



*Setting the standard
for individualized, focused &
effective psychiatric care.*

1751 Broad Park Circle S, Ste 201 • Mansfield, TX 76063
817-539-2282 • www.rbipsychiatry.com

GENERAL OFFICE POLICIES

1. At least a 24 hour notice is required to cancel a medication management or psychotherapy appointment. Clients who fail to cancel their appointment twenty-four hours prior to the scheduled time will be subject to the following fees:

First No-Show/Non-Cancellation: **\$75.00**

Second No-Show/Non-Cancellation: **Full Visit Fee**

2. Rabjohn Behavioral Institute would like each client to have an emergency contact on-file. This is an additional person for us to contact should there be an emergent issue with your care or well-being.
3. No use of cellular telephones, cameras, or video equipment is allowed inside the office. Please have your cellular phone on silent at your visits.
4. Please do not bring children and/or infants to your appointment. We are aware that childcare issues arise, but please do your best to limit bringing your children to our office.
5. At Rabjohn Behavioral Institute, your medical records are kept strictly confidential. Disclosure of information to other physicians, attorneys, and/or family members must be requested via written authorization by the client.
6. Work excuses, disability forms, calls to employers, and return to work letters will be provided on a fee basis. The fee must be paid prior to Rabjohn Behavioral Institute completing the required task. The fee will be based on the time required to complete the client's request.



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CONCERNING INSURANCE

1. Providers working at Rabjohn Behavioral Institute are non-participating providers. They are not contracted nor affiliated with any commercial insurance carrier or managed-care plan.
2. Payment is required at time of service. We accept credit cards, debit cards, or cash.
3. Professional services are charged to the patient, not the insurance company.
4. Rabjohn Behavioral Institute does not collect your insurance claim, nor negotiate a settlement on a disputed claim.
5. The billing statement of services rendered is to be attached to the claim form that you can request from your insurance carrier. Please contact your insurance company medical plan carrier for a claim form and fill in your part. A physician's signature is not required. It is not necessary for our office to fill-out the insurance claim, however, our staff will be happy to walk you through the process initially.
6. Your reimbursement will be determined by your insurance carrier and depends on your level and type of coverage.
7. Psychiatric treatment usually qualifies through a Flexible Spending Account or Health Savings Account.
8. Our providers have opted-out of Medicare and do not contract with Medicaid.



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MEDICATION MANAGEMENT AND REFILLS

1. Since several psychotropic medications have adverse metabolic effects, all clients of Rabjohn Behavioral Institute are required to have a primary care physician that can assist in the management of metabolic side-effects.
2. Rabjohn Behavioral Institute only provides medications for psychiatric illnesses. We do not prescribe methadone or buprenorphine. **We will NOT prescribe medications for acute or chronic pain.**
3. Clients are expected to take their psychiatric medications as prescribed. If you voluntarily stop your medications or become non-adherent to the prescribed regimen, it is your responsibility to let us know immediately.
4. No refills on psychiatric medications are provided if the client is not keeping regular appointments. Clients who miss their scheduled appointment and run-out of medications will be handled on a case-by-case basis.
5. There are NO early refills provided for benzodiazepines or stimulants.
6. Rabjohn Behavioral Institute does NOT accept fax requests from pharmacies for refills regarding medications.
7. We understand insurance's 'request' for you to get a 90-day supply of your medications. It is still our decision, whether or not to prescribe that amount.



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PHONE CALLS/AFTER-HOURS CALLS/PHONE CONSULTATIONS

1. We typically return routine/non-emergent phone calls within the same business day if the message is left during normal business hours. Our policy is to provide quality care through scheduled office visits, not unscheduled phone calls. Based on the nature of your call, you may be required to make an appointment.
2. Unless discussed at your prior appointment in detail, stimulant medications and controlled substances like benzodiazepines are not routinely changed over the phone.
3. At this time, RBI does not offer after-hour services, nor do we check messages outside of business hours. If you feel your issue is an emergency, please go to the nearest emergency room, call 911 for assistance, or the national suicide hotline at 1.800.273.8255.
4. RBI will only return calls regarding medication questions or side-effects. We do not offer any counseling or psychotherapy over the phone. Social issues concerning break-ups, work issues, or family issues will not be discussed during a phone call.
5. Based on availability you may receive a call from Dr. Rabjohn, Dr. Davis, or another staff member.
6. Phone conversations that require more than 10 minutes of time will be billed as an office visit.

When leaving a phone message, please leave your full name and your phone number. Please speak slowly, if we cannot understand who you are or what your concern is, then we cannot call back in a timely manner.

CONTROLLED SUBSTANCE POLICY

Various medications for ADHD, Anxiety, and Sleep Disorders are categorized as Scheduled II, III, or IV substances. It is important for you to be familiar with our guidelines for these medications.

