

Family Psychiatry of Georgia, LLC.

4180 Providence Rd, #101, Marietta, GA 30062

Tel (678) 500-8510

Fax (678) 500-9846

www.drNamitaRMalla.com



Pt responsibilities.

- 1) Please check with your insurance if Dr Malla is your network provider. Also check your mental health benefits prior to making your appointment. Please inform us if there is any change in your insurance plan. If you do not keep us updated about the change in your insurance and if we do not accept your new insurance you will be billed as out of network and it will be your responsibility. So please check with your new insurance provider if Dr Malla is in network. Also please send us a copy of your new insurance as soon as you insurance changes. If it becomes necessary to collect any sum due through a collection agency then the guarantor agrees to pay all the reasonable costs of collection including the fees of the collection agency.
- 2) Please inform us if there is any change of address, email, telephone number or change in pharmacy.
- 3) Please inform MD if you have been diagnosed with any medical condition or any new medications have been prescribed.
- 4) If you are feeling suicidal or homicidal please go to the nearest emergency room or call 911.
- 5) Minor or children under 18 cannot come to the session alone. If the guardian cannot come it is advised that the guardian sent a letter with the person accompanying the minor and inform our office of the same in advance.
- 6) Dr Malla may suggest that you need a higher level of care if so she may refer you to a partial hospitalization program(PHP), Intensive Outpatient program(IOP), residential program, rehab or an inpatient unit depending on how you are doing. She will explain the condition, situation and the procedure before she makes the referral.
- 7) Please note we do not accept workman comp and do not fill disability forms during initial visits. Disability forms will only be filled for long term established patients.
- 8) If you have any further questions, please call the office or email us. Please do not use email for any medical questions as they are not HIPAA compliant (government regulation). We cannot guarantee the privacy of *any* emails.

I have read the patient responsibilities. I understand, and agree with them.

Patient's Signature: _____ Signature of Guardian if Minor: _____

Patient's Name : _____

Date: _____

Family Psychiatry of Georgia, LLC.

4180 Providence Rd, #101, Marietta, GA 30062

Tel (678) 500-8510

Fax (678) 500-9846

www.drNamitaRMalla.com



Medication and Prescription Policy.

- 1) Dr. Malla will prescribe you enough medications till your next appointment. Thus if you need to reschedule please try to reschedule accordingly such that you do not run out of your medications.
- 2) If you miss an appointment and your medication has to be called till your next appointment you will be charged a fee.
- 3) Stimulants as well as benzodiazepines are considered controlled substance and cannot be called in or faxed.
- 4) Please do not stop your medication even if you feel like it is not working. Only stop your medication if you have side effects. Please try to inform MD If you think you may have side effects on your medication or if you would want to increase, decrease or stop your medication.
- 5) If any medications need to be changed it is advised to be done face to face.
- 6) Please inform the MD if you are planning on getting pregnant or are pregnant as you would not want to be on certain meds if you were pregnant or planning on getting pregnant.
- 7) It is advised that you refrain from drinking if you are on medications. It is advised that you tell your psychiatrist if you have recently started drinking, using cigarettes, pain pills or other controlled/illicit substance as for e.g. Cig affects the efficacy of some medications.

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

Patient's Signature: _____ Signature of Guardian if Minor: _____

Patient's Name : _____

Date: _____