



R & R PSYCHIATRIC CARE

2680 S Val Vista Dr, Building 15 Suite 185, Gilbert, AZ 85295
Office (480) 630-4434 Fax (480) 630-5285 www.rrwellness.org

CLINIC POLICIES

New Client Policy

- New clients must complete all new client paperwork within 72 hours of scheduling appointment.
- If you need to cancel or reschedule, you must do so within 48 hours of your new client appointment.
- For your visit, please bring your insurance card, photo ID, list of current medications, most recent lab work, and any other pertinent medical records.
- Please arrive 5 minutes early for your appointment.
- R & R Psychiatric Care does not provide evaluations for forensic or legal purposes, for custody evaluations, for the purpose of seeking medical or mental disability or leave of absence from work, or neuropsychological evaluations including evaluations for autism.

Appointment Policy

- Services are by appointment only. You can schedule telehealth if you prefer unless advised otherwise by staff.
- It is your responsibility to make follow-up appointments for your care. You can easily request appointments or changes to appointments through your patient portal.
- You will receive appointment reminders by text and email as a courtesy. However, in the event of software issues, you are still responsible for making your appointment on time.
- If you are more than 10 minutes late for your appointment, you may be asked to reschedule.
- At times, your provider may be running late – most likely due to special circumstances with a prior client appointment. This should not impact your appointment time, but we appreciate your understanding.
- On occasion, the provider may need to cancel or change an appointment to telemedicine. You will be advised as early as possible by text message or phone call.

No-Show/Late Cancellation Policy

- Appointment cancellation or Changes: please notify us Monday through Friday at least 24 hours before your follow-up appointment, or at least 48 hours before your new client appointment.
- If we do not receive your cancellation in time, we charge a \$60.00 fee for missed follow-up appointments. In the rare case that a new client appointment is missed, a \$100.00 fee is charged.
- Insurance does not cover missed appointments. Frequent missed and/or cancelled appointments may cause us to refer you to another provider for care.

Insurance Policy

- If we accept your insurance, we will file your primary and secondary insurance on your behalf. We do not submit to a third or more insurance plan. You will be responsible in submitting the claim if any outstanding balance is due after the first and second insurance has processed the claim.
- Your insurance policy is a contract between you and your insurance company. Health insurance may not cover all of the cost of your treatment. You are responsible for co-payments, co-insurances, deductible and any balance remaining after your insurance has processed the claim.
- If your insurance changes, please update your insurance information on your Patient Portal or notify our office at least 48 hours prior to your next appointment so we can verify your new benefits. If you do not notify us in advance and we are unable to verify your new insurance, you may be asked to pay cash for the visit.

Self-Pay Policy

- Self-pay is available if we do not accept your insurance or if you do not wish to use your insurance. Our office has affordable rates for self-payment displayed on our website. Payment is due at the time of your visit.



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- If you have insurance, and do not wish to use your insurance, you will need to fill out a separate form of Election to Self-Pay in order to waive insurance. Please notify the office at the time of scheduling your appointment.
- Per the No Surprises Act, you will receive an annual Good Faith Estimate to help you understand the range of costs for your care.

Payment Policy

- Payment is due at the time of each appointment.
- Payment includes copays, a portion of your deductible if not met, applicable coinsurance, any past due fees, any no-show or late cancellation fee, and any additional fees for services not covered by insurance.
- If you have a high-deductible plan and have not met your deductible, you will be charged the contracted rate with your insurance company on the day of your visit.
- If you have a past-due balance after applicable payments from your insurance company, you will need to pay your balance or set up a payment plan within 60 days. You may be asked to pay past-due balances when scheduling your next appointment. Any accounts past due after 90 days may be sent to our collections agency and may include termination of client-provider relationship unless other arrangements have been made. We don't ever want this to occur, so if you are experiencing issues with paying your past due balance, please give us a call to set up a payment plan.

Forms of Payment Policy – Credit Card on File

- We accept all major credit card forms of payment.
- You agree to have a valid credit card will be held on file securely through PCI-compliant industry standards, to be charged at time of service for any copays, deductible, or any applicable no-show or late cancellation fee.
- Your credit card may be automatically charged for any past-due coinsurance or other charges when billing statements are generated each month.
- You can update your payment information at any time through your Patient Portal.

Prescriptions and Refills Policy

- Prescription refills occur at scheduled medication management appointments. On the day of your appointment, prescriptions are sent electronically with sufficient quantities and refills, if appropriate, to last until your next appointment. If by chance you run out of medication before your next appointment, please call your pharmacy to see if there is a script on file, and if there is not, please notify our office. Prescriptions may only be called in for clients who are current clients and who maintain their regularly scheduled appointments.
- For your safety, medication refills will not be called in outside of office hours except in emergencies. In general, it may take up to 72 business hours for prescriptions to be sent to pharmacy.
- Your insurance may require a pre-authorization for medication prescribed. We will submit appropriate paperwork as required by your insurance for any pre-authorization. However, your insurance company may take between 24 hours and up to 14 days to approve a pre-authorization, which could result in a delay of receiving your prescribed medication. When applicable, your provider may give you medication samples or provide you with a GoodRx discount card to pay cash for your medication instead of going through insurance.
- You are responsible for your controlled substance medication. Replacement scripts will not be sent if your prescription medication is lost, misplaced, stolen, or if you request it to be refilled sooner than prescribed.
- During your care, you agree to the following:
 - 1) You will talk with your provider about any changes to your medication, including any medication-assisted treatment for substance use, or changes in any substance use.



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- 2) You will not request or accept the same class of medication from any other provider/prescriber while you are receiving medication from this office.
- 3) You agree to comply with random drug testing.
- 4) You agree not to share, trade, or sell your medications; doing so may result in discharge from care.
- 5) Controlled substances only: Your history will be reviewed using the AZ Prescription Monitoring Program. Prescriptions may only be sent for a 30 day supply as required by law, so you may need to call your pharmacy each month to fill the next script on file for you. Please use the same pharmacy each time for script refill requests.

Communication Policy

PREFERRED METHOD - For your convenience, we have two HIPAA-protected methods of communication:

- 1) Patient Portal – you can send messages, request refills, and share documents. You can send secure messages to your provider and receive responses within 72 hours. You can access your portal anytime through our clinic website at www.rrowthness.org
- 2) Spruce Secure Messaging – an app that lets you send messages, files, and photos in a way that is HIPAA-secure. You can connect with our clinic on Spruce by going to our clinic website at www.rrowthness.org
 - RISKS FOR EMAIL/TEXT: If you choose to email or use SMS text, there are a number of risks to consider when sharing information, including but not limited to the following: your messages can be stored in electronic files, could be received by unintended recipients, the message could be mis-addressed or missent, backup copies may exist after deletion, messages can be lost in transmission, messages can be used as evidence in court, and messages can be intercepted, altered, or used without detection or authorization. In addition, in emergency situations, texts or emails may not be responded to in time.
 - Use your best judgment when communicating sensitive medical information, as R & R Psychiatric Care and staff will not be responsible for the content of messages and is not liable for any confidentiality breach caused by you or a third party when emailing or texting. Complex or sensitive situations should be communicated during an appointment.

EMAIL

- Email is not HIPAA-compliant and is not recommended as a method of communication between you and the clinic. Confirmation of receipt is not provided.

TELEPHONE CALLS

- ROUTINE: It is often difficult for providers to immediately respond to telephone calls. Routine brief phone calls made between the hours of 8:30 a.m. and 3:00 p.m. on weekdays will be returned as quickly as possible; calls will typically be returned within 2 business days. Routine calls received after 3:00 p.m. or on weekends will be returned the following business day. When leaving a message, please include whether it is urgent.
- AFTER-HOURS OR EMERGENT: R & R Psychiatric Care does not provide urgent care or emergency services. To get immediate care, you can call 911 for a medical emergency or 988 for the National Suicide Hotline, or go to your nearest emergency room or to a MIND 24/7 location.
- For more extensive phone calls, please schedule a phone appointment with your provider. There may be a routine charge for calls longer than ten minutes or excessive calls. Please note that some insurance companies will not reimburse for phone consultation fees.

Telemedicine Policy

Telemedicine sessions are similar to routine outpatient office visits, except interactive video technology is used to communicate with your provider at a distance.

- BENEFITS: Telemedicine visits are provided as a convenience to make it easier for you to access care at a location of your choosing without the need for travel time and costs.



