



Important Practice Information Consent For Treatment

Welcome. This document contains important information concerning your treatment with me. Please read this document carefully as there is information that will apply prior to and throughout treatment.

Please bring up any questions you have at your first appointment.

Confidentiality

Your privacy is extremely important. All protected health information (PHI) will be kept confidential. You will be given a copy of the privacy practices. In almost all cases your consent will be obtained prior to releasing any PHI. However, records and/or PHI may be released regardless of consent in the following circumstances:

- According to state and local laws, all cases of physical or sexual abuse or neglect of minors or the elderly must be reported to the appropriate agencies.
- According to state and local laws, all cases in which there exists a danger to self and/or others must be reported to the appropriate agencies.
- When authorized by the recipient of services, in order to process medical insurance claims and authorized payment of benefits.
- In the event a patient is in need of emergency services and other medical personnel need to be contacted. - If you become involved in specific kinds of legal proceedings, the courts may subpoena information concerning your treatment.

Emergency/On Call Service

If you are in need of emergency services, call 911 or proceed to the nearest hospital emergency room. If you have an urgent after hour issue which cannot wait until the next business day, you may call the office number and follow the recorded message instructions for how to initiate contact. This option is reserved for urgent issues and does not apply to routine refill requests or scheduling issues.

Treatment of Minors

Treatment of children under the age of 18 years will be provided only with the consent of the parent or legal guardian. In cases of divorce, a copy of the custody agreement must be provided. Most custody decrees entitle the non-custodial parent to access the health record without consent from the custodial parent. By signing the consent form on page 3 the client acknowledges that he or she is the guardian (as established by the state or the divorce decree) of any minor presented for treatment. Copy of the custody agreement in the cases of divorce must be provided.



Billing and Payment Information

If there is a change in your insurance coverage, your address, or other important demographic information between appointments, please supply this information before or at the time of check in.

Payment of Fees

Any payments relevant to the office visit, i.e. co-pays, deductibles etc. are expected at the time of visit. Acceptable payment methods include credit cards (Master Card, Visa, Discover) or cash. Please have one of these methods available at check-in.

Cancellation Policy

If you need to miss or cancel an appointment, please contact us as soon as possible. Arrival at an appointment more than 15 minutes late will constitute having missed the appointment and the cancellation fee will apply. Missed appointments ARE NOT covered by insurance and are the patient's sole responsibility.

****There is a cancellation fee for missing a follow up appointment unless you call to cancel at least 48 hours (excluding weekend hours) in advance. This fee will be the full reimbursement rate of the appointment as it was scheduled.****

****New patient evaluations that are not attended or cancelled with less than 48 hours (excluding weekend hours) notice will not be rescheduled.****

Medication Refills

It is your responsibility to contact the office before you run out of medications. Please have the pharmacy FAX a refill request to the office at least three business days before your meds will run out (fax 210-877-0704). In most cases, faxed refill requests will be filled much sooner than if the pharmacy calls the office.

Refill requests for controlled substances (Ritalin, Adderall, Xanax, Ambien etc.) need to be made directly to the office. Stimulant refill requests can be called in during our office hours or after hours, by following the message prompts. Requests will be addressed within two business days. **If you require an expedited refill request (refill in less than 48 hours), the fee is \$15.**

Stimulant prescriptions expire 21 days from the date they were written. If your prescription expires, you will need to request a new prescription and allow up to two business days for this to be reissued.

There will be a \$15 fee for reissuing any lost or expired prescriptions, stimulant or otherwise.

**** If a patient has not been seen in the office in the last 90 days, prescriptions of any kind may not be issued without a follow up appointment.****



Forms, Letters and Documentation

Any additional paperwork, letters or forms not specifically related to intra-office care will be subject to a fee based upon the complexity and time needed to complete the necessary documentation.

Payment of this fee will need to be completed prior to release of the paperwork, forms and/or letters.

Phone Contacts

On occasion, extended phone conversations may occur to answer urgent questions or provide needed stabilization or advice. Every contact you make with your provider requires additional documentation. Contacts lasting 5 minutes or less will be charged \$60 when applicable.

If your matter is of an urgent nature that requires more than a quick 5-minute consult with the doctor, then our after-hours urgent appointment fees will apply. Urgent care outside of a scheduled appointment is offered as a concierge service. These **concierge services are not billable to insurance** and are offered at an urgent care rate. If the patient needs urgent care and does not want to access these urgent concierge services, then the patient may access care from an urgent care facility outside the office. An urgent 30-minute appointment is \$360. Your urgent phone call will be prorated depending upon the length of time spent with the doctor which includes required documentation for services provided.

If you have a concern that is not urgent in nature, we encourage you to schedule an appointment to speak with the doctor.

****Due to high patient demand for appointments, patients are highly encouraged to schedule recommended follow-up appointments immediately following their visit to ensure availability of care.**

Urgent care outside of scheduled appointments **IS NOT** covered by insurance and is the patient's sole responsibility.



Patient Acknowledgement

Your signature below indicates that you have read and understand the above practice policies, including the financial and cancellation policy. You also agree to provide Dr. Martin with a copy of the divorce decree or adoption papers that establishes you as legal guardian if applicable.

_____ By initialing here I indicate that I have read and understand the policy on Confidentiality and Treatment of Minors.

_____ By initialing here I indicate that I have read and understand the policy on Cancellations.

_____ By initialing here I indicate that I have read and understand the policy on Medication Refills.

_____ By initialing here I indicate that I have read and understand the policy on Phone Contacts

_____ By initialing here I indicate that I have read and understand the policy on Forms and Letters.

_____ By initialing here I indicate I agree to allow TFP to send me automated text messages to the number I've provided for courtesy reminders.

_____ By initialing here I indicate I am aware text reminders are a courtesy and it is my responsibility to keep track of my appointments regardless if I receive a text reminder or not.

Signature of Responsible Party

Date

Payment Authorization

I am aware of the cancellation policy as stated above and understand that I will be responsible for the cancellation fee if I cancel an appointment with less than 48-hour notice.

I authorize the use of the following credit card in the event of a cancellation.

Credit Card (circle): Visa MasterCard Discover

Credit Card Number: _____

Exp: _____

Signature of Patient/Responsible Party