

Policies and Procedures:

We would like to welcome you to Konzer Psychiatric, PC – private practice office of Dr. Tia Konzer, DO. We prepared the following information, so you have a clear understanding of our policies concerning consultations, communication, fees, insurance, and confidentiality. Please review these guidelines and initial the bolded statements and sign and date at the end if you agree with these terms. This acknowledgement that we have provided you the opportunity to review our Practice Policies and Procedures is required by federal law. Thank you for your cooperation.

Sessions are by appointment only.

Confidentiality

All information between patient and psychiatrist is held strictly confidential unless:

- The patient/guardian authorizes release of information with his or her signature.
- The patient presents a physical danger to self.
- The patient presents a physical danger to others.
- Child/elder abuse or neglect are suspected.

Please initial below if you agree to disclosure of confidential information to other physicians and therapists familiar with you (if Dr. Konzer feels it is clinically necessary and appropriate to do so). For example, if a physician or psychotherapist referred you to us for evaluation and treatment, Dr. Konzer may communicate with that professional about your condition and treatment, obtain labs or obtain other medical documentation necessary to develop a treatment plan. Not all details need be discussed for confidentiality purposes, however, changes in function, attendance and treatment collaboration is likely to be discussed with your other providers as appropriate. Please tell us in advance if you want certain information withheld or if you are not comfortable with us speaking with a provider. Similarly, if we refer you to another physician or therapist, we may provide them information to ensure coordination of your care.

_____ **Please initial that you have read, understand, and agree to the above described HIPPA/Confidentiality agreement.**

Psychiatric Consultation

Every attempt will be made to match treatment to your specific needs. During the initial visit(s), information is gathered to identify problems and discuss treatment goals. Assessment may include questionnaires and review of any neuropsychological/psychological testing. After the assessment is complete, a decision will be made about whether your needs can best be met by Dr. Konzer or an outside referral. Scheduling a consultation does not guarantee that a treatment relationship will be established.

_____ **Please initial that you have read, understand, and agree to the above described Psychiatric Consultation.**

Forensic Matters

In certain cases, Dr. Konzer may be willing to act as an Expert or Fact Witness in a court action for which you are involved. If you wish to engage the services of Dr. Konzer as an Expert or Fact Witness, you must read and sign the Expert/Fact Witness Agreement that binds you to the payment for her time in preparing for court, appearing in and travel to court, preparing reports, communicating with attorneys, etc. Please discuss the possibility of court appearances with Dr. Konzer as far in advance as possible. If she is subpoenaed to appear in a court action involving the care that was delivered to you, you will be charged the standard fee for court appearances, etc. even in the absence of a signed Expert/Fact Witness Agreement. Even if someone issues the subpoena other than your attorney, including the attorney of the adverse party, you will be charged for and expected to pay for these services. **Please note that Dr. Konzer does not participate in custody evaluations.**

_____ **Please initial that you have read, understand, and agree to the above described Forensic Matters.**

Financial Terms

Fees will vary depending on the service rendered. We are a fee-for-service practice and do not take any insurance including Medicaid and Medicare. We are considered “out of network” with your insurance company. Payment is expected in full at the time of service and we accept cash, check, charge/credit card and Health Spending Account (HSA) cards. This course of action makes us unable to file a claim, but maximizes your privacy and puts you in control of what information you make available to your insurance company. As an "out of network" provider, we would provide you with a statement that you may, or may not, choose to submit to your insurance company for reimbursement. If a check is returned by your financial institution for any reason, a returned check fee of \$35 will be assessed and we will require that future payments be made by cash or credit/debit card. In the event that a third-party is paying for your treatment, we will not bill them, payment is still expected at the time of service. Any outstanding balances will be required to be paid in full prior to scheduling your next visit.

If any additional information is needed, we will work alongside you to provide what is needed to process your claim. Unfortunately, we cannot guarantee that your insurance company will reimburse you, since insurance policies vary so widely with respect to how psychiatric services are covered. There may also be additional services recommended that may not be reimbursable by insurance, like school based evaluations, genetic testing, or reports. These will be discussed as the situation arises.

When calling your insurance for benefit and coverage questions, it is imperative that you tell them it is for Psychiatric services, as most insurance companies handle these claims differently. Some even go through an additional, separate insurance carrier altogether. Usually those companies list the Mental Health benefit number on the back of your insurance card separately. We always recommend speaking with a customer service representative with your carrier, to get the most current, accurate information available.

_____ **Please initial that you have read, understand, and agree to the above described Financial Terms.**

Cancelled/Missed Appointments

A scheduled appointment means that the time is reserved only for you. We will remind you of your appointments via email or phone call, unless you specifically request otherwise. If an appointment is missed or cancelled with **less than 24-hour notice**, you will be billed the full amount of the scheduled fee for that appointment. Monday appointments must be cancelled by noon on Friday to avoid being charged. If you cancel 1 new patient assessment appointment, we reserve the right to collect a 50% non-refundable deposit to hold your rescheduled appointment. If you no-show/less than 24-hour cancel your new patient assessment appointment, we reserve the right to collect a non-refundable full payment (\$500 for adults or \$425 for either parent or child appointment), to hold your rescheduled appointment and/or not reschedule at all. Any outstanding balance will need to be paid before we will schedule any follow-up visit. If you are 15 minutes or more late for an appointment, we will ask you to reschedule and it will be considered a missed appointment and you will be billed the full session fee. Dr. Konzer's schedule doesn't permit more than a 15-minute delay, as it affects the rest of our patients. After 3 no-shows or less than 24-hour cancellations, we reserve the right to discharge you from our practice and close your chart. We understand that your time is important and hope you understand that ours, as well as our other patients time, is also important. It is your responsibility to keep up with your appointments. Confirmation calls are a courtesy and are not guaranteed. We require a credit card be kept on file for these charges.