1. Stimulant medications for ADHD are Schedule II Controlled Substances. These require a paper/'hard-copy' prescription, cannot be refilled off the original prescription, nor can they be 'called-in' to a pharmacy. Absolutely NO early fills will be provided regardless of circumstances (misplaced, lost, stolen, confiscated, etc.). You have 21 days from the earliest fill-date (located above the signature) to give the prescription to the pharmacist.
2. If you lose your paper prescription and request a new one, it will be at the physician's discretion on whether or not to re-write a prescription. This process can take up to 72 hours as it involves contacting your pharmacy along with confirming through the Texas Department of Public Safety (DPS) that the medication has not been filled. To re-write a lost prescription (or one not filled within 21 days) is a \$25 fee.
3. Patients who are receiving psychiatric controlled substances from multiple physicians/clinics will be terminated from care. We will notify DPS immediately, recommend that criminal charges are filed. We will also notify the other prescribers and pharmacies being utilized.
4. Our providers at Rabjohn Behavioral Institute reserve the right to do random saliva and/or urine drug testing of patients taking scheduled medications. Most insurances will cover a portion of this testing, however, any remaining balance will be the patient's responsibility. Patients testing positive for illicit drugs or test results inconsistent with medications being prescribed may be discharged from care, referred to a substance-abuse program, or tapered off their controlled substances. Refusal of testing will result in discontinuation of your controlled substances.
5. Changes to controlled substances in dosing or the type being prescribed are made only during clinic visits. Unless discussed specifically at the previous appointment with your provider, we do not change controlled substances without an appointment.
6. Marijuana is currently classified in Texas as an illicit/illegal drug. Patients actively using marijuana or ones who test positive for marijuana will not be prescribed controlled substances.



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AUTHORIZATION TO REQUEST HEALTH INFORMATION

Rabjohn Behavioral Institute desires to receive medical records and medical information in order to help ensure that you receive comprehensive and quality health care. This information cannot be released without your consent.

I, _____, authorize Rabjohn Behavioral Institute and their provider to request my medical records regarding my history and physical examinations, assessments, consultations, discharge summaries, operative reports, progress notes, laboratory tests, imaging reports, pathology reports, ER records, school records, psychological evaluations, medication trials, and other records relating to my medical history. I understand that this will/can include information relating to Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) infection, behavioral health services and psychiatric care, and/or treatment for alcohol or drug abuse.

Physician/Practice: _____

Address: _____

Phone: _____

I, the undersigned, understand that I can revoke this consent at any time and that it remains effective until it is revoked. I understand that authorizing this disclosure is voluntary and that I can refuse to sign this authorization.

() I give my consent to release my medical information to Rabjohn Behavioral Institute.

() I DO NOT give my consent to release the information to Rabjohn Behavioral Institute.

_____ Printed Name

_____ Signature and Date

_____ Printed Name of Witness

_____ Signature and Date

Our Fax Number is 817.539.2270



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COORDINATION WITH PHYSICIAN/RELEASE OF INFORMATION

Rabjohn Behavioral Institute desires to provide diagnosis, treatment plan, medication, and prognostic information to your other physicians/providers in order to help ensure that you receive comprehensive and quality health care. This information cannot be released without your consent.

I, _____, authorize Rabjohn Behavioral Institute and their provider to release records regarding my diagnosis, treatment plan, medication recommendations, and prognostic information to:

Physician: _____

Address: _____

Phone: _____

I, the undersigned, understand that I can revoke this consent at any time and that it remains effective until it is revoked.

- I give my consent to release the information to the physician listed above
- I DO NOT give my consent to release the information to the physician listed above

_____ Printed Name

_____ Signature and Date

_____ Printed Name of Witness

_____ Signature and Date



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PRIOR AUTHORIZATIONS AND FMLA POLICIES

- 1. PRIOR AUTHORIZATIONS:** Many insurance companies now require a ‘prior authorization’, which is an extra-step insurance takes to decide whether or not to pay for your medication. This requires our office to contact your insurance company, request certain forms, and fill-out the forms based on your history. Even then, there is no guarantee the medication will be approved. Once the form is submitted, the insurance company can take up to 7-10 business days to decide. Unfortunately, many times they do not inform our office if the medicine was approved or denied. Typically, they will alert the pharmacy.
 - In most cases, our staff can fill out a simple form outlining why you need the particular medication(s). There is no fee for this.
 - Prior authorizations that require a substantial amount of office time (greater than 8 minutes) will be subject to a **\$25 fee**.
 - At no time will Dr. Rabjohn or Dr. Davis do a phone consultation to discuss your case over the phone with a physician or pharmacist employed by your insurance company.

- 2. FMLA PAPERWORK:** If our providers feel your psychiatric illness requires you to take time off work, and this is decided during your most recent appointment, then we will gladly fill-out and submit your FMLA paperwork.
 - If you feel you need FMLA and this was not discussed at your recent appointment, you will have to schedule a new appointment to discuss why you cannot work and which symptoms have changed.
 - **Due to the time involved, FMLA paperwork will be subject to a \$50 fee based on the amount of time it takes your provider to complete paperwork.**
 - Patients at our office placed on FMLA will be required to have monthly appointments and be compliant with all treatment recommendations.
 - Wanting FMLA is not a guaranteed that we will place you on FMLA.



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HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY

This notice describes how medical information about you may be used and disclosed and how you, as a client, can get access to this information. Please review it carefully.

