

Regional Psychiatry  
9100 Conroy Windermere Rd, Suite 269, Windermere FL, 34786  
Tel: 407-462-1254 / Fax: 407-604-6614

Practice Policies and Agreement (11/21/2020)

### **Confidentiality**

Patients who are 15 and older have the right to confidentiality under Florida State law.

For those who have requested that records be kept confidential, information can be disclosed without consent in cases in which a patient is deemed to be an acute danger to self or to others, and unable to care for self. Additional causes for disclosure of information without consent include suspected child/elder/vulnerable person abuse and a court order/subpoena.

Your provider may use or disclose health information in order to provide and coordinate your health care.

Please note that if you choose to use your insurance for reimbursement your information will be shared in accordance with the agreement and policies set forth by your insurance company. Insurance companies always require type of service and diagnosis codes.

### **Appointments**

At the end of a visit your physician, or staff member, will provide you with a follow-up appointment within a specific time frame appropriate to your condition upon checking out. If any unforeseen issues arise, please contact our Scheduling Department at 407.462.1254 to be seen sooner.

### **Cancellation Policy / Late Cancellations/ No Shows and Fees**

Appointments that are missed without having notified our office at least 24 hours in advance will be charged at 50 percent of the full fee. Monday appointments must be cancelled by 4 p.m. the preceding Friday. Please note that insurance will not reimburse missed visits. If you show up late to an appointment, extra time will not be added to the end of the sessions. More than three missed appointments or late cancellations may be grounds for termination of treatment.

### **Voicemail/Messages**

We will do our best to respond to messages within 48 hours. Calls left late on Friday will most likely be processed on Monday morning.

## **Emergencies**

For life-threatening medical emergencies, psychiatric crisis, or if you are at risk of harming yourself or others, **CALL 911** or go to your nearest emergency room. Additionally **Central Florida Behavioral Hospital** has a 24/7 walk in clinic **321-247-7275 or 407-370-0111** located at 6601 Central Florida Parkway, Orlando, FL 32821. You should instruct the emergency room to notify your treating physician. For the sake of continuity of care we ask that you bring any discharge instructions or medication adjustments to your next appointment.

Additional Behavioral Health services is performed at the following facilities:

-Doctor P Phillips Hospital 407-351- 8500 located at 9401 Turkey lake Rd, Orlando, FL 32819

- South Seminole Hospital 407-767-1200 located at 555 W FL-434, Longwood FL, 32750

- Orlando Regional Medical Center 321-841-5111 located at 52 W. Underwood Street, Orlando FL, 32806

## **Telephone Calls**

We provide face-to-face care but urge patients/family members/significant others to call us regarding medication interactions or any new behaviors that may be causing concern. In most cases, issues that cannot be handled with brief management or recommendations will require an office visit.

## **Virtual Sessions**

We offer virtual sessions using a HIPAA compliant software ([doxy.me](https://doxy.me)). We require you notify our receptionist (407-462-1254) at least 15 minutes prior to your appointment that you wish to do a virtual session to ensure your treating physician will be logged into the virtual portal. A credit card or debit card must be left on file prior to your virtual session. Any payment that is owed at the end of session (including co-pay) will be processed via the card you left on file. Make sure to be in a setting with strong wifi connection. Session may be performed via your desktop computer, laptop , tablet or smart phone. Although rare, it is possible to have a connectivity (internet) issue during a virtual session. In the event that there is a connection issue interfering with the session, the remainder of the session will be carried out via telephone.

**\*Virtual Login Instructions:** open web browser. Type in URL provided to you by our Receptionist (407-462-1254). Enter your first and last name and click “check in.” Click on button allowing your browser to use your webcam and microphone. Wait for your provider to log in and connect. \*Save the URL as it will be the same URL for future sessions.

As with any medical procedure, there are potential risks associated with the use of telemedicine/teletherapy. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the physician and consultant(s);
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment;
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information;
- In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reaction or other judgment error.