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- LOCATION: You agree that your provider at R & R Psychiatric Care cannot provide telemedicine services to you if you are outside of the state of Arizona.
- POSSIBILITY FOR IN-PERSON CARE: You agree that at any time, your provider at R & R Psychiatric Care may determine that in-person care is required for clinical reasons. You also have the right to decide withdraw consent for telemedicine and receive in-person care at any time.
- TECHNOLOGY: You understand how to operate the electronic device you'll be using to access your telemedicine appointment. In the case that the technology and/or equipment does not work during the session, then the session will be cancelled and rescheduled. However, some technology interruption is expected, and you understand it does not discount the fees of the session unless the session is terminated.
- RISKS: You understand that there are possible risks including technical failures, poor video or audio resolution, potential breach of confidentiality, potential for security compromise with telemedicine company, lack of access to all information available in a face-to-face visit which may result in possible errors in medical judgment, and that services may not be as complete as face-to-face services.
- PRIVACY & SECURITY: We strongly encourage you to access telemedicine in a private location. We manage the risk of privacy and security on our end by using this technology in a private & secure manner including encrypted teleconferencing software, password protection on computers, and never leaving them unattended. We have selected Doxy.me for their quality reviews and track record but may change this provider in the future.
- LEGAL: The laws that protect privacy and the confidentiality of medical information apply to telemedicine. Your provider at R & R Psychiatric Care will complete documentation of your telemedicine visit in the same way that documentation is made for in-person care. As a general clinic, R & R Psychiatric Care DOES NOT record Telemedicine sessions without prior permission.
- COST: You are responsible for fees associated with telemedicine services, which are the same as fees for face-to-face services. These fees are payable by your credit or debit card on file, which will be billed the same day as your scheduled appointment. If your card is declined, you agree to provide alternative card information to your provider during your session.
- PRESCRIBING: You may be prescribed medicine as a part of your telemedicine treatment. In accordance with State and Federal regulations, some medications may not be prescribed without an in-person physical examination or in-person care as determined by your provider at R & R Psychiatric Care.
- EMERGENCY: Specifically for telemedicine, for your safety in case of an emergency, your provider requires an Emergency Contact Person. If you are having suicidal or homicidal thoughts, experiencing symptoms of psychosis, having a medical emergency, or otherwise in a crisis that we cannot solve remotely, your provider may determine that you need a higher level of care and will contact your Emergency Contact Person to go to your location or to agree to take you to a hospital.

Emergency Contact Person Name: _____ Phone Number: _____

Closure of Care Policy

- While at times you may no longer need our services, certain events could cause a closure of care/discharge:
 - 2 or more No-shows and/or late cancels to appointments.
 - Inability to make appropriate payments on outstanding accounts.
 - Inability to follow the agreed upon treatment plan and/or the misuse of prescription medications.
 - Display of inappropriate behavior toward the office staff and/or the provider.
- In addition, we routinely discharge clients who have not been seen in a period of 9 or more months who do not have a follow-up appointment on the schedule. Depending on the circumstances, we may agree to take the client back and continue services.



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Patient Care Records, Forms, and Additional Charges Policy

- After your appointment, you will receive a Care Plan sent to your Patient Portal.
- Your provider may recommend additional services or testing that may or may not be covered by insurance; pricing will be discussed at the time of your visit.
- There are additional services that may require billing as well, including but not limited to legal depositions, contact with attorneys, or writing reports for the insurance company or your employer.
- We are happy to provide you with letters you may need such as Jury Letters, Emotional Support Animal, etc. at the time of your appointment, as long as it falls within the provider’s expertise and you provide pertinent information such as the type of letter needed, the addressee, and a fax number. There is no charge for letters created during an appointment. For letters done outside an appointment, there is a \$20 fee per page.
- Short Term Disability Forms or FMLA may be completed for established patients only if your provider takes you out of work. **You must schedule an appointment** in order for your forms to be accurately completed.
- We do not fill out Long-Term Disability forms or Social Security Disability Forms.

Changes to Clinic Policies

- R & R Psychiatric Care may update any of the Clinic Policies above at any time. Copies of the current Clinic Policies can be viewed at the clinic website www.rrowthness.org/faq
- By signing below and continuing to receive care at the clinic, you agree to abide by future updates to the Clinic Policies.

ACKNOWLEDGEMENTS

1. I have received a copy of all Clinic Policies, have read and understand the information, have had an opportunity to ask questions about this information, and agree to all terms and will abide by these policies.
2. I specifically consent to have my credit card on file.
3. I agree that a photocopy or electronic copy of this consent shall be considered as valid as the original.
4. This consent will expire 60 days after the date of closure of care and discharge from R & R Psychiatric Care.
5. If applicable, I attest that I am the legal guardian and have the right to consent on behalf of this minor.

Signature of Client or Legal Guardian	Printed Name	Date
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Name of Client if a Minor