

# Psychiatrist-Patient Services Agreement

Welcome to my practice! This document contains important information about my professional services and business policies. Please bring up any questions you have at your first appointment.

**Hours of Operation:** My operating hours are Monday – Thursday 9 am – 4 pm, by appointment only.

## Psychiatric Services:

I offer the following psychiatric services:

Initial diagnostic interview (50 min) - \$400

20 minute therapy with medication evaluation and management - \$180

45 minute therapy with medication evaluation and management - \$300

**Payment and Billing Policy:** Full payment is due at the time the appointment. I accept cash and credit card payments. No checks please.

I do not participate with insurance panels, but will provide a superbill on a monthly basis so that you can submit to your individual insurance company for reimbursement.

For initial appointments, a credit card is required to reserve your session time. **If you cancel within 24 hours or no show for your appointment, this credit card will be billed for full session fee.**

If your account is not paid in a timely manner and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency, hiring an attorney, or utilizing other options, which will require me to disclose otherwise confidential information. In most collection situations, the information released includes the patient's name, contact information, the nature of services provided and the amount due. If such legal action is necessary, these costs will be included in the claim.

**Cancellation Policy:** You may reschedule your appointment at no additional fee up to 48 hours in advance, via online scheduling system.

If you need to cancel your appointment, 100% refund will be given if you cancel within 48 hours in advance of your appointment.

If you cancel your appointment less than 48 hours but more than 24 hours, every effort will be made to reschedule without additional fee. However, no guarantees can be made regarding scheduling.

**If you cancel appointment less than 24 hours from appointment, no refund is guaranteed. You will be responsible for the full rate of the session.**

As a courtesy, all appointments are confirmed via email and appointment reminders are provided 24 hours in advance of appointment time.

**Late Policy:** Please arrive on time for your appointment, whether in person or via Zoom virtual software. Patients arriving more than 10 minutes late may be asked to reschedule.

**Confidentiality:** Your privacy is important to me. All protected health information (PHI) will be kept confidential. In most cases we will obtain your consent 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, we must report to the appropriate agencies all cases of physical and sexual abuse or neglect of minors (children under the age of 18), the disabled, and the elderly.
- According to state and local laws, we must report to the appropriate agencies all cases in which there exists a danger to self and/or others.
- When authorized by the recipient of services, in order to process medical insurance claims and authorized payment of benefits.
- In the event that 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.

Please be advised that I send superbills on request via email or direct mail. These superbills contain PHI including your name, date of birth, and diagnosis. If you wish to NOT receive by email, please request superbill by mail at time of appointment.

**Paperwork for Insurance or Disability:** I do fill out paperwork for insurance and/or disability claims or other concerns. Given the tedious nature of these documents, I do charge a fee of \$50 to complete basic paperwork and \$100 for more complicated documents or need for follow-up communications.

**Professional Records:** The laws and standards of my profession require that I keep protected health information (PHI) about you in medical record. Except in unusual circumstances that involve danger to yourself and/or others, you may examine and/or receive a copy of your clinical record if you request it in writing. Because these are professional records, they can be confusing if read without the guidance of a mental health professional. For this reason, we recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, I am allowed to charge a copying fee of \$25.00 or more. If I refuse your request for access to your records, I have a right of review, which we will discuss with you upon your request. Insurance companies can request and receive a copy of your clinical record.

**Patient Rights:** HIPAA provides you with rights with regard to your clinical record and disclosures of PHI. These rights include requesting that I amend your record; requesting restrictions on what information from your clinical record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records, and the right to request a paper copy of this Agreement.

**Emergency/After hours Service:** If you are in need of emergency services, call 911 or proceed to the nearest hospital emergency room. My phone and email are only checked during normal operating hours Monday – Friday. Any messages, emails or voicemails left after hours will be returned within the next 2 business days.

**Telephone policies and Contact fees:** Unless otherwise noted, I am available via telephone call at (512) 270-1946 between hours of 9 am – 4 pm Monday- Friday. Voicemails left will be returned in a timely manner and all effort made to return calls within 24 hours.

For phone calls lasting longer than 10 minutes or goes beyond scope of routine questioning, I hold the right to charge \$5 per minute for services rendered.

**Email policies:** For non-urgent issues, medical refill requests or scheduling requests, you may email me directly at admin@stefanireinoldmd.com. Please note that email is only checked during operating hours and no individual mental health advice will be provided via email.

For individuals requesting a superbill to submit claim to insurance companies, I send superbills through my confidential email account. If you do not feel comfortable with email, you may request that superbills are delivered via direct mail.

**Medication Refill Policy:** Please notify me *at least 3 to 5 business days* in advance of the date that medical refills are needed. It is your responsibility to contact me before you run out of medications. Refill requests for stimulant medications (Ritalin, Adderall, Vyvanse, Metadate, Concerta, etc.) need to be made directly to me (not the pharmacy). Stimulant prescriptions expire 21 days from the date they are written. If your prescription expires before you take it to the pharmacy, you will need to contact the office to request a new prescription.

There is a \$10.00 fee to rewrite any expired prescriptions. The office is closed for most holidays, please plan your refills accordingly.

**I require that patients on psychiatric medication be seen at least once every 90 days.** If a patient has not been seen in the office in the last 90 days, I will not issue a refill without a scheduled follow-up appointment.

**Forms and Letter:** Any additional paperwork, letters, or forms not specifically related to intra-office care, will be subject to a fee based on the time it takes to complete the documentation (\$50 10-30 min, \$100 for 30-60 min, etc.) which will need to be paid prior to release of the paperwork.

**Insurance Reimbursement:** Due to various limitations, I do not participate as an in-network provider with insurance plans. That said, if you have a health insurance policy, I can fill out forms and provide you with assistance in helping you receive your benefits. Please note that *you*, not your insurance company, are responsible for full payment of my fees.

\_\_\_\_ (initials) Please be advised that if you do decide to submit claim to your insurance company, your insurance company requires at a minimum a diagnosis and type of visit. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire clinical record. In such situations, I will make every effort to release the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files. In some cases, the insurance companies may share clinical information with a national medical information databank. I can provide you with a copy of any report we submit, at your request. By signing your initials to this section of this Agreement, you agree to me providing information to your insurance company.

**Social Media and Online Coaching Services:** I do provide online mental health coaching products and services via my online platform. If you should participate in any of my online programs, this is outside of our doctor-patient relationship. You recognize that this is a separate corporation and unrelated to my individual psychiatric services. Furthermore, you understand that our relationship is strictly professional. Any information shared from my social media pages is not directly related to you and should not be interpreted as such. While I cannot prevent you from following my social media accounts or commenting on public posts, we cannot be personal friends or share personal messages via social media, as this would violate doctor-patient confidentiality.

By signing this Agreement, you accept the policies and procedures aforementioned in this document.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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