you are in crisis, you agree to call 911, go to your local emergency room immediately or contact the National Suicide Hotline at 800-784-2433. If I have concerns about your safety at any time during a phone session, I will need to break confidentiality and call 911 (if located in the same county or emergency services in the area you are located at the time of the call) and/or your emergency contact immediately. Please note that everything in the informed consent that you have signed, including all the confidentiality exceptions, still applies during phone/video sessions.

**TERMINATION**

After appropriate attempts to contact the Patient, if Dr. Grayson determines that **treatment is not being effectively used or payment is in default, Dr. Grayson may terminate treatment** and provide a list of other qualified practitioners. Should the Patient fail to adhere to the terms of the individual treatment plan, unless other arrangements have been made in advance, for legal and ethical reasons, they must consider the professional relationship discontinued. If you wish to stop treatment at any time, I ask that you agree to meet for at least one more session to review your treatment and transfer to a new provider to make it as smooth as possible.

**CHANGES IN OFFICE POLICIES**

**Professional fees and/or office policies may change from time to time. Dr. Grayson will make every effort to inform you in advance of changes in professional fees and/or office policies. Generally professional fee adjustments occur annually on January 1<sup>st</sup>.**

**Acknowledgement of Receipt of Office Policies**

I have read Dr. Grayson’s Office Policies. My signature below indicates that I both understand and agree to these Policies. The undersigned patient or responsible party (parent, legal guardian, or conservator with legal authority to make medical and mental health care decisions for the patient below) consents to, and authorizes services, provided by Jillianne Grayson, MD. These services may include psychotherapy, medication therapy, laboratory tests, diagnostic procedures, and other appropriate alternative therapies.

\_\_\_\_\_ Patient Name \_\_\_\_\_ Patient Date of Birth

\_\_\_\_\_ Signature of Adult Patient or Parent/Legal Guardian

\_\_\_\_\_ Parent/Legal Guardian Name (if applicable)

\_\_\_\_\_ Date