



## **Policies, Procedures & HIPPA**

1. Insurance Policy: Marissa Lahey Psychiatry is a private pay outpatient psychiatric practice and is not in network with any private insurance companies nor Medicare and Medicaid. Per the client's request, an out of network reimbursement form can be provided.

2. Telemedicine Appointments:

\* At least 15 minutes prior to the start of your appointment go to [marissapsychiatry.com](http://marissapsychiatry.com), go to the telemedicine tab and click on my picture. Your device will ask to allow camera and microphone access, click allow. If you experience technical difficulties, Marissa will call you so please have your phone handy. The appointment will be missed if you are more than 10 minutes late as it is essential for the provider to have ample time for your appointment to provide the best care possible.

3. Telephone Appointment:

\* Marissa will call you if your appointment is scheduled by phone at your scheduled appointment time. If the client does not answer, a second phone call attempt within the first 10 minutes of the appointment time will be made. If the client does not answer the call within the first 10 minutes of their appointment time, it will be considered a missed appointment.

4. Late Cancellations:

- \* Please provide at least 24 hour business notice to cancel and/or reschedule an existing appointment.
- \* Clients who provide less than 24 hour business notice are responsible for the payment of the appointment.
- \* Please note, in order to reschedule a missed appointment, clients must pay off any balance on their account first.

5. Missed Appointment (No Show or Non-Cancelled Appointment)

\*Clients who do not attend their scheduled appointment are responsible for the payment of that appointment.

\*Please note, in order to reschedule a missed appointment, clients must pay off any balance on their account first.

6. New Client Evaluation & Deposit

- \* The fee for a new client evaluation is \$250. A \$125 deposit is required at the time of scheduling the new client evaluation.
- \* The remaining \$125 will be due the day of the new client evaluation.
- \* The deposit is fully refundable if at least 48 hours notice is provided.
- \* If no timely notice is provided or if the client misses the appointment, the \$125 deposit is non refundable and the remaining \$125 for the intake session is also due.

## 7. Payment Protocol

- \* Payments are due on the date of service.
- \* On the date of your appointment, you will go to [marissapsychiatry.com](http://marissapsychiatry.com) then go to the payment tab, select the option of the service you received and enter your credit card information (all major CC are accepted including American Express and HSA). Your card information will not be stored, so after every appointment, you will go onto the website and pay. Your CC will be processed through a third party secure payment processing center.
- \* If you do not have access to a computer to pay for your appointment on line, an arrangement to pay by check can be made.
- \* There will be a 10\$ late fee assigned for payments made after the day of the appointment.

## 8. Other Miscellaneous Fees

- \* Paperwork is charged based on the time it takes to complete. If you have paperwork for your provider to complete, once the provider receives it, she will contact you with the fee so there will be full transparency.
- \* A request to transfer a controlled substance prescription outside of an appointment is subject to a \$50 fee. The only exception is if the pharmacy does not have your controlled substance prescription medication in stock.
- \* All formal letters are written on professional letterhead and the fee for a formal letter is \$50.
- \* All clients prescribed a stimulant medication must be seen every 90 days per DEA rules and regulations. If a patient requests a prescription outside of the 90 day window, the provider will review the request on a case by case basis and if approved will be provided a 30 day courtesy prescription for a \$50 fee.

9. NOTICE OF PRIVACY PRACTICES THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. PURPOSE Marissa Lahey, APRN, BC, professional staff, employees, and trainees follow the privacy practices described in this notice. We keep your mental health information in records that will be maintained and protected in a confidential manner, as required by law. Please note that in order to provide you with the best possible care and treatment, all professional staff involved in your treatment and employees involved in the health care operations have access to your records. WHAT ARE TREATMENT AND HEALTH CARE OPTIONS? Your treatment includes sharing information among

mental health care providers who are involved in your treatment. Treatment records may be reviewed as part of an on-going process directed toward assuring the quality of operations. **HOW WILL MY PROTECTED HEALTH INFORMATION BE USED?** Your personal mental health records will be retained by us for approximately 7 years after your last clinical contact. After that time has elapsed, the records will be shredded or otherwise destroyed in a way that protects your privacy. Until the records are destroyed, they may be used, unless you ask for restrictions on a specific use or disclosure, for the following purposes:

- Appointment reminders
- Notification when an appointment is cancelled or rescheduled
- As may be required by law
- For public health purposes, such as reporting child or elder abuse/neglect; reporting medication reactions; infection/disease control; notifying authorities of suspected abuse, neglect, or domestic violence (if you agree or as required by law)
- Mental health oversight activities, such as audits, inspections, or investigations of administration and management
- Lawsuits and disputes; we will attempt to provide you with advance notices of a subpoena before disclosing information from your record
- Law enforcement (such as in response to a court order or other legal process) to identify or locate any individuals being sought by authorities; about a victim of a crime under restricted circumstances; about a death that may result of criminal conduct; about criminal conduct that occurs in the office; when an emergency circumstance occurs relating to a crime
- To prevent a serious threat to health or safety
- To carry out treatment and health care operations through medical transcription services
- To military compound authorities if you are a member of the armed forces or a member of a foreign military authority
- National intelligence and intelligence activate
- Protection of the President or other authorized persons for foreign heads of the state, or to conduct special investigations
- Alcohol and drug abuse information has special privacy protections; we will disclose limited information about alcohol and drug abuse. Otherwise, we will not disclose any mental health or medical information relating to a patient's substance treatment unless:

- 1) The patient consents in writing;
- 2) A court order requires disclosure of the information;
- 3) Medical personnel need the information for a medical emergency;
- 4) Qualified personnel use the information for the purpose of conducting research, management audits, or program evaluation; or
- 5) It is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.

**2 YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES**

Except as previously described, we will not disclose or use information from your record unless you authorize our office in writing to do so. You may revoke your permission, which will be effective only after the date of your written revocation. **YOU HAVE RIGHTS REGARDING YOU PROTECTED HEALTH INFORMATION** You have the following rights regarding your health information, provided that you make a written request to invoke the right.

- Right to request restriction. You may request limitation on your mental health information we may disclose, but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- Right to confidential communications. You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- Right to inspect and copy. You have the right to inspect and copy your mental health information regarding decisions about your care; however, psychotherapy notes may

not be inspected and copied. We may charge a fee for copying, mailing, or for supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed mental health professional chosen by our office. Our office will comply with the outcome of the review. • Right to request clarification of record. If you believe that the information about you is incorrect or incomplete, you may ask to add clarifying information. Right to a copy of this Notice. You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. REQUIREMENTS REGARDING THIS NOTICE We are required to provide you with this Notice that governs our privacy practices. Our practice may change its policies and procedures in regard to privacy practices. If and when changes occur, the changes will be effective for mental health information we have about you as any information we receive in the future. Any time you come in for an appointment, you may ask for and receive a copy of the Privacy Notice that is in effect at the time. This notice became effective January 1, 2023. COMPLAINTS If you believe that your privacy rights have been violated, you may file a written complaint to: Marissa Lahey Psychiatry, 8010 State Line Rd, Suite 220, Prairie Village, KS 66208. You may also send a written complaint to the Secretary of the US Department of Health and Human Services. You will not be penalized or retaliated against in any way for filing a complaint.

PLEASE COMPLETE THE FOLLOWING:

- May we phone, email, or send you a text to confirm your appointment? YES NO
- May we leave a message on your answering machine at home or on your cell phone? YES NO
- I give my consent to receive and send text messages, understanding that text messages, YES NO (Please note voice mails, and emails are not secure (you may opt out of this service at any time)

Your signature below indicates that you have read the above Policies & Procedures and Notice of Privacy Practices and agree to their terms.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Patient or Personal Representative: \_\_\_\_\_