

## Lakeview TMS Center Office Policies (page 1 of 2)

**Appointments and Cancellations:** Each appointment time is reserved exclusively for a specific patient. Patients are asked to give 24 business hours' notice if they wish to change or cancel an appointment. Business hours do not include weekends or holidays. You will be charged based on your providers fee for late cancellations or missed appointments. Monday appointments require notification before 3:00 p.m. the preceding Friday.

**Fees & Payments:** Charges differ depending on the provider and nature of the service delivered. Inquiries regarding fees should be directed to the office. Full payment is expected at the time of service. Payment is accepted by Visa, Mastercard, Discover, American Express, check, and cash only. If you voluntarily choose to keep your credit card information on file you understand and agree that the office may run your credit card for services rendered based on the fee schedule of your provider which also includes missed/late cancellation fees.

**Telephone Access:** During business hours please call the office staff for any questions. As providers are with patients, they do not check messages during the business day. Staff can inform providers of any urgent issues in a timely manner if you contact them directly. If a situation is life threatening or requires immediate response, please call 911 or go to the nearest hospital emergency room.

**Email/Text/Voicemail/Telemedicine:** consent If you sign the consent for text/email/voicemail/telemedicine consent sheet. you are authorizing us to contact and leave messages for you by phone, text and email at all listed contact information for coordination of treatment care, appointments and any billing information. For adult patients, if someone other than yourself will be paying for your appointments you must list that individual on our forms to authorize us to collect appropriate payment. Email or text is NOT to be used for any urgent or emergency contact but only for routine messages. For all Emergencies you must call 911 or go to your nearest ER.

**CONFIDENTIALITY:** The law protects communications between a patient and a mental health provider. Typically, information about your treatment is only released to others if you sign a written authorization form. This signed agreement provides consent for the following: Your doctor may need to consult other professionals about a case confidentially. Every effort is made to avoid revealing the identity of the patient. The other professionals are also legally bound to keep the information confidential. If you don't object, you will not be told about these consultations unless your doctor feels that it is important for your work together. Your doctor employs administrative staff. In most cases, your doctor needs to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing, and quality assurance. All staff is bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside the practice without the permission of a professional staff member. Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this agreement. If a patient seriously threatens to harm himself/herself, your doctor may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection. There are some situations where your doctor may disclose information without either your consent or authorization: If you are involved in a court proceeding and a request is made for information concerning your treatment, such information is protected by law. Your doctor cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order us to disclose information. If a government agency requests information for health oversight activities, we may be required to provide it. If a patient files a complaint or lawsuit against a doctor, your doctor may disclose relevant information regarding that patient for the purpose of legal defense. If a patient files a worker's compensation claim, your doctor must, upon request, provide records relating to treatment or hospitalization for which compensation is being sought. There are some unusual situations in which your doctor is legally obligated to take actions necessary to protect others from harm and may have to reveal some information about a patient's treatment. If your doctor believes that a child has been or may be abused or neglected (including physical injury, substantial threat of harm, mental or emotional injury, or any kind of sexual contact or conduct), or that a child is a victim of a sexual offense, or that an elderly or disabled person is in a state of abuse, neglect, exploitation, a report must be made to the appropriate governmental agency. Your doctor may then be required to provide additional information. If a doctor believes that the patient will inflict imminent physical, mental, or emotional harm upon him/herself, or others, the doctor may be required to take protective action by disclosing information to medical or law enforcement personnel or by securing hospitalization of the patient. If such a situation arises, your doctor will make every effort to discuss it with you before taking any action and will limit disclosure to what is necessary. Electronic recordings including audio and video are prohibited on these premises before, during, or after any sessions. Failure to comply may compromise federal and state privacy laws. Any patient or family not complying may be terminated from the practice. If you have a concern regarding confidentiality, please speak with our privacy officer by calling 469 402 3600.

**PROFESSIONAL RECORDS** Protected Health Information about you is kept in two sets of medical records. Your Clinical Record includes information about your reasons for seeking therapy, your diagnosis, treatment goals, medications, your progress, your medical and social

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history, your treatment history, any past treatment records received from other providers, reports of professional consultations, billing records, and reports that have been sent to anyone, including reports to insurance carriers. Typically, you may examine and /or receive a copy of your Clinical Record. If your doctor refuses your request for access to your Clinical record, you have a right to review. Psychotherapy Notes assist your doctor in providing treatment. They contain the sensitive information that you may reveal. While insurance companies can request and receive a copy of your Clinical Records, they cannot receive a copy of your Psychotherapy Notes without your signed, written authorization. You may examine and/or receive a copy of your Psychotherapy Notes unless your doctor determines that release would be harmful to your physical, mental or emotional health.

**Patient Rights:** You have some rights regarding your protected health information including requesting that your doctor amend your record; requesting restrictions on what is disclosed to others; requesting an accounting of most disclosures of protected health information that you have not authorized; determining the location to which protected information disclosures are sent; having complaints against your doctors policies and procedures recorded in your records; and a paper copy of this agreement, the attached notice form, and our privacy policies and procedures.

**MINORS & PARENTS:** the law allows parents to examine a minor child's treatment records unless the treatment is for suicide prevention, chemical addiction, or sexual, physical, or emotional abuse. Because privacy is often crucial to success, your doctor will typically provide parents only with general information of the child's treatment. Before giving parents any additional information, the doctor will discuss the matter with the child.

**PHYSICIAN-PATIENT RELATIONSHIP:** Submitting preliminary healthcare or insurance information or making an appointment with the practice does not establish a physician-patient relationship. That relationship is not created until the practice has completed an evaluation and the relationship has been agreed upon by both provider and patient.

**CONDITIONS OF TREATMENT:** By signing below you are acknowledging that you have read and understood and (a) will keep scheduled appointments and understand and agree this maybe in office/phone or telepsychiatry appointments, (b) complete all recommended courses of therapy and treatment, (c) obtain all tests ordered by the practice, (d) schedule specialty referrals as advised, (e) promptly notify the physician if there are significant changes in your condition and (f) acknowledge that failure to follow the Conditions of Treatment may result in termination from the practice.

If you have any questions regarding these issues or others, I encourage you to discuss them with your Lakeview TMS Center provider or office manager. Thank you.

Patient/Legal Guardian Signature \* \_\_\_\_\_

Full Name of Person Signing Form \* \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_