

*Susan Kinhead-Acree, MD, PLLC*

*Psychiatry*



## Practice Policies

Welcome to my psychiatric practice. The following pages contain information about my practice policies. Please read over the enclosed information carefully. Feel free to ask any questions you may have at your first appointment.

### EVALUATION AND THERAPY SESSIONS

The ideal setting for evaluation, treatment, and consultation on clinical matters is the traditional one-on-one setting. For this reason, I provide face-to-face treatment and consultation sessions at regularly scheduled appointments. On occasions, I will permit telephone sessions for reasons of continuity of care and urgent matters.

My mental health evaluation consists of a 120 minute session. I gather information about the problems and concerns that led to the consultation, the patient's mental and physical health history, and may perform a focused physical examination. If the patient has ever been a patient in a psychiatric hospital, I ask that copies of the physician admission and discharge summaries be faxed to me. Hospitals need the patient's written consent to release records—these are provided by the hospital's medical records department. I recommend that the patient have a physical exam if one has not been done recently, or if I am considering the use of certain medications. I will need a copy of the patient's most recent physical exam for my records.

During the interval between the initial evaluation appointments, medical tests such as laboratory tests, EKGs, EEGs, brain imaging scans, or other physical assessments may be indicated, depending on individual circumstances. I also request that the patient give his/her consent for me to communicate with his/her other health care providers, including any current or former mental health providers. At the second session, I review the medical test results, obtain additional bio-psycho-social history, and perform a holistic wellness assessment.

I am committed to providing comprehensive, holistic, psychiatric care to my patients. I recognize that each individual reflects an integration of unique biological, psychological, and social characteristics that influence his or her physical health, mental state, and general sense of well-being. Thus, I discuss with the patient my medical diagnostic impressions and treatment options, as well as lifestyle changes the patient could make to enhance his/her well-being.

If the patient and I agree to enter into a doctor-patient relationship, I review these practice policies with the patient and obtain his/her signature acknowledging agreement.

McLean Professional Park  
1499 Chain Bridge Road  
Suite 100  
McLean, VA 22101

TEL 703-992-6537  
FAX 703-992-6539  
[susankinheadacreemd.net](http://susankinheadacreemd.net)

## CONFIDENTIALITY

One of the foundations of the doctor-patient relationship is confidentiality. It is important for patients to be able to discuss whatever they want in treatment without fear that the information will be shared inappropriately. The confidentiality of my patients' personal health information is very important to me. This health information includes records that I create and obtain when I provide care, such as a record of symptoms, examinations, and test results, diagnoses, treatments, and referrals for further care. It also includes bills, insurance information, or other payment information that I maintain related to patient care.

There are certain situations however, in which physicians may be compelled to breach confidentiality. The following situations are examples in which physicians are required to report information to a third party:

1. Virginia law requires the reporting of child or elder abuse to the proper authorities, even when it is revealed in the privacy of the doctor's office.
2. If the patient poses a serious danger to him/herself or others, the doctor may insist that he/she be admitted to the hospital, or at least transported to the emergency room to be evaluated for hospital admission, even if this is against the patient's will.
3. The physician is obligated to warn a person if he/she thinks this person is likely to become a victim of violence at the hands of a patient.

## MEDICATION REFILLS

Medication adjustments, along with prescriptions for medications and refills, are generally provided during appointment times only. This system exists so that my patients and I can carefully address their response to medication and any side effects, make dosage adjustments, and discuss treatment alternatives, as indicated. Refills for medications that are federally controlled, such as stimulants like Ritalin and Adderall, cannot be called in or faxed to a pharmacy. They must be given on a paper prescription and are dispensed in 30-day intervals. Federal law precludes me from providing refills for these medications in the event they are lost, so patients must store these and all medications securely.

If medication needs to be refilled outside of an appointment, please ask your pharmacy to fax me a refill authorization request and allow at least 48 business hours in which to complete your request. Often insurers will need to authorize refills, and they will take up to 2-3 days to make this determination. This and other things beyond my control can make a prescription refill take several days. Please be sure to contact your pharmacy prior to picking up your prescription to ensure that it is ready. I do not accept refill authorization requests over the phone, with limited exceptions as in the case of a change in dosage or change in pharmacy. A \$30 fee will be charged for emergency refill requests.

## BILLING AND PAYMENT EXPECTATIONS

Payment is due in full at the time services are rendered. For my patients' convenience, I accept Visa, MasterCard, American Express, and Discover credit cards, in addition to cash and personal checks. If a personal check is returned for insufficient funds, there will be a \$50 charge. If a second check is returned for insufficient funds, I will no longer accept personal checks from the patient. In order to spend more time on matters related directly to patient care, I do not participate in healthcare insurance programs. I can provide my patients a superbill, however, that contains the information necessary to submit to insurance companies.

## FEE SCHEDULE

<i>Initial Evaluation</i>	<i>\$600</i>
Consists of a 120 minute interview, review of labs and other medical studies (as indicated), informational telephone interviews (e.g., with previous/current providers), and treatment plan development. I may perform a focused physical exam, if indicated.	
<i>45 minute session</i>	<i>\$250</i>
Individual psychotherapy/combined treatment visits	
<i>80 minute session</i>	<i>\$440</i>
Extended psychotherapy/combined treatment visits	
<i>140 minute session</i>	<i>\$770</i>
Prolonged psychotherapy/combined treatment visits	
<i>Additional 30-minute extensions of prolonged session</i>	<i>\$165 each</i>

I do not charge for routine telephone calls lasting less than 5 minutes. However, for more involved concerns, a charge of \$5 per minute will be made in excess of 5 minutes. Please note that insurance companies generally do not reimburse for telephone charges.

I provide my patients a superbill at time of service, which I recommend they make a photocopy before submitting to the insurance company.

## APPOINTMENTS, CANCELLATION, AND LATE ARRIVAL POLICIES

**Initial evaluation appointments:** I ask that the Patient History Questionnaire form be completed and sent via my SecureSend email portal no later than three business days prior to the initial evaluation appointment. If the questionnaire is not sent by the requested date the initial evaluation appointment will be cancelled automatically and will not be rescheduled until after the completed form has been received.

Two full business days (48 hours) advance notice is required to reschedule an initial evaluation appointment (for example, Friday at 10 a.m. is the cancellation deadline for a Tuesday at 10 a.m. appointment). I do not double book appointments; I reserve time exclusively for each visit. I will not offer to reschedule an initial evaluation appointment that is missed or cancelled at the last minute.

**Regular office visit appointments:** If a patient is unable to attend a scheduled appointment, he/she is responsible for calling to cancel at least one full business day (24 hours) prior to the scheduled time (e.g., Friday at 10 a.m. is the cancellation deadline for a Monday at 10 a.m. appointment). Unlike a general medical office, I block out session time for individual patients; therefore, missed appointments and appointments cancelled less than 24 hours in advance will be charged at the full rate.

The time for patients' sessions is reserved specifically for them. Visits need to begin and end on time. I cannot extend a session beyond the agreed upon times. Thus, if a patient arrives late for his/her scheduled appointment, that time is lost from the session. If I am late, I will reduce the patient's fee proportionally, or make up the time when mutually convenient.

## HOW TO REACH DR. KINKEAD-ACREE

My practice phone number is 703-992-6537. If an urgent matter requires my consultation, please call my practice phone number and leave a message. For various reasons, I function without a receptionist; therefore, it can be difficult to reach me directly. I return calls at my earliest convenience. I request that patients leave their full name, the time they called, and a call-back number, and whether I am permitted to leave a detailed message at that number. If a patient does not hear back from me within one day, I ask that he/she call back again, as I may have either missed the message or the message quality was unclear. In the event of a medical or psychiatric emergency, I ask patients to please go directly to the nearest emergency room.

When I am away, I may either cover my practice personally by calling in for messages daily, or have another physician cover my practice in my absence. In this case, I will leave the physician's contact information on my recorded phone message.

## TREATMENT CONSIDERATIONS

I try always to provide holistic patient care, and to encourage maximum involvement of my patients in supporting their mental health and general sense of well-being. I encourage questions from my patients about their conditions, treatment recommendations, and the relative risks and benefits of the recommended treatments. If for any reason my patients are dissatisfied with the treatment I provide, I encourage them to talk with me directly about their concerns. I believe the most important elements of successful treatment are to maintain a therapeutic relationship of trust and openness with my patients, and to sustain a clear vision of what we seek to accomplish together.

In the occasional event that I feel that a patient would be more appropriately treated by another provider (e.g., for reasons of poor adherence to treatment recommendations, or breakdown of the therapeutic relationship, etc.), I will provide the patient names of alternative providers, and will continue to provide treatment for up to 60 days, including up to a 60-day supply of prescription medication, to enable the patient to find another provider within this time frame without interruption of care.