

# OFFICE POLICIES

## RVA Psychiatry and Wellness, LLC

Effective Date – Feb 14, 2016

### INITIAL PAPERWORK

Initial paperwork including a signed acknowledgement form with a working credit card must be emailed to RVA Psychiatry and Wellness, LLC at [tyoung@rvawell.com](mailto:tyoung@rvawell.com) at least 24 hours prior to the initial appointment. If paperwork is not received by this time the appointment may be canceled. If an individual does not show to the initial appointment the credit card on file will be charged for the full initial appointment plus the credit card fee below.

### BILLING and PAYMENT POLICY

Appointment Pricing – All appointment pricing is available on website: [www.rvawell.com](http://www.rvawell.com) All Providers are out-of-network with insurance. All fees are due at time of service appointments, paperwork, or any other service. RVA Psychiatry reserves the right not to perform any service if fees are not paid. Refusal to pay agreed fee is ground for immediate patient-provider relationship termination.

Phone Calls / Text Messages (No Charge) – There is not charge for this service, but if able questions and refill requests should be kept to business hours if able. Contacting the provider during non-business hours (before 9am or after 5pm), weekends, or holidays (Memorial Day, Labor Day, July 4; November 24, 25; December 24, 25, 26, 31; January 1) is a courtesy service to provide excellent psychiatric care but response may take longer than normal business hours. Over use of the availability of RVA Psychiatry providers will be addressed directly between the patient and provider.

Credit Cards – All initial clients are required to have a credit card on file prior to their initial appointment. This card is stored using Square Reader's HIPAA compliant system, and the full initial appointment fee will be charged if the client misses the first appointment. All established clients will be required to set up follow up appointments using Square Reader and the credit card will be stored until the appointment time. If a credit card is not on file or is out of date, a \$15 convenience fee will be charged if the client has not paid their outstanding balance within 48hours. Clients paying with check/cash can avoid the below credit card processing fees –

\$3 = Charges \$100 and under

\$4 = Charges \$100-124

\$5 = Charges \$125-149

\$6 = Charges \$150-\$199

\$7 = Charges \$200-249

\$8 = Charges \$250-275

No Show / Late Cancel – Regular appointment price. This includes initial appointments. All clients are responsible for remembering their own appointments. If a working email is on file, automated email reminders can be sent but are no in-lieu of client's remembering their own appointments.

Returned Check / Late Payment (\$35 + appointment fee) – Returned checks are \$35 plus the original appointment fee. Invoices sent via Square Reader that are not paid within 5 business days are subject to a \$35 late payment fee. No prescription refills or appointments will be scheduled until outstanding balances are paid in full.

Paperwork (\$35 + Time Spent) – All forms, letters, or other paperwork will be assessed a base fee of \$35 and any time above 15min will be billed at a rate of \$140/hour. Fees will be charged to the client's credit card kept on file before paperwork is submitted. Paperwork can take up to 10 business days to complete.

### Prescription Refills

- 1) No Charge (Part of service) – Prescription refills made during normal business hours may require 72 hours to process once the provider gets the request. These can be requested through the pharmacy via e-refill or directly to the provider. Requests made on weekends will be filled starting 72 hour after opening of the next business day. ADHD stimulants cannot be called in at this time and must be picked up in person.
- 2) Late refill \$35 – The following refill requests may be assessed a \$25 fee: (1) Refill requests made with less than 24 hours' notice (2) Requests that must be filled immediately on nights, weekends, or holidays (3) Refill requests made when a client has not scheduled a follow-up appointment and needs medication to get through until the next available appointment.

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- 3) Clients who have outstanding balances or do not have credit cards on file will be required to pay the balance and put a card on file before the refill can be completed.

Vacation – When Robert A. Young III, “Trip” is out of the office for more than 48 hours, clients will be notified at their prior appointment or at least 2 months in advance. Depending on his location, ADHD/stimulant or other medication refills may not be available. During vacation times, please keep contact to emergencies (life threatening / severe trauma / self-harm). Refills will be completed up return from vacation.

Insurance Invoices – There is no charge to print an insurance invoice at the time service is rendered. Please ask the front office for an invoice when you check in. If invoices are requested at times other than appointments, standard paperwork fees will apply.

Subpoena for Witness: If a provider is subpoenaed for court the fee is \$200 per hour. This fee applies to any time spent in preparation, travel, waiting, testifying or any other time directly related to the subpoena. Payment in full is required 5 business days prior. If the court is canceled for any reason less than 5 business days prior to the date the full fee is charged.

