



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, navigate to the telemedicine tab. Your device will ask to allow camera and microphone access. Click Allow. The video platform requires a good Wi-Fi connection. 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 in order to provide the best care possible.

3. Telephone Appointments:

* 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 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 time, it will be considered a missed appointment.

4. Late Cancellations & Missed Appointments:

* 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 late cancellation, clients must pay off any balance on their account first.

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

- * Clients who do not attend their scheduled appointment 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.

6. New Client Appointments:

- * Approximately one week before a new client evaluation appointment is scheduled, the client will receive a text message asking to confirm the appointment. New patient appointments that are not confirmed within 24 hours are subject to cancellation.

7. Payment Protocol:

- * Payments are due on the date of service.
- * A \$10 late fee will be assessed for payments made after the date of service.
- * All major credit cards to include HSA cards are accepted, as well as personal checks and money orders.

8. Other Miscellaneous Fees:

- * Paperwork (i.e., FMLA, disability) is charged based on the time it takes the provider to complete. If you have paperwork for your provider to complete, once the provider receives it, she will contact you with the fee price, so there will be complete transparency.
- * A request to transfer a controlled substance outside of an appointment is subject to a \$50 fee. A request to send in a controlled substance medication for a travel override may also be subject to a \$50 fee. The only exception is if the pharmacy does not have your controlled substance 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 refill 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 refill 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.

Marissa Lahey, APRN-BC, professional staff, employees, and trainees follow the privacy practices described in this notice. Your mental health information is kept in records that will be maintained and protected in a confidential manner, as required by law. Your personal mental health records will be retained for approximately 10 years after your last clinical contact. After that time has elapsed, the records will be shredded or otherwise destroyed in a manner that protects 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 (an attempt to provide you with advance notices of subpoenas before disclosing information from your record will be made), Law enforcement (such as in response to court orders or other legal process) to identify or locate an individual being sought by authorities, about a victim of crime under restricted circumstances, about a death that may result in criminal conduct, about criminal conduct that occurs in the office, when an emergency circumstance occurs relating to a crime, to prevent serious threat to health or safety, to carry out treatment and health care operations through medical transcription services, to military compound services if you are a member of the armed forces or a member of a foreign military authority, National intelligence and intelligence activities, 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; limited information will be disclosed about alcohol and drug use. Otherwise, mental health and/or medical information will not be disclosed unless: 1) The patient consents in writing; 2) A court order requires disclosure of information; 3) Medical personnel need the information for a medical emergency; 4) Qualified personnel use the information for the purpose of conducting research, management of audits or program evaluations; 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. If authorization is required for other disclosures except as previously described, we will not disclose or use your information from your record unless you authorize the office in writing to do so. You may revoke your permission at any time, which will be effective only after the date of your written revocation. You have the following rights regarding your health information, provided you make a written request to invoke: Right to request restrictions. You may request an limitation of your mental health information we disclose; however, we are not required to agree to your request. If we agree, we will comply with your request, unless the information is necessary to provide you with emergency treatment or to maintain your right to confidential communications. You may request communications in a certain way or at a specific location, but you must specify how or where you wish to be contacted. You have the right to inspect and copy your mental health information regarding decisions about your care; however, psychotherapy notes may not be inspected or copied. We may charge a fee for copying, mailing, or supplies. Under limited circumstances, your request may be denied. You may request a review of the denial by another licensed mental health professional chosen by my office.

The office will comply with the outcome of the review. Right to request clarification of the 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. This office is required to provide you with the notice that governs our privacy practices. Our practice may change its policies and procedures regarding privacy practices. When changes occur, the changes will be effective for the mental health information we have about you, as well as any information we have. 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 September 29, 2025. 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: