

PRACTICE POLICIES  
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### **EVALUATION**

Comprehensive evaluation will occur at the start of our treatment, which may take more than one session. After the evaluation, the physician-patient relationship is established if we mutually agree that my practice is an appropriate place for your treatment. If this is not the case, I will provide you with further referral.

### **PAYMENT AND FEES**

Payment is due at the time of service, unless otherwise arranged. You may pay by check, cash, credit card, though credit card may incur a convenience charge. Bounced checks will incur a penalty charge. While I accept all forms of payment, I do require a credit card for backup charges in case of non-payment. For the details of the fees, you will be provided a current fee schedule.

I do not currently belong to any insurance networks. I can facilitate obtaining of out-of-network benefits by providing receipts of my services as well as filling any necessary forms. However, you are ultimately responsible for seeking reimbursement, submitting the documents and keeping up to date with your insurance coverage. If you are a Medicare recipient, I cannot provide treatment to you due to the restrictions Medicare places on self-pay arrangements. It is your responsibility to inform me of the fact that you are a Medicare recipient.

### **VISIT FREQUENCY, CANCELLATION, LATE AND NO-SHOW**

All patients will need to have routine follow-up visits of at least once every 3 months. Patients who are prescribed a controlled substance will require a follow-up visit frequency of at least once every month.

Appointments will always begin and end at the scheduled time and full fee charged, even if you arrive late. Full fee will be charged for missed appointments unless you call at least 1 business day ahead to reschedule. (e.g. if your appointment is scheduled for Monday at 5 pm, you must call by Friday at 5 pm to avoid paying the fee). Exceptions to this policy will only be made for personal or family medical emergencies. Please note that your insurance company will usually not reimburse you for missed appointments.

For patients who are entering a long-term therapy contract, for the duration of the contract appointments must be cancelled at least 2 weeks in advance. Otherwise missed appointments will be charged at full fee.

### **MEDICATIONS**

Medications will be provided once the evaluation is complete and a physician-patient relationship is established. Please be advised that you