SUSAN CLAVETTE INTEGRATIVE PSYCHIATRIC NP, LLC EMPOWER MENTAL HEALTH 7171 W 95th St, Suite 210 Overland Park, KS 66212 913-210-6005; FAX 913-210-6008 office@empowerkc.com

PRACTICE POLICIES & PROCEDURES

NAME: _____

We thank you for choosing us and look forward to working with you. We strive to provide the very best care to you; in order to do so, we would like to take this opportunity to inform you of our policies and procedures.

APPOINTMENTS:

We ask that you make appointments as recommended by your provider. If you are unable to keep your appointment, please give us **24 HOURS NOTICE**; failure to do so will result in a **LATE CANCELLATION FEE OF \$75.00**, as determined by your provider. This also applies to **no-show appointments;** these fees must be paid before another appointment is scheduled. Please understand that appointments that are late cancels and/or no-shows do not allow us adequate time to fill these appointment times. Consistently missed appointments may result in the termination of your continuance with our practice and is up to the provider's discretion. We will attempt to confirm appointments beforehand, but this is a courtesy service to you and should not be depended upon. If you are more than 15 minutes late and have made no attempt to notify us of your late arrival, you may be asked to reschedule.

PRESCRIPTIONS:

You may request needed renewed prescriptions at the time of your appointment. REFILLS ARE DONE DURING OFFICE HOURS ONLY AND ARE NOT CONSIDERED AN EMERGENCY OR A CRISIS SITUATION. In most cases, we ask that you contact the office and not your pharmacy. Please understand that if you have NOT scheduled a follow-up appointment, your refill request may be denied. All controlled substance medications (Adderall, Vyvanse, Ativan, etc.) require an e-RX prescription; this will be discussed and reviewed during your appointment. Lost or stolen medication will not be replaced unless you have filed and provided a copy of a police report. **ALL SCHEDULED MEDICATIONS/CONTROLLED SUBSTANCES WILL NOT BE FILLED EARLY.** Unless discussed with your provider beforehand, NO NEW medications will be provided by telephone request. We value quality of care and safety, and in order to maintain this standard, it is impossible to adequately assess, diagnose, and prescribe new medication changes over the phone. THERE WILL BE NO 90-DAY RX FOR ANY CONTROLLED SUBSTANCE DUE TO DEA REGULATIONS. ALL STIMULANTS ARE CONSIDERED AN AS-NEEDED MEDICATION BY THIS OFFICE. IF YOU HAVE NOT BEEN SEEN DURING THE SPECIFIED TIME, YOU WILL NOT RECEIVE ANY ADDITIONAL FILLS, AND IT IS RECOMMENDED THAT YOU MANAGE ANY REMAINING MEDICATION TO GET YOU TO YOUR NEXT APPOINTMENT.

INSURANCE:

In order for us to file your insurance claim for you, we need a copy of your insurance card at the time of your appointment. If you do not have your insurance card with you, we will consider self-pay until we receive a copy. You are responsible for knowing your insurance coverage; referrals and/or authorizations for services, fees for co-pays, deductibles, non-covered services, or self-pay payments are expected at time of service. For your convenience, we accept cash, debit, or credit cards. Understand that our practice will not become involved in insurance disputes. We do not bill you for fees due at the time of your appointment. It is your responsibility to notify us of any changes to your insurance. You are ultimately responsible for your bill.

MINOR PATIENTS:

PaVents under the age of 18 must be accompanied by a parent/guardian and accept responsibility for their bill. Prescriptions will not be given to them without the consent of the parent/guardian.

PAPERWORK/LETTERS:

ALL paperwork (whether short-term disability, FMLA, etc.) will be completed during an appointment scheduled specifically to complete this paperwork. In order to accurately complete disability and/or FMLA paperwork, a relationship needs to be established with your provider; therefore, such paperwork will NOT be completed at the start of care. We will no longer submit paperwork for emotional support animals or ADA accommodations.

AFTER-HOURS & GENERAL INFORMATION:

The after-hours phone number is for **URGENT EMERGENCIES ONLY.** For life-threatening emergencies, please call 911 or go to your nearest emergency room. Please do not call after hours to schedule or change appointments, request refills, or give updates regarding response to treatment and/or questions regarding treatment.

Our practice reserves the right to terminate or discharge any patient at any time due to treatment noncompliance, threatening or abusive behavior, failure to follow office policies and procedures, failure to meet financial obligations, or failure to keep scheduled appointments. Please understand that if you terminate care with this office, medication refills will not be provided, and we advise that you establish care with another provider as quickly as possible.

We are committed to providing the best possible care. By signing this form, you have a clear understanding of our policies and procedures and agree to adhere to them. A copy of this form is available, upon your request, for your records. Please ask if you have any questions. This form must be signed before you can be seen in this office. Thank you for your cooperation.

I HAVE READ AND AGREE TO ALL OF THE ABOVE POLICIES AND PROCEDURES

Patient/guardian signature: X_____ Date: _____

Update 3/23