

## *Practice Policies and Agreement*

### **Confidentiality:**

Privacy is important for patients seeking treatments, and our clinic protects this right to privacy dearly. There are exceptions to confidentiality, however. Information will be shared without confidentiality release in cases in which there is suspected child abuse, when a patient is a danger to others, or themselves. Privacy is of upmost importance for adequate therapeutic work to occur. Your support of this is critical to your treatment.

Other areas of confidentiality include insurance. Please note that if you chose to request reimbursement from your insurance, your information will be shared with your insurance company in accordance with the agreement and policies set between your insurance company and you. At a minimum, insurance companies require a type of service provided and diagnosis codes. Lastly, if outstanding balances are not paid and not addressed, treatment information will be released for collection agency involvement.

### **Appointments:**

Appointments can be made by telephone at 617.859.5953.

### **Cancellation Policy:**

Appointment times are reserved for you in advance. Regular follow-up visits, particularly for medication monitoring, are necessary to provide safe medical care. A minimum of 2 business days (48 hours) notice for cancellations are required. Monday appointments need to be cancelled by 5 pm the preceding Thursday. Appointments that are missed without 48 hours notice will be charged at the full session rate.

### **Voicemail/Messages:**

Keeping in contact is vital. As such, voicemails are frequently accessed. Your voicemail will be returned within 24 hours during business days after review of your medical record. Calls left late on Friday will most likely be processed Monday.

### **Emergencies:**

For life threatening emergencies, please call 911 or go to your nearest emergency room. For urgent matters, please call the office, leave a message, and follow the instructions for contacting Dr. Webster or a covering psychiatrist if Dr. Webster is away. As a reminder, Dr. Webster does not guarantee email responses within a certain period of time and that any urgent or emergent needs must be communicated via telephone. Outpatient clinics have limitations. Therefore, please note that Dr. Webster may not be able to return your call immediately. You may call an outside crisis line 24 hours/day, 7 days/week at 1.877.870.4673, call 911, or go to the nearest ER.

### **Telephone calls:**

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Dr. Webster provides face to face care, but urges families to call for any major medication side effects or new concerning behaviors. Generally issues that require more than brief management or recommendations will require an office visit. For any call 15 minutes or longer, or when required by the situation, or requested for convenience, Dr. Webster will provide more extended services over the phone based on my hourly rate of \$300.

**Collateral telephone calls:**

Child and Adolescent Psychiatry often entails significant time outside of appointment times coordinating care with other mental health providers, discussing impressions with other therapists and teachers, and managing medical concerns in concert with primary care physicians. Equally for adults, coordinating care with primary care physicians and others responsible for adult care, vastly increases the quality of care you or your child receives. Dr. Webster makes every effort to contacting him securely via his website, by fax, or by mail as seamless as possible.

137 Newbury Street, 6th Floor, Boston, MA 02116  
p: 617.859.5953 f: 617.859.5971  
www.cecilwebstermd.com

**Refills:**

In general refills are provided as are reasonable given the stability of the patient and frequency of monitoring needed. Refills may be conveniently requested by the Patient Portal ([www.valantmed.com/Portal/cecilwebstermd](http://www.valantmed.com/Portal/cecilwebstermd)). You may also have your pharmacy fax to me a refill request form or leave me a message by phone although these methods are typically slower. If your condition requires monitoring and the time since your last appointment has been longer than recommended Dr. Webster may insist on an appointment and will generally provide the patient with enough medication until that appointment. In general visits are frequent upon treatment initiation and then become less frequent as stability is achieved. Refills provided generally follow that pattern as well.

**Patient Records:**

You may request your medical records at your own expense and request that factual errors be corrected. Parts of your record that could potentially be more detrimental than helpful to your psychological well-being, or that were asked to be kept confidential by the provider, may be withheld. These records will be kept as long as possible. You may authorize in writing that copies of these records be released to entities you designate. Records sent to other mental health care providers, primary care providers, therapists, for purposes of an education evaluation, psychological testing, or other mental health treatment will be provided free of charge unless record is unusually large (>100 pages) for which a nominal fee will be charged (depending on delivery method). Records for other purposes including personal or legal reasons will be charged based on a per page amount and the closest flat rate priority mail shipping option.

**Fees (as of October 2014):**

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CECIL R. WEBSTER, JR., M.D.

*Adult, Adolescent, and Child Psychiatry & Psychotherapy*

Initial Consultation	80 min	\$550
Psychotherapy	50 min	\$300
Psychotherapy with medication management	50 min	\$300
Psychopharmacology management	20 min	\$210
Forensic and School Safety Evaluations	2+ hours	Request

*Fees are subject to change and subject to 5% annual increase*

*Returned checks will be assessed \$30 fee*

**Insurance and Payment:**

Since Dr. Webster does not participate in insurance plans, it is your responsibility to verify that your plan will cover services. Insurance involvement is limited as they often govern the type, frequency, and amount of care, which may impair your ability to receive optimal treatment and privacy. Statements outlining services are provided monthly at the most appropriate insurance billable codes; however some treatments may not be covered by insurance. Payment of services, including non covered services, is the patient's responsibility.

**Billing:**

Face to face services are billed at time of service, and other services weekly. Detailed statements are sent out weekly. Credit card, check, and cash payments are accepted and receipt of services are provided.

**Agreement:**

I have read the above practice policies and have had opportunity to have any questions answered. I understand that policies and fees may change in time and I will be updated on any major changes. Documents are available at [www.cecilwebstermd.com](http://www.cecilwebstermd.com). I have read and acknowledge receipt of Dr. Webster's notice of privacy practices (March 2019).

I consent to evaluation and treatment by Dr Webster and agree to be responsible financially for services rendered.

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Signature of Patient (if 16 or older) Date

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Signature of Parent/Guardian Relation Date

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