

## OFFICE POLICIES

This document pages 1-6 is considered an official contract between Dr. Ghadeer Okayli, MD and the undersigned patient

Welcome to GO Psychiatry. We are glad to provide you with the best psychiatric care you deserve. Below is the information you need to know and process **Before** your first appointment. Please call our office for any questions (512454-7741).

### **Confidentiality:**

Texas law provides that a professional may disclose confidential information only to medical or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to himself or others, or if there is a probability of immediate mental or emotional injury to the patient.

Copies of your medical records are never allowed to leave this office without a signed authorization release form and approval of your treating physician. Our staff members have completed training involving confidentiality and protecting your privacy . They will not release any information outside of the practice without your approval.

### **On Call System:**

Dr. Okayli is a member of a group with several other psychiatrists who together cover call for our practice 24hours a day, 7 days a week. It is vital for these psychiatrists to have free access to your medical records when they are covering call. They will only access records of the patient when he/she calls for services during their call period. The information in your file will only be used to help manage your case. They will follow the same confidentiality rules followed by Dr. Okayli.

### **List of On Call Physicians**

Mary Anderson, MD  
Kenton Brown, MD  
Maureen Burrows, MD  
Allen Colby, DO  
Larry Hauser, MD  
Ghadeer Okayli, MD  
Timothy Sheehan, MD  
Samantha Symons, MD  
Brent Turnipseed, MD

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I understand and agree on the confidentiality rules and the on-call system of Dr. Ghadeer Okayli's office.

Name:

Signature

Date:

For all questions regarding an appointment, medication related issues or to leave a message for the doctor during regular office hours, you may reach the office staff at (512) 454-7741.

### **Psychiatric Emergencies:**

If you have a life threatening emergency such as suicidal behaviors, please call 911 first then call our office.

For non life threatening emergencies please Call our office at 512-454-7741 during business hours

Monday -Thursday 8:00am- 5:00pm

Friday 8:00am-4:00pm

If you have a non life threatening psychiatric emergency after business hours please contact our 24-hour answering service, MEDICAL EXCHANGE at (512) 458-1121. The Physician On-Call is for emergencies only, and cannot refill controlled substance prescriptions.

### **Prescription Refills:**

All prescription requests should be made during office visits. Dr. Okayli will provide you with enough refills until your next agreed upon appointment.

If you notice that you are running low on medications and you do not have refills remaining, you must call and schedule an appointment as soon as possible. Should you run out of medications prior to your appointment, Dr. Okayli will authorize phone requests for medication refills at her discretion, based on the patient's best interest and safety. Please allow five business days to complete the medication refill request. A fee of \$35.00 will be charged to your account.

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### **Cancellations and Missed Appointments:**

Please note that your appointment time is reserved just for you. The office charges for missed appointments and late cancelled appointments. To avoid charges, please call the office at least 48 hours or more in advance to cancel your appointment.. Please note that third party payers do not cover for missed/late cancelled appointments. You are responsible for the entire appointment fee.

Compliance with office visits is essential for quality and continuity of care. A pattern of two or more no shows or late cancellations without a true emergency will result in the termination of our doctor-patient relationship, even if paid in full.

### **Termination of Service:**

Termination of the doctor-patient contract can be initiated by the patient or Dr. Okayli. If you would like to end the relationship please contact our office in writing so that we can officially close your file. Dr. Okayli will mail you a letter confirming the termination. Dr. Okayli may terminate the contract WITH or WITHOUT cause. In this case you will be provided with a written letter of termination.

In either case Dr. Okayli will be available for 35 days as of the mailing date of the letter to respond to you in case of an emergency. After that the Doctor-Patient relationship will no longer exist and Dr. Okayli will not be responsible for your treatment, follow-up or psychiatric care.

Please provide us with your current address and contact information.

In the event of termination, under no circumstances will it be based on patients' race, gender, religion, disability, national origin or age.

### **Payment Information:**

Dr. Okayli is not a provider for any insurance companies with the exception of Seton Employee Health Plan. We are unable to submit out of net insurance claims, but we are glad to provide you with the necessary statement to submit a claim to your insurance company for reimbursement. All office fees are due at the time of service. This office accepts cash, checks, MasterCard, Visa and debit cards for your convenience. There is a

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\$35 charge for returned checks due to insufficient funds, in addition to all fees charged by your or our banks for returned checks. Balance Statements must be paid upon receipt. Online payment option is available for your convenience, [Click her to pay online](#). You may mail a check, or call our office with a credit card number. Lack of prompt payments will result in termination of services. Please refer to the credit card policy.

### House Calls-Mobile office policy:

The above policies apply to house calls. In addition, all patients scheduled for house calls must submit a consent to back ground check. This is not a commitment to accept the patient to our practice. A valid credit card number needs to be on file. All payments will be withdrawn in advance of the session. Payment will be automatically withdrawn for missed appointments or late cancellations. Our Doctor-Patient professional relationship starts at the first visit.

## OFFICE POLICIES AGREEMENT

I understand and agree on all office policies.

I understand and agree to provide Dr. Okayli's office staff with the necessary information for my background check.

Patient or guardian name:

Signature:

Date:

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### Credit Card Policy:

All clients MUST keep a credit card number and information on file. The card will be automatically charged for the following:

1. No show or less than 48 hours cancellation of a scheduled Initial visit or any follow-up appointment. Note that initial physical encounter with the patient is not necessary, In order to incur charges of a missed or late cancelled initial evaluation.
2. If the cancellation is less than 48 hours because of a serious emergency you will not be charged. Please note that common illnesses that do not prevent you from driving are not considered emergencies unless associated with fever. Child illness is not an emergency unless you are the primary care taker, and the illness occurred within the last 24 hours prior the scheduled appointment. Child care issues are not considered emergencies. Inability to take off work is not an emergency.
3. Any balance remaining after three billing cycles ( three months as of the date of the first bill).
4. You are responsible for updating the validity of your credit card. Accounts with inactive credit card information will be sent to a collections agency after three notices. If we were unable to reach you, we will forward the balance to a collections agency.

**I have read and understood the credit card policy. I agree to comply with the terms and conditions of the policy.**

My credit card information:

Credit type:

Credit card number:

Expiration Date:

Security Code:

Billing address of the credit card:

Billing Zip Code:

Name:

Signature:

Date:

**OFFICE POLICIES****Professional fees:**

Initial Evaluation	60 minutes	\$300.00
Pharmacological Management	10 minutes	\$90.00
Pharmacological Management with Psychotherapy	20 minutes	\$125.00
Pharmacological Management with Psychotherapy	30 minutes	\$175.00
Pharmacological Management with Psychotherapy	40 minutes	\$225.00
Psychotherapy	50 minutes	\$275.00
Telephone contact	1-5 minutes	FREE
Telephone contact calculated after the first 5 minutes in 5 minute increments	1-5 minutes	\$45.00
Consultation with other physicians/professionals professional forms / letters (requested by the patient or their third party)	minimum charge charged at a rate of	\$50 \$300/hour
Prescription called-in / faxed or picked up at the front desk		\$35
Pharmacological authorization		\$45
Copies of Medical records	faxed mailed	\$45 minimum \$45 minimum plus postage fees

**Please call our office at (512)454-7741 for charges relative to House Calls-Mobile Psychiatry.**

I understand and agree on the professional fees

Name:

Signature:

Date: