

CLINIC POLICY AND TREATMENT CONTRACT

1. Working agreement: Please understand that for optimal health treatment and maintenance, working and cooperating with your physician is crucial. The doctor is to help diagnose and suggest treatments that are best suited for you, but this is a working relationship. Your responsibility as a patient: a) please communicate any changes to your appointments. All visits are by appointment only. Please show up on time or your time will be truncated, b) please try to adhere to the treatment plan (this includes not only medications but also changes that are suggested, such as sleep habits, exercise, behavior modifications), c) please provide honest and truthful information and understand that not doing so may result in negative outcome, d) please take your medications only as directed. Make sure your medication is not lost or stolen or improperly used by you or others, e) understand that the consumption of alcohol or illicit drugs of any amount is not recommended and that it may negatively interfere with your treatment, f) If you are female, tell your doctor immediately if you are pregnant or thinking of becoming pregnant, g) notify and update the doctor if your address and/or phone number has changed. **Dr. Nguyen is not responsible for failure to communicate with you if you have not given the current contact information.
2. PAYMENTS: Payment or copayments for each visit is your responsibility. You may be charged an additional fee for any payments that are not received at the time of visit. Insurance is a contract between you and the insurance company. See Insurance addendum.
3. ADDITIONAL CHARGES THAT MAY OCCUR (Include but is not limited to the following):
 - a. APPOINTMENT CANCELLATIONS: All appointment cancellations must be made at least 24 hours before the appointment. There is a No-Show charge of \$65.00 per session. If you cancel an appointment within 24 hrs of there is a charge of \$35.00.
 - b. LATE FOR APPOINTMENTS: Your appointment may be considered a No Show if you are more than 10 minutes late and cannot be seen.
 - c. BOUNCED CHECKS: There is a service charge of \$30.00 for bounced checks. If your check bounces once, the doctor reserves the right to refuse payments via personal check.
 - d. AFTER HOURS CALLS: See below. Regular business hours are 8:00 am to 4:30 pm, Monday through Thursday and 8:00 am to 2:00 pm Friday except on government observed holidays.
 - e. INSURANCE members: Any services not paid by your insurance is your responsibility (e.g. no show charges, bounced checks, telephone calls, etc)
 - f. MEDICATIONS: if you lost your medications, forgot to take your meds while traveling or are out of state, there is a \$30 charge to replace your medications.
4. MEDICATIONS: Any significant medication changes will require a documented visit to comply with State and Federal regulations. You must come in every three to six months for continuation of medication treatment. If you have not been seen in six months, you must have an appointment for additional refills of any narcotics such as sedative/hypnotics, aka sleeping pills or benzodiazepines, stimulants, etc. If you not been seen within the past twelve months, no refills of any kind will be allowed. Medication refills are only allowed for patients actively participating in treatment, attending follow-up appointments, and maintaining paid balances. There may be a refill charge of \$30 for medications if you have failed to make a follow-up appointment and let your prescription refills run out. It is your responsibility to pick up and keep the medications secure. Refills requested are done during business hours only (as your chart need to be reviewed) and may take up to 3 business days to be processed. If you missed an appointment and have not called to reschedule, refills may be denied.
5. CALLING THE DOCTOR AFTER HOURS:
 - a. After hours communications with the doctor are for urgent situations only. If Dr. Nguyen needs to call you back after hours, there will be a \$30.00 charge for up to the first ten (10) minutes. After ten minutes it is \$5.00 for every additional minute that she must stay on the phone with you. Phone messages may be recorded.
 - b. If at any time you need immediate emergency assistance, please contact or report to your local emergency department or call 911. Additional community emergency resources include Crisis Hotline at 512-472-4357 or 211
6. PRIVACY ISSUES AND REQUEST OF MEDICAL RECORDS: You have the right to ask for your medical records. REQUEST MUST BE IN WRITING. You must sign a Release of Information Request. The charge for copying or faxing your medical record is \$25.00 for the first 20 pages and then \$.50 per page that must be paid in advance. We are not responsible for those

records that have been released from this office. Dr. Nguyen has the legal right to REFUSE to release any medical records if it is not in your best interest. It takes up to 15 business days to have the records ready.

7. **TERMINATION BY THE DOCTOR:** Reasons for termination of services by the doctor include but is not limited to the following: disorderly conduct, yelling, cursing, sexually inappropriate behavior or remarks, any verbal threats, invading the privacy of other patients or clinic staff, any act of public indecency as defined by the law in the office, any criminal act, forging a prescription, not taking medications as directed, selling or giving away your medications to someone else, lying to or deceiving your doctor, stalking the doctor, too many missed appointments for any reason, or any other inappropriate behavior that may cause problems to the treatment relationship and safety of the individuals. If for any reason, not just limited to those stated above, the doctor needs to terminate service. If that occurs, you will be given 30 (thirty) days to find another provider.
8. **ONE TIME VISITS:** If you come in for a one time consultation or if at the first visit, you or Dr. Nguyen does not decide not to pursue initiation of treatment, NO patient-doctor relationship is formed and you are not considered an established patient. You will not receive any written termination letter.
9. **AUTOMATIC TERMINATION OF SERVICES:** If Dr. Nguyen has not seen you within twenty-four (24) months or it has been at least 18 months from the date of your last prescription written, your services may automatically be terminated by Dr. Nguyen. If you decide to come back for a visit, you will be charged the initial psychiatric evaluation rate, rather than a follow up visit rate.
10. **SERVICES BEYOND THE SCOPE OF DIRECT PATIENT CARE:** Dr. Nguyen reserves the right to refuse any request for services that is beyond the scope of direct patient care. In situation where such service are needed, you may be charged upfront for things such as, but no limited to:
 - a. Filling out any type of paperwork (e.g. disability forms, FMLA forms, etc).
 - b. **Prior authorization for medications forms** - \$35 for pre-authorization. Pre-auth will not be done for medications that cost less than \$35.
 - c. Faxing information to Insurance companies.
 - d. Letters written on your behalf to schools or courts (e.g. jury excuse or letter to withdraw from school, etc).
11. **LEGAL SERVICES:** Dr. Nguyen strongly advises against bringing forth your mental health information in any legal case. You have the right to block your mental records from being brought into any legal case by asking your lawyer to right a letter to the Judge asking that your mental health records be barred from legal inquiry (this is your right). HOWEVER, if you chose to bring your mental health into a legal case, you need to understand the following:
 - a. Once you allow mental health records to be open in a legal case, there is NO MORE CONFIDENTIALITY.
 - b. If Dr. Nguyen is brought into court for any reason (by you or by the oppositional legal team or by the judge) to discuss your mental health, you will be charged an hourly rate for time she is *taken away* from her office of \$300.00 per hour (including driving time). You will be asked to give a retainer fee of \$2,500.00 in advance and backed with a valid credit card.

CLINIC POLICY STATEMENT and TREATMENT CONTRACT STATEMENT OF UNDERSTANDING: I freely and voluntarily accept treatment from Dr. Nguyen. I have been given a copy of the office policy and understand that violation of the terms of the policy may be grounds for termination of treatment.

Patient signature

Date of birth

Date

Printed Name