

Party Responsible for Payment

First and Last Name (if someone other than the patient, identify relationship to patient)

Email Address: _____

Physical Address: _____

Primary Phone: _____

Signature of Responsible Party

Date

OFFICE HOURS:

Office hours are by appointment only. Dr. Vinson is typically in the office on Monday afternoons, Thursday afternoons, Wednesdays and select Friday afternoons and Saturdays. All first appointments are considered a consultation only. She will let you know if she is in the position to offer treatment services beyond the first appointment. For the purpose of this document “business hours” refers to 9am-5pm Mondays through Fridays on days that are not recognized as federal holidays.

Emergencies/After Hours:

During normal business hours, our office manager will facilitate setting up appointments and respond to other administrative issues. If it is an urgent clinical issue outside of normal business hours and the issue cannot wait until the next business day, dial Dr. Vinson’s On-Call number. Leave a message for Dr. Vinson with your name, the patient’s name (if different), the best contact number at that time, and the urgent issue. Dr. Vinson will be notified and return your call as soon as possible. For emergencies, please access emergency psychiatric help through the Georgia Crisis and Access Line 24/7 at 1-800-715-4225 or you can also call 911.

SCHEDULING APPOINTMENTS:

Please call the office at 404-249-0520 during normal business hours to schedule an appointment. Appointments can also be scheduled via email with the office manager at officemanager@loriopsychgroup.com. Generally, subsequent follow-up appointments will be scheduled with Dr. Vinson at the close of appointments with her if possible.

PAYMENT POLICY:

All new patients pay the initial evaluation fee in full at the time services are rendered. Generally, fees are due at the time of service unless other arrangements have been made. Dr. Vinson’s private practice does not currently contract with any insurance carriers. Please check with your insurance company as to whether or not you would qualify for out-of-network benefits. After payment is received, the receipt emailed to you will include the information needed for you to bill your insurance company. Dr. Vinson accepts credit and debit cards as a convenience (see above) as well as checks and cash.

Finally, all charges that are past due over 90 days may be sent to a collection agency unless arrangements have been made with your physician. We encourage patients to be aware of the charges that are being incurred.

APPOINTMENT CHANGES/CANCELLATIONS:

If an appointment is canceled with more than two business day's notice, the patient/guarantor will not be penalized. A first-time cancellation within two business days of the scheduled appointment will not be penalized.

A second cancellation within two business days of the scheduled appointment will result in a no-show fee equivalent to half the amount of the normal visit rate.

After the third cancellation within two business days, any subsequent appointments will be paid for in-full at the time of the appointment booking. The fee will not be refunded should a no-show occur and the payment will be a no-show fee.

Exceptions will be determined on a case-by-case basis and are at the discretion of Dr. Vinson.

If, for any reason, the doctor must cancel an appointment, the patient will be advised at the earliest possible time and offered alternate date and times.

ELECTRONIC MAIL (EMAIL) and TELEPSYCH POLICY

By agreeing to communicate via email or internet, you are assuming a certain degree of risk of breach of privacy. Dr. Vinson cannot insure the confidentiality of our electronic communications against purposeful or accidental network interception.

Due to this inherent vulnerability, we would caution you against emailing anything of a very private nature. Additionally, your doctor will save email correspondence with you and these communications should be considered part of the medical record; therefore, you should consider that our electronic communications may not be confidential and will be included in your medical chart.

To protect your privacy, be prudent in how you store treatment-related emails. Make sure they are protected from unauthorized access by using and guarding your passwords. Consider deleting any emails that you do not want others to see, followed by emptying your trash or recycle bins. Be aware that emails sent from a workplace computer are the property of the employer. Never send emails of an urgent or emergent nature. Your doctor will check email regularly; however, re-email or call our office if you have not received a reply within 2 business days.

TELEPHONE POLICY:

Our Office Manager will typically return calls if appropriate as this enables a more timely response than if Dr. Vinson waited until the end of her work day. Routine phone calls made during business hours will be returned within one business day.

Please be advised that this is for brief phone calls only (for example, a question concerning *current* medication). For more extensive phone calls (10 minutes or more), please schedule a phone appointment with Dr. Vinson through the Office Manager. There will be a routine charge for these phone calls based on the time spent per call. Please note that most insurance companies will not reimburse for phone consultation fees.

MEDICATION REFILL POLICY:

Medication refills may be requested during weekday business hours and will be completed within two business days of the request. Please make telephone requests for medication refills with at least three business days notice. Stimulant medications will take longer as mailing a paper prescription is required.

When requesting a refill, please use the medication refill request link: <http://drsarahvinson.com/meds/> or leave a voicemail that provides each of the following items: your name, your date of birth, name of medication requesting, dosage, how you take it, and pharmacy telephone number. If all of this information is not provided, it may result in a delay in your refill authorization.

Prescriptions may only be called in for patients who are current patients and who maintain their *regularly scheduled appointments*. For your safety, medication refills will not be called in over the weekend except in emergencies. There may be a charge for telephone refills requested after business hours unless prior arrangements have been made in advance with your physician.

MEDICAL RELEASES OF INFORMATION:

For the purposes of patient safety, every patient who is prescribed medication by Dr. Vinson is required to sign a release of information that permits Dr. Vinson to request the most recent history and physical, problem list, and medication list from any other medical practitioner who is prescribing the patient medication. The release will also allow Dr. Vinson to provide that practitioner with the medications being prescribed by Dr. Vinson.

TERMINATION POLICY:

Patients are under no obligation to continue services should they decide to terminate at any time. However, we strongly urge that the doctor be notified in person regarding this decision so that it can be discussed openly.

ACCEPTANCE OF POLICIES:

Dr. Vinson is committed to providing professional services of the highest quality and standards. In order to serve her patients efficiently and responsibly, she requires agreements be made as to the policies stated above. Patients/guardians are encouraged to ask any questions related to this document before signing.

I have read the policies, understand, and agree with them.

Patient Name: _____

Patient Signature (if an adult): _____

Guardian’s Name (if applicable): _____

Guardian’s Signature (if applicable): _____

Date: _____

NOTICE OF HEALTH INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information is often referred to as your health or medical record. Under federal law, we are permitted to use and disclose personal health information without authorization for treatment, payment or health care options.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment. For example: Information obtained by the physician will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his expectations of the treatment. In that way the physician will know how you are responding to treatment.

We will use your health information for payment. For example: A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to: request a restriction on certain uses and disclosures of your information, obtain a paper copy of the notice of information practices upon request, inspect and copy your health record, amend your health record, and revoke your authorization to use or disclose health information except to the extent that action has already been taken.

This organization is required to: maintain the privacy of your health information, provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you, abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

For additional information about our health information practices or to report a problem, you may contact Dr. Vinson at 770-507-0005. A full copy of this notice is available from Dr. Vinson at DrSarahVinson.com. If you believe your privacy rights have been violated, you can file a complaint with Dr. Vinson or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

My signature below indicated that I have read the notice of privacy practices.

Signature: _____

Date: _____