

## OFFICE POLICIES AND CONSENT FOR EVALUATION AND TREATMENT

(In this document, "I" and other first person pronouns refer to Dr. Alexander, and "you" refers to the patient.)

Please read the following information carefully, and let me know if you have any questions.

Some patients have been taken aback by how long this form is. However, I have found that sharing these expectations gets a lot of issues clarified BEFORE care begins.

Please initial the bottom of each page. At the end of these pages, you are asked to sign that you understand and accept my policies. Do not hesitate to ask for clarification.

You have been scheduled for an initial evaluation appointment. It may take more than one visit to come to a good understanding of your problem, and to develop recommendations for addressing your problems. At some point during the first or second visits, I will discuss with you my understanding of your problems and symptoms, and my suggestions regarding the best way to approach these issues.

The decision to enter ongoing treatment will be by mutual agreement. I will endeavor to inform you as soon as possible if I feel that I cannot meet your needs, and must refer you to a different provider. Initiating an evaluation does not guarantee that I agree to treat you on a long-term basis.

### APPOINTMENTS

--I generally schedule 50 – 70 minutes for our first appointment. Subsequent appointments are from 15 – 55 minutes, depending on the nature of the problem and treatment.

--Your appointment time has been reserved for you.

--**You will be charged, up to the full fee, for the appointment, if you cancel an appointment later than 2 business days before the appointment. "No-show" or "late cancellation" fees are NOT covered by insurance. Please let me know of extenuating circumstances and we can decide whether to adjust this fee. Even for emergencies, I may charge a fee – especially if emergencies are frequent.**

Please let me or my scheduler, Cindy (360-691-9290) know AS SOON AS POSSIBLE if you think you will need to miss or change an appointment.

### COORDINATION OF CARE

In order to provide good medical care to you, I expect to have your consent to communicate with other medication prescribers, and other psychotherapists/counselors. You are expected to inform me of all medications that you are taking, prescription and non-prescription, including herbal or diet-supplement preparations. **I do not prescribe opioid pain medications.**

It's important that one prescriber be in charge of your psychiatric medications. Prescription of psychiatric medications by multiple providers can create chaos, and in some cases can be downright dangerous. For most patients whom I see on an ongoing basis, I will be the prescriber of all psychiatric medications; I expect you or your other physician(s) to inform me immediately if another prescriber changes, adds or deletes a psychiatric medication (this would include benzodiazepines, sleep medications, and stimulants).

Please initial pages 1 and 2, and 3, and sign page 4.

### MAINTAINING YOUR PRIVACY IN PUBLIC SITUATIONS

Occasionally I run into patients in public situations. The standard of practice requires me, in those situations, to maintain the confidentiality of our relationship by not approaching you to engage in

conversation, nor introducing you to anyone who may be with me. In fact, I will refrain from acknowledging you or saying hello, unless you do so first. Please do not take this as a reflection of my feelings toward or interest in you!

### **ALCOHOL AND DRUGS OF ABUSE**

You will remain free of “recreational” drugs (including being under the influence of marijuana) and alcohol while in the office. I am not qualified to treat active abuse of alcohol or other drugs (whether they are illegal, legal, or via prescription). If you are abusing substances, I will refer you to a substance-abuse program. Depending on the specific situation, I may need to suspend some or all of my involvement in your care until a program of treatment has been completed, and I am satisfied that you are clean from alcohol and drugs of abuse.

### **INDEPENDENT PRACTITIONER**

--Although I share an office suite with other professionals, we are independent practitioners and I have no responsibility for the services they provide, nor do they have responsibility for the services that I provide.

### **PHONE CALLS AND PHONE AVAILABILITY**

--My office phone is 206-729-2622. It usually goes to voicemail. It is a landline, and **IT DOES NOT ACCEPT TEXT MESSAGES.**

--**FOR LIFE THREATENING EMERGENCIES, CALL 911.**

--The **CRISIS LINE** has well-trained volunteers, if you need to talk to someone or sort something out, and cannot talk to a friend/family member, or me. Their number is **206-461-3222.**

-To reach me urgently outside of business hours: call **206-729-2622**, and press **ZERO** during my message. This connects the call to my cell phone. **YOU CANNOT SEND A TEXT MESSAGE THIS WAY.**

-If you get my cellphone voicemail, please leave a message. But repeat the call if I don't get back to you in the expected time frame. Sometimes the phone is on vibrate, and I'm not aware that it has rung. It may take 1-2 hrs to return the call. If you need help sooner than that: call 911 or go to an ER.

**DO call my cellphone (preferably before 9 pm) if you cannot make it to an appointment within the next 24 hrs, or have any other issue for which communication within a few hours can be important (eg, medication side effects that are worrisome or disabling).**

I use the messages on my landline and my cellphones to tell you if I am checked out to another physician, and that physician's contact information. **This is Important if you need prescription refills!**

--I check voicemail Monday through Friday until 4 pm. I do not check voicemail on weekends or major holidays. Voicemails left outside of regular business hours will be returned in the next 1-2 business days. **Please leave your phone number, and times to reach you, on voicemails.** I often do not have patient phone numbers easily available when retrieving voicemails; and caller ID does not always work.