As an entity providing health care, the law requires us to protect the privacy of your health information, known as “protected health information” or PHI. It is also our responsibility to protect your PHI and explain our privacy guidelines.

Copies of this notice are available from Rabjohn Behavioral Institute. In addition, you can also contact the Privacy Official at the phone number listed below, should you have questions concerning our privacy policies.

Your Health Information Rights:

- You are entitled to a copy of your health information that we have concerning you. An exception would be separate psychotherapy process notes kept by the individual serving as a psychotherapist. These notes are not part of the medical record and cannot be released to anyone. There are certain reasons why you can be denied access to your health information, and if your request is denied, you must be provided the reason for denial. You are also entitled to a summary of your health information.
- You can ask that your health information be corrected if you feel that information in your medical record is incorrect.
- You can request a list of when we have given your health information concerning you to other people in the last six years.
- You can request that we limit the way we use/share your health information. All requests will be considered, however, we are not obligated to adhere to your request.

Responsibility of Rabjohn Behavioral Institute:

- The law requires us to protect the privacy of your health information. We will not use or let other people see your health information without your permission except in the ways outlined in this notice. We will not let anyone know that you sought, are receiving, or have ever received services from anyone in this office, unless the law allows us to disclose that information.
- We are required to give you this notice of our legal duties and privacy practices, and we must do what this notice says. We can change the contents of this notice and, if we do, we will have copies of the revised notice available to you at our office.
- We are required to notify you if we are unable to agree to a requested restriction.
- We are required to accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- We will not use or disclose your health information without your authorization, except as described in this notice. We will not disclose information about you related to HIV / AIDS without your specific written permission.

Disclosures Regarding Treatment, Payment, and Health Operations:

- A primary use of your health information is for treatment.
 - We may use health information about you to provide you with medical treatment or services. This includes providing care to you, consulting with another health care provider about you, and referring you to another health care provider. For example, we can use your health information to prescribe medication for you.
 - Unless you ask us not to, we may also contact you to remind you of an appointment or to offer treatment alternatives or other health-related information that may interest you.
- Another primary use of your health information can be for payment
 - Your health information can be disclosed to obtain payment for providing health care under such plans as Medicaid or Medicare. Your health information can be used to bill your insurance company for care provided to you. Applicants for and recipients of financial assistance or payments under federal benefit programs are advised that any information provided by you may be subject to verification through matching programs.
- Another primary use of your health information can be for health care operations
 - Your health care information can be used for activities to improve health care, evaluating programs, and developing procedures; reviewing the competence, qualifications, and performance of health care professionals and others; conducting accreditation, certification, licensing, or credentialing activities; providing medical review, legal services, or audit functions; and engaging in business planning and management or general administration.

UNLESS YOU ARE RECEIVING TREATMENT FOR ALCOHOL OR DRUG ABUSE, WE ARE PERMITTED TO USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT PERMISSION FOR THE FOLLOWING PURPOSES:

Business associates: It is possible that some services will be provided in our organization through contracts with business associates. Examples may include but are not limited to inpatient mental health services at certain hospitals, certain clinical laboratories, and private providers of medication management. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill for services rendered. To protect your health information we require the business associate to appropriately safeguard your information.

Research: At the current time, Rabjohn Behavioral Institute does not participate in research trials, however you should be aware that your private health information can be disclosed to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established rules to ensure the privacy of your health information.

Medical Examiners/Coroners: We may disclose health information to Medical Examiners or Coroners consistent with applicable law to carry out their duties.

Workers compensation: We may disclose private health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or their respective agents, private health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid court order.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

REGARDING PATIENT RECORDS FOR SUBSTANCE ABUSE AND TREATMENT:

Confidentiality of Alcohol and Illicit Drug Abuse Patient Records

The confidentiality of alcohol and drug abuse patient records maintained by Rabjohn Behavioral Institute is protected by Federal law and regulations.

Generally, we may not disclose any information identifying a patient as an alcohol or drug abuser unless one of the following conditions is met:

1. The patient consents in writing.
2. The disclosure is allowed by a court order.
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If have questions and would like additional information, you may contact the Privacy Officer for Rabjohn Behavioral Institute at 817-539-2282.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

U.S. Department of Health and Human Services:

200 Independence Avenue, S.W.

Washington, D.C. 20201

(800) 368-4019 (toll free)

HIPAA Effective Date: April 14, 2003



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NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

The Health Insurance Portability Act of 1996 (HIPAA) requires that health agencies provide a Notice of Privacy Practices to all persons receiving services. This form acknowledges that you have received a Notice of Privacy Practices statement from Rabjohn Behavioral Institute.

Printed Name and date

Signature



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SIGNATURE PAGE

Please initial each line and sign at the bottom to acknowledge that you have read and understand our current office policies.

General Office Policies: _____

Concerning Insurance: _____

Medication Mgt/Refills: _____

Phone Calls/After Hours: _____

Controlled Substance Policy: _____

Request Information: _____

Coordination of Information: _____

Prior Authorizations/FMLA: _____

HIPAA: _____

Signature and Date

Printed Name