By signing this Policy Form Below, you attest to and understand the following:

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine/teletherapy, and that no information obtained in the use of telemedicine/teletherapy which identifies me will be disclosed to researchers or other entities without my consent.
2. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine/teletherapy in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that a variety of alternative methods of medical care may be available to me, and that I may choose one or more of these at any time. My clinician has explained the alternatives to my satisfaction.
4. I understand that I may expect the anticipated benefits from the use of telemedicine/teletherapy in my care, but that no results can be guaranteed or assured.

### **Refills**

In general, your physician will provide as many refills as believed to be reasonable given the stability of your condition and frequency of monitoring needed. If your condition requires monitoring, and we have not seen you recently, we may insist on a new appointment. We will typically provide you with enough medication until the next appointment. We do this to provide safe and appropriate care for you.

If you are in need of a remaining refill, please contact your pharmacy. Your pharmacy will contact our office if authorization is required. Your requests will be processed within 1-2 business days after receipt of your pharmacy's requests so please plan accordingly. We reserve the right to decline issuing prescription refills if medications have been lost or stolen, or if you have missed an appointment. **For an urgent immediate refill, you may go to your nearest Emergency room**

## **Scheduling**

In most cases, visits are frequent upon treatment initiation, with the time between appointments lengthening, as stability is achieved. Refills often follow that pattern as well. For safety, our standard of care is to see long term patients a minimum of every three months. Since active psychiatric conditions require monitoring as they evolve, if you miss appointments or fail to schedule resulting in you not receiving treatment by me in 6 months, your file will be formally closed and your provider at Regional Psychiatry will no longer be your psychiatrist of record. If you wish to return as a new patient, a new initial intake appointment would have to be scheduled.

## **Hours of Operation:**

Standard hours are Monday-Friday 9am-5pm. Some evening and weekend availability may be available on request.

Our Office will be closed on the following holidays: 4<sup>th</sup> of July, Labor Day, Columbus Day, Veterans Day, Thanksgiving, Christmas Day, New Years Day, Martin Luther King Jr. Day, Presidents Day, Easter Monday. If any of these holidays falls on a weekend, our office will be closed on the subsequent Monday.

## **Patient Records**

You may request copies of your medical records at your own discretion and ask that factual errors be corrected. Depending on the amount of records requested, a nominal service fee can be applied. Parts of your record that could potentially be more detrimental than helpful to your psychological well-being may be withheld. You may also authorize in writing that copies of your records be released to entities you designate.

All charts and records are generated and stored using the electronic medical record platform Luminello. Patient will be sent via email a link to generate a portal account to Luminello where you will be able to access your account and receive notifications from our clinic.

## **Requesting Written Letters / Paperwork**

For simple letters stating you are currently in treatment with your provider and / or was present at our clinic on a particular date will be provided at no cost. For detailed letters such as Disability claims , FMLA , work / school accommodations, Clearance for medical procedures, military clearance, or any letter that will require a blocked period of time during work hours will come with a fee ranging between \$75.00 - \$150.00 depending on length of time needed to complete. This fee is per Letter / paper work package. If additional paper work /forms are required to be filled out (or additional letters needed) at a later time, an additional \$75 - \$150.00 fee will be applied.

## **Messaging**

You can send messages through luminello, or text message to your physician or the administrative team. Messages can be used for non urgent matters such as appointment reminders, medication refill, insurance questions. You should **NOT** use the Luminello messaging software for any **urgent** questions including symptoms of medication side effect, experiencing desire to harm yourself or others, or are in need of an **Immediate** response. Please refer to the Emergency section above for management of urgent issues. Messages will not be read after 5pm on business days, nor will they be read on weekends. We will try our best to response to messages within 48 ours. Any messages left late on Friday will most likely be processed on Monday morning.

## **Social Media**

In order to maintain HIPAA and confidentiality, it is our practice to refrain from engaging in social media with our clients (such as facebook, twitter, Instagram).

## **Weapons**

To ensure a safe and productive treatment setting, Regional Psychiatry's office prohibits weapons of any kind, with or without a permit to carry, in the office or on office property. Examples include, but are not limited to firearms, edged weapons, and chemical agents. With the exception of on-duty law enforcement officers, anyone found to be in violation of this policy will be asked to leave the premises.

**Fees** (as of 11/10/2020): Below are some of the typical fees and associated codes (these are subject to change)

Psychiatrist Fees & Codes:

1. Psychiatric Initial Diagnostic Evaluation (Approximately 60 minutes) \$250.00 - \$300.00  
(CPT code 90792, 99204, or 99205)
2. Typical follow-up medication management visit (Level 4 or 3 complexity) \$125.00 - \$150.00  
(CPT code 99214 or 99213 respectively)
3. Psychotherapy (Approximately 15-30 minutes) - \$80.0  
(CPT code 90833)

Psychotherapist Fees & Codes:

1. Psychotherapist Initial Diagnostic Evaluation (Approximately 60 minutes) \$130.00

(CPT code 90791)

2. Typical follow-up Psychotherapy (1 hour) \$130.00  
(CPT codes 90837)

3. Typical follow-up Psychotherapy (30 min) \$65.0  
(CPT codes 90834, 90832)

### **Card on File**

We require that a credit card / debit card be left on file and authorized to use by Regional Psychiatry physician, staff and our billing partner Blue Sky Billing Solutions, to cover any outstanding balance including cancellation / no show fees, copayments, deductibles. If your bank account or credit card information in the future changes for any reason, it is your responsibility to notify Regional Psychiatry physicians and / or staff team, and the information will be updated. Authorization to use card on file to collect outstanding payments, shall remain in effect until the patient doctor relationship between yourself and Regional Psychiatry provider has ended, or when your provider has received written notification from you of its termination.

Please refer to our credit card on file authorization form for further details.

### **Insurance and Payment**

For In Network Provider:

-We Currently Accept Aetna, Cigna, & United Health Care. Copayments are due at the time of service. Payment is due no later than the end of 31 days from the statement date.

For Out of Network Providers:

-We Accept Out of Network Providers (Except Medicaid). Payment for out of network is due at time of service. At the end of the session, you will be provided with a superbill containing the CPT diagnostic codes for you to submit yourself, to your insurance for reimbursement. Contact the membership number on the back of your insurance card. An insurance representative will direct you to the area on the insurance website where a reimbursement form can be printed out. You will complete that form, in addition to providing the CPT codes from the superbill. The form will then be submitted to your insurance company by either mail or fax to receive reimbursement.

### **Late Payments:**

If payments are >31 days late without notice to us, accounts may be forwarded to collections. If outstanding balances are not paid and not addressed, treatment information may be released for

collection agency involvement. If the undersigned fails to pay for services rendered and collection efforts become necessary, the undersigned agrees to be responsible for all collection costs, court fees and including attorney's fees.

**Billing**

We automatically bill face-to-face (including virtual) services on the day they are rendered.

**Insurance Codes**

Below are CPT codes (standard insurance descriptors) that we commonly bill. We are knowledgeable about reimbursements and bill for the highest level that is appropriate; however, variations exist depending on specific insurances. The most common codes are below. If you wish to ask your insurer what they will reimburse for, they may wish to know our Tax Identification Number (84-1951129) and NPI (1255979449). A common "diagnosis" code used is unspecified episodic mood disorder (F39), attention deficit hyperactivity disorder (F90.9) or anxiety disorder unspecified (F41.9). That information should be sufficient for your insurance to advise you.

**Most commonly used codes by:**

**Psychiatrist:** 90792 , 99204, 99205 (Initial Diagnostic Evaluations), 99213, 99214, (follow up med management office visit L3-L5 complexity) with or without 90833 (Psychotherapy with L3-L5 visit).

**Psychotherapist:** 90791 (Initial Diagnostic Evaluations), 90837, 90834 (Psychotherapy 30-60 min)

I have read the above practice policies and have had the opportunity to have my questions answered. I understand that policies and fees change over time and that I will be updated regarding any major adjustments. I have read and acknowledge receipt of Regional Psychiatry's notice of privacy practices (can be found at [www.RegionalPsychiatry.com](http://www.RegionalPsychiatry.com) ) and have had my questions answered.

I consent to evaluation and treatment by a Regional Psychiatry provider and agree to be responsible financially for services rendered.

Print Patient Name

Date

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Signature of Patient

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