### **PATIENT COMMUNICATION**

To facilitate ease of communication with your provider, patients may opt to communicate with the provider via electronic forms of communication including phone, text, and email. While patient health information (PHI) in email is compliant with the Health Insurance Portability and Accountability Act (HIPAA), text message communication cannot meet those standards. However, RVA Psychiatry and Wellness, LLC has taken reasonable measures to ensure the safety of electronically transmitted information. Provider cell phones are encrypted via fingerprint, only the provider is allowed access to the phone, patient information is not stored on the phone but in a separate HIPAA compliant Gmail contacts folder, and if lost/misplaced the phone can be erased remotely. If you communicate with your provider via text message, please ensure that you are the only person that has access to your phone if you want to ensure maximum safety of your PHI. If your provider initiates contact with you via text, your signature on this form means you are keeping your phone secure. Except in case of emergency, communications before 9am, after 5pm, weekends, and holidays (described above) may not be answered until the next business day.

### **CONTROLLED SUBSTANCE PRESCRIPTION POLICY**

The Prescription Monitoring Program (PMP) allows providers to search their client’s controlled substance prescription history in many states including Virginia to ensure compliance before and during the ongoing treatment of clients. By signing the consent form all clients agree to their prescription history being checked as well as the following controlled substance agreements –

- 1) Refills – The client is responsible for the medication. If the medication is lost or stolen or an early refill **no refills** will be given and the provider reserve the right not to prescribe this medication again.
- 2) Withdrawal - Some medications, such as but not limited to benzodiazepines, have risk for serious withdrawal symptoms like seizures. Client should not discontinue medications without contacting a health care provider first. If you have run out early and you are not allowed a refill you should seek emergency services if you think you are going to or have had a seizure.
- 3) Abuse / misuse - If at any time it is determined that a client is not taking prescribed controlled substance medications as directed or over taking the medication this will be discussed with the client. In such cases, the provider reserves the right to non-voluntarily discharge the patient, refer them to a substance abuse/detox clinic, and not refill the medication. The provider is not required to give a 30 day supply of medication in the case of misuse.
- 4) Intake – All clients for whom a controlled substance is considered will be checked on the PMP. If the PMP record is not consistent with the client’s reported medication use during intake, RVA Psychiatric and Wellness, LLC

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providers reserve the right to immediately discharge the client without establishing a provider-client relationship. No refund will be issued.

- 5) Drug testing – All clients that take controlled substances must be willing to take a random drug test. Home urine screens can be done at the office for a \$20 fee, but clients may be required to go to LabCorp for a formal drug screen of hair, urine, or blood within 24 hours of a request. If non-compliant, the provider reserves the right to issue a non-voluntary discharge without medication refill.
- 6) Failed Drug Test – If a client tests positive for a substance (over-the-counter, legal, or illegal) that has potential for abuse that was not previously disclosed to the provider, this will be discussed with the client and the provider reserves the right to issue a non-voluntary discharge without medication refill.
- 7) Pill Counts – If the client's use of medication is in question, the provider may request the client bring in the medication for a pill count. If the client does not bring in the medication, he/she will be required to produce the medication the same business day and a normal appointment fee may be assessed for time taken.
- 8) Appointment Frequency – If a client is determined to be misusing/abusing medications or other substances the provider may require the client to come for more frequent appointments even if this means for the increase fee of afterhours appointments.
- 9) Counseling / Therapy – The provider may require the client attend secondary treatment by a therapist, substance abuse counselor, or other licensed health professional in addition to any AA or NA meeting the client is attending.
- 10) Long term use – The long term advantages and disadvantages of controlled substance use are not conclusive. There may be unknown long term risks associated with the use of any medication and as new research emerges my provider may change prescription practices as necessary. These risks will be discussed with the client and as research emerges, the provider reserves the right to change prescription guidelines.

### **EMERGENCY POLICY**

If you are experiencing a life threatening emergency and/or medication side effects, please call 911 or go to your nearest emergency room. The RVA Psychiatry website has contact information for most local crisis centers. For the on-call provider please text or call (804) 420-2627, but do not wait for a response if it is a life threatening emergency.

### **NON-VOLUNTARY DISCHARGE POLICY**

A non-voluntary discharge may be given to the client at any time via mailed termination letters. Some reason for termination are as follows but not limited to 1) Non-compliance with treatment, 2) Violence/perceived threat of violence, physical or verbal intimidation, abuse to any staff, clients, persons including family or friends associated with RVA Psychiatry and Wellness, LLC. If necessary, local law enforcement may be contacted.

### **NOTICE OF PRIVACY PRACTICES**

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

#### **Notice of Privacy Practices**

**It is important to read and understand this Notice of Privacy Practices before signing any Acknowledgement of Receipt of the Notice of Privacy Practices.**

**If you have any questions about this Notice or would like further information concerning your privacy rights, please contact Robert A. Young, III.**

RVA Psychiatry and Wellness, LLC  
Robert A. Young, III

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2901 Hungary Spring Road , Suite C  
Richmond, Virginia 23228  
Phone (804) 420-2627 Fax (804) 509-0538

### **Notice of Privacy Practices**

**Effective Date: August 13, 2014**

### **Purpose of the Notice of Privacy Practices**

This Notice of Privacy Practices (the “Notice”) is meant to inform you of the uses and disclosures of protected health information that we may make. It also describes your rights to access and control your protected health information and certain obligations we have regarding the use and disclosure of your protected health information.

Your “protected health information” is information about you created and received by us, including demographic information, that may reasonably identify you and that relates to your past, present or future physical or mental health or condition, or payment for the provision of your health care.

We are required by law to maintain the privacy of your protected health information. We are also required by law to provide you with this Notice of our legal duties and privacy practices with respect to your protected health information, to notify you following a breach of your unsecured protected health information, and to abide by the terms of the Notice that is currently in effect. However, we may change our Notice at any time. The new revised Notice will apply to all of your protected health information maintained by us. We will provide you with revised Notice at your next visit. If you would like to receive a copy of any revised Notice you should contact RVA Psychiatry and Wellness, LLC (Robert Young).

### **How We May Use or Disclose Your Protected Health Information**

RVA Psychiatry and Wellness, LLC will ask you to sign a consent form that RVA Psychiatry and Wellness, LLC to use and disclose your protected health information for treatment, payment and health care options. You will also be asked to acknowledge receipt of this Notice.

The following categories describe some of the different ways that we may use or disclose your protected health information. Even if not specifically listed below, RVA Psychiatry and Wellness, LLC may use and disclose your protected health information as permitted or required by law or as authorized by you. We will make reasonable efforts to limit access to your protected health information to those persons, as appropriate, in the Practice or who work with the Practice who need access to carry out their duties. In addition, if required, we will make reasonable efforts to limit the protected health information to the minimum amount necessary to accomplish the intended purpose of any use or disclosure and to the extent such use or disclosure is limited by law.

- **For treatment** – We may use and disclose your protected health information to provide you with medical treatment and related services. Your protected health information may be used to collaborate or consult with a physician or other medical professional to assist in your treatment or the pertinent providers in instance of emergency. If we are permitted to do so, we may also disclose your protected health information to individuals or facilities that will be involved with your care and for other treatment reasons. We may also use or disclose your protected health information in an emergency situation.

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- **For payment** – We may use and disclose your protected health information so that we can bill and receive payment for the treatment and related services you receive. For billing and payment purposes, we may disclose your health information to your payment source, including and insurance or managed care company, Medicare, Medicaid or another third-party payor. For example, we may need to give your health plan information about the treatment you received so your health plan will pay us or reimburse us for the treatment, or we may contact your health plan to confirm your coverage or to request prior authorization for a proposed treatment.
- **For Health Care Options** – We may use and disclose your health information as necessary for operations of RVA Psychiatry and Wellness, LLC, such as quality assurance and improvement activities, reviewing the competence and qualifications of health care professionals, medical review, legal services and auditing functions and general administrative activities for RVA Psychiatry and Wellness, LLC. For example, RVA Psychiatry and Wellness, LLC may periodically review charts of all providers to ensure that chart notes are compliant with insurance regulations and meet the proper standards.
- **Business Associates** – There may be some services provided by our business associates, such as a billing service, transcription company, or legal or accounting consultants. We may disclose your protected health information to our business associate so that it can perform the job we have asked it to do. To protect your health information, we require our business associates to enter into a written contract that requires them to appropriately safeguard your information.
- **Appointment Reminders** – We may use and disclose protected health information to contact you as a reminder that you have an appointment with RVA Psychiatry and Wellness, LLC.
- **Treatment Alternatives and Other Health-Related Benefits and Services** – We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives and to tell you about health-related benefits, services or medical education classes that may be of interest to you.
- **Individuals Involved in Your Care or Payment of Your Care** – Unless you object, we may disclose your protected health information to a family member, a relative, a close friend or any other person you identify, if the information relates to the person's involvement in your health care to notify the person of your location or general condition or payment related to your health care. In addition, we may disclose your protected health information to a public or private entity authorized by law to assist in a disaster relief effort. If you are unable to agree or object to such a disclosure, we may disclose such information if we determine that it is in your best interest based on our professional judgment or if we reasonably infer that you would not object.
- **Public Health Activities** – We may disclose your protected health information to a public health authority that is authorized by law to collect or receive such information, such as for the purpose of preventing or controlling disease, injury or disability; reporting births, deaths or other vital statistics; reporting child abuse or neglect; notifying individuals of recalls of products they may be using; notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
- **Health Oversight Activities** – We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, accreditation, licensure, and disciplinary actions.
- **Judicial and Administrative Proceedings** – If you are involved in a lawsuit or dispute, we may disclose your protected health information in response to your authorization or a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process if such disclosure is permitted by law.

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- **Law Enforcement** – We may disclose your protected health information for certain law enforcement purposes if permitted or required by law. For example, to report gunshot wounds; to report emergencies or suspicious deaths; to comply with a court order, warrant, or similar legal process; or to answer certain requests for information concerning crimes.
- **Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations** – We may release your protected health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissues.
- **Research Purposes** – Your protected health information may be used or disclosed for research purposes, but only if the use and disclosure of your information has been reviewed and approved by a special Privacy Board or Institutional Review Board, or if you provide authorization.
- **To Avert a Serious Threat to Health or Safety** – We may use and disclose your protected health information when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. Any disclosure, however, would be to someone able to help prevent the threat.
- **Military and National Security** – If required by law, if you are a member of the armed forces, we may use and disclose your protected health information as required by military command authorities or the Department of Veterans Affairs. If required by law, we may disclose your protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by law. If required by law, we may disclose your protected health information to authorized federal official so they may provide protections to the President, other authorized persons, or foreign heads of state or conduct special investigations.
- **Workers' Compensation** – We may use or disclose your protected health information as permitted by laws relating to workers' compensation or related programs.
- **Special Rules Regarding Disclosure of Psychiatric, Substance Abuse, and HIV – related Information** – For disclosures concerning protected health information relating to care for psychiatric conditions, substance abuse, or HIV-related testing and treatment, special restrictions may apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant, or other legal process unless you sign a special Authorization or a court orders the disclosure.
  - Substance abuse treatment information. If you are treated in a specialized substance abuse program, the confidentiality of alcohol and drug abuse patient records is protected by Federal law and regulations. Generally, we may not say to a person outside the program that you attend the program, or disclose any information identifying you as an alcohol or drug abuser, unless:
    - You consent in writing;
    - The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.
  - Violation of these Federal laws and regulations by us 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 substance abuse 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.
  - HIV-related information.

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- Minors. If you are an unemancipated minor under Virginia law, there may be circumstances in which we disclose medical information about you to a parent, guardian, or other person acting in loco parentis, in accordance with our legal responsibilities.

### **When We May Not Use or Disclose Your Protected Health Information**

Except as described in this Notice, or as permitted by State or Federal law, we will not use or disclose your protected health information without your written authorization.

Your written authorization will specify particular uses or disclosures that you choose to allow. Under certain limited circumstances, RVA Psychiatry and Wellness, LLC may condition treatment on the provision of an authorization, such as for research related to treatment. If you do authorize us to use or disclose your protected health information for reasons other than treatment, payment or health care operations, you may revoke your authorization in writing at any time by contacting RVA Psychiatry and Wellness, LLC. If you revoke your authorization, we will no longer use or disclose your protected health information for the purposes covered by the authorization, except where we have already relied on the authorization.

### ***Psychotherapy Notes***

A signed authorization or court order is required for any use or disclosure of psychotherapy notes except to carry out certain treatment, payment or health care operations and for use by RVA Psychiatry and Wellness, LLC for treatment, for training programs or for defense in a legal action.

### ***Sale of Protected Health Information***

A signed authorization is required for the use or disclosure of your protected health information in the event that RVA Psychiatry and Wellness, LLC directly or indirectly receives remuneration for such use or disclosure, except under certain circumstances as allowed by federal or state law. For example, authorization is not needed if the purpose of the use or disclosure is for your treatment, public health activities, or providing you with a copy of your protected health information.

### **Your Health Information Rights**

You have the following rights with respect to your protected health information. The following briefly describes how you may exercise these rights.

- **Right to Request Restrictions of Your Protected Health Information** – You have the right to request certain restrictions or limitations on the protected health information we use or disclose about you. You may request a restriction or revise a restriction on the use or disclosure of your protected health information by providing a written request stating the specific restriction requested. We are not required to agree to your requested restriction, unless it involves the disclosure of protected health information to a health plan for purposes of carrying out payment or health care operations that pertains solely to a health care item or service for which RVA Psychiatry and Wellness, LLC has been paid out of pocket in full by your or a third party (other than the health plan) on your behalf. If we do agree to accept your requested restrictions, we will comply with your request except as needed to provide you with emergency treatment. If restricted protected health information is disclosed to a health care provider for emergency treatment, we will request that such health care provider not further use or disclose the information. In addition, you and RVA Psychiatry and Wellness, LLC may terminate the restriction if the other party is notified in writing of the termination. Unless you agree, the termination of the restriction is only effective with respect to protected health information created or received after we have informed you of the termination.

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- **Right to Receive Confidential Communications** – You have the right to request a reasonable accommodation regarding how you receive communications of protected health information. You have the right to request an alternative means of communication or an alternative location where you would like to receive communications. You may submit a request in writing to RVA Psychiatry and Wellness, LLC requesting confidential communications.
- **Right to Access, Inspect and Copy Your Protected Health Information** – You may have the right to access, inspect and obtain a copy of your protected health information that is used to make decisions about your care for as long as the protected health information is maintained by RVA Psychiatry and Wellness, LLC. If we maintain your information electronically in a designated record set, then you have the right to request an electronic copy of such information. To access, inspect, and copy your protected health information that may be used to make decisions about you, you must submit your request in writing to RVA Psychiatry and Wellness, LLC. If you request a copy of the information, we may charge a fee for the costs of preparing, copying, mailing or other supplies associated with your request. We may deny, in whole or in part, your request to access, inspect, and copy your protected health information under certain limited circumstances. If we deny your request, we will provide you with a written explanation of the reason for the denial. You may have the right to have this denial reviewed by an independent health care professional designated by us to act as a reviewing official. This individual will not have participated in the original decision to deny your request. You may also have the right to request a review of your denial of access through a court of law. All requirements, court costs and attorneys' fees associated with a review of denial by a court are your responsibility. You should seek legal advice if you are interested in pursuing such rights.
- **Right to Amend Your Protected Health Information** – You have the right to request an amendment to your protected health information for as long as the information is maintained by or for RVA Psychiatry and Wellness, LLC. Your request must be made in writing to RVA Psychiatry and Wellness, LLC and must state the reason for the requested amendment. If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial. We may rebut your statement of disagreement. If you do not wish to submit a written statement disagreeing with the denial, you may request that your request for amendment and your denial be disclosed with any future disclosure of your relevant information.
- **Right to Receive an Accounting of Disclosures of Protected Health Information** – You have the right to receive an accounting of certain disclosures of your protected health information by RVA Psychiatry and Wellness, LLC or by others on our behalf. To request an accounting of disclosures, you must submit a request in writing, stating a time period that is within six (6) years from the date of your request. The first accounting provided within a twelve-month period will be free. We may charge you a reasonable, cost-based fee for each future request for an accounting within a single twelve-month period. However, you will be given the opportunity to withdraw or modify your request for an accounting of disclosures in order to avoid or reduce the fee. In the event RVA Psychiatry and Wellness, LLC maintains an electronic health record, an accounting of disclosures from the electronic health record related to treatment, payment or health care operations will be made only for the three (3)-year period preceding the request.
- **Right to Obtain a Paper Copy of Notice** – You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time by contacting RVA Psychiatry and Wellness, LLC. In addition, you may obtain a copy of this Notice at our web site, [www.cappsywell.com](http://www.cappsywell.com)
- **Right to Complain** – You may file a complaint with us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy



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Officer of your complaint. You will not be penalized for filing a complaint and we will make every reasonable effort to resolve your complaint with you.

RVA Psychiatry and Wellness, LLC  
Robert A. Young, III  
2901 Hungary Spring Road , Suite C  
Richmond, Virginia 23228  
Phone (804) 420-2627  
Fax (804) 509-0538