--I do not interrupt sessions with patients in order to answer urgent calls, so it can take me over an hour to respond, even on regular work days. **Outside of regular workdays, it may take several hours for me to respond.** If you need help sooner than that, you should go to an emergency room, or call 911.

--**I want to be available, but I expect most interactions to take place during appointments.** So, after-hour contacts may be brief, with a plan made for a next-business-day appointment.

**E-MAIL COMMUNICATION POLICIES:** I use email for communications that are non-sensitive and non-urgent. If you need a quick response, you are welcome to TRY email, but I do not currently carry a smart phone, so use the telephone for urgent contact. **Please only give me your email address if it is okay for me to use it.** E-mail communication is inherently insecure; there is a risk of discovery by other parties. E-mail should not be used for extremely sensitive information. If you send me an email message, I assume that I have your permission for me to respond. Assume that any emails will become part of your medical record.

### **FEES FOR APPOINTMENTS**

My fees are discounted for the insurances that I accept. If I am a preferred provider on your insurance, the discounted fees agreed to by your insurance company are “what matter.” If I am a preferred provider: I will bill your insurance company, and adhere to their allowable fees for the services provided.

**If you don’t have insurance, or if I am not on your plan:** I expect you to pay at the time of services. I generally collect fees at the beginning of the visit. We should discuss this in detail before your visit.

My fee for the initial session is \$300 - \$375 (this varies with complexity and other circumstances), higher if an usually long appointment is required (more than 90 minutes).

-- Beyond the first visit: **fees can be complicated.** Many visits have 2 separate fees: one fee for medical services, and another fee for psychotherapy services. Plans differ greatly in terms of how they apply co-pays and deductibles to the various portions of the bill.

If you are paying privately, we will try to work out something that is not too complicated. In general:

15 - 25 minute follow-up visits: expect a fee from \$125 - \$160.

30-60 minute follow-up: expect a fee from \$160 to \$240.

We can discuss your situation on a case by case basis.

### **When to pay**

I collect the following at the **beginning** of the visit:

- private pay fees (if not using insurance);
- co-pays (which are a set amount, known in advance);
- an **estimate** of any deductible that will be owed;
- and/or an **estimate** of the amount of co-insurance owed, if your plan has that. (“Co-insurance” refers to a percentage of the allowed fee.) (I prefer to collect an estimate of what you will owe up front, rather than waiting for the visit to clear insurance. Otherwise, very substantial bills can mount up quickly.)

My office submits claims (or “bills”) to your insurance, if I am a preferred provider. After I receive a statement from your insurance, my office will send you a bill for any remainder that you owe.

HOWEVER, in order to cut down on mailing statements: if you owe less than \$20, I may wait to bill you until your balance is \$20 or more.

Payment is due on receipt of your bill.

If you have a “no show” or late cancellation fee: you must pay that at the time of the next visit, unless other arrangements have been made.

Payment can be made with check or cash. I do not accept credit cards or debit cards.

Send payment to:  
Elizabeth M. Alexander, M.D., PLLC  
10740 Meridian Ave. N, #101  
Seattle, WA 98133-9010

**FEES FOR FREQUENT OR PROLONGED PHONE CALLS, AND OTHER NON-COVERED SERVICES**

- You are responsible for payment of all fees associated with services I provide you, whether or not another party (such as an insurance company) may pay for some or all of the fee.
- If you have insurance, it generally pays only for in-person visits.
- There is no charge for a 5-10 minute phone call, if it occurs no more frequently than actual in-person visits. Beyond this duration and frequency, I DO bill for time that I expend on your behalf outside of your appointment. Such non-appointment time expended on your behalf will be billed in 6 minute increments at a base rate of \$300 per hour (60 minutes). I usually don't bill for rare long phone calls, and I really do want you to call if there is an issue that needs my attention.

Activities that may generate a bill include:

- phone calls longer than 10 minutes, or occurring more frequently than visits
- calls to insurance companies and other third parties;
- provision of more than a 5 pages of records;
- generation of letters to a third party;
- consultations and phone calls pertaining to you

**PLEASE NOTE THAT SOME OF THESE ACTIVITIES ARE CONSIDERED "COORDINATION OF CARE," AND CAN BE LEGITIMATELY INCLUDED WITHIN AN OFFICE VISIT IF ADEQUATE TIME HAS BEEN SCHEDULED.** When we accomplish these activities within the appointment time, you may be able to avoid a separate bill for such services. If you would like me to perform such services during a visit, please notify me at the VERY BEGINNING of the visit.

- **Medication refills should be handled during appointments.** There may be a \$20 - \$50 charge for medications that are called/faxed/electronically sent to a pharmacy, or mailed to you, without an appointment (amount to depend on complexity and time) – especially if there is no appointment even on the books, and I or my assistant has to contact YOU about scheduling.

**When you submit a refill request, check to see if refills remain on your prescription.** If there is only one remaining refill, or zero refills, **Schedule an appointment.**

**COLLECTIONS:** Seriously overdue accounts may be turned over to collections. This have numerous repercussions, including (but not limited to) lowering of your credit score, and garnishing of wages and bank accounts.

Please sign below.

I have received these policies; I will ask questions if necessary. I agree to abide by the policies.

I agree to an evaluation by Dr. Alexander.

Patient

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