_____ **Please initial that you have read, understand, and agree to the above described Cancellation/Missed Appointment policy.**

Telephone Calls

Dr. Konzer can be reached on her office line at **704-997-5154**. Patient communication is essential to alleviate concerns and to promote a healthy doctor-patient relationship. All necessary calls will not be charged to the patient. However, Dr. Konzer may recommend that you schedule an appointment if your question is extensive or requires more than a 10-minute conversation. Calls lasting longer than 10 minutes may be subject to a prorated rate in 15 minute increments. If Dr. Konzer is unable to take your call, please leave a message on her confidential voicemail. Calls will be returned within 24 hours if you have called during normal business hours or the next business day if you have called on the weekend. When leaving a voicemail, please leave your full name, patient's name (if different from yours), the best number to reach you, the best time to contact you and a brief message with your question or concern. In the event of a psychiatric emergency, you are encouraged to call 911 and/or proceed to your nearest emergency room.

After hours contact

For after hour calls that are **urgent** and **unable** to wait until the next business day, an on-call physician's phone number will be provided on our office voicemail greeting. Please do not keep the phone number listed for future use, as it can change daily. Non-urgent messages can be left on our voicemail or be sent via the patient portal, Luminello, and will be addressed the next business day. Please understand that communication via our general email program, Microsoft Outlook, is **never** a secure form of communication. For this reason, it is our recommendation that you avoid emailing questions that may involve confidential information and reserve this mode of communication **only** for scheduling or basic office questions. We recommend emails sent to us, be sent via our patient portal Luminello, which is a more secure and encrypted form of communication. If it is a psychiatric emergency, please go to the emergency room and/or call 911.

_____ **Please initial that you have read, understand, and agree to the above described Communication and After hours policies**

Refills

Refills are customarily handled during appointments. Please be aware of what medications will need refills prior to your appointment. If calling for a prescription, please call ahead and allow for at least three business days for physician to pharmacy communications. Some controlled substance prescriptions may require you to come to the office in person to be picked up as they cannot be called into the pharmacy directly. Weekend calls for refills will be initiated the next business day. Occasionally, you will be asked to come in for an appointment if Dr. Konzer feels she needs to discuss dosage or change in treatment before refills are given. Similarly, if you have missed a follow-up appointment and are requesting a refill, Dr. Konzer may require you to set up an appointment to discuss your response to the medication before refilling it. In these circumstances, she may call enough medications to get you to that scheduled appointment but further requests will not be granted until you are seen.

_____ **Please initial that you have read, understand, and agree to the above described Refill Policy.**

Copy of Records/Letter Requests

Due to the trust established between Dr. Konzer and her patients, providing chart access to an outside entity is based on a case by case review. Confidentiality within the doctor-patient relationship is of the utmost importance. In the case of a child, providing access to the child's chart could have negative consequences for this relationship due to lack of trust. Any letters to schools, other providers or any other entity will need to be written during your appointment to ensure that you are present and approve of the letter content. In the rare event that you require a letter to be written outside of an appointment, you may be charged a fee to do so. This will be discussed with you prior to writing the letter.

If records are requested and approved for release, to cover the costs incurred in searching, handling and copying medical records, a flat fee of \$75.00 for each request shall be assigned to cover copying costs and mailing medical records for the patient or the patient's designated representative. If requested by the patient or the patient's designated representative, nothing herein shall limit a reasonable professional fee charged by a physician for the review and preparation of a narrative summary of the patient's medical record. This section shall only apply with respect to liability claims for personal injury and claims for social security disability, except that charges for medical records and reports related to claims under Article 1 of chapter 97 of the General Statutes shall be governed by the fees established by the North Carolina Industrial Commission pursuant to G.S. 97-26.1. This section shall not apply to Department of Health and Human Services Disability Determination Services requests for copies of medical records made on behalf of an applicant for Social Security or Supplemental Security Income disability (1993, c. 529, s. 4.3; 1990 (Reg. Sess. 1994), c. 69, s. 5.5; 1995 (Reg. Sess., 1996), c. 742, s. 1997 -443, ss. 11.3, 11A. 118 (b).) ***Please contact us if you have questions about which types of services are billed. Examples may include letter preparation, clinical phone calls, and clinical emails.

_____ **Please initial that you have read, understand, and agree to the above described Records Release and Letter Policy.**

Termination

Successful termination of treatment is determined when the patient (and/or guardian) agree that the treatment goals have been substantially completed. Discharge from the practice by Dr. Konzer may occur for the following reasons:

- Successful completion of the treatment program initially agreed upon, implying that the patient has made significant progress toward meeting treatment goals;
- Patient chooses to terminate treatment
- Withdrawal of treatment is necessary due to medical, financial, or legal problems, geographic relocation, lack of parental consent or other financial demands;
- Lack of attendance and/or motivation prevents further progress toward goal achievement. If the patient has not had a face-to-face appointment in six months, they will be automatically terminated from the practice.
- Inappropriate behavior relative to self, staff or other clients which is disruptive to the therapeutic process (i.e. threatening and/or intimidating behaviors)
- Modification of medications being prescribed by Dr. Konzer is made by patient without consulting Dr. Konzer or covering physician
- Refusal to make appropriate financial arrangements to pay for therapeutic services (when financial ability to do so is present and this becomes an issue within the treatment plan)
- Failure to comply with the provisions of the Policies and Procedures as stated in this document

_____ Please initial that you have read, understand, and agree to the above described Termination Policy.

I, _____, acknowledge that I have received from Konzer Psychiatric, PC the Practice Policies and Procedures and have had adequate opportunity to read and review the document.

Signature _____ **Date** _____

Revised: 12/17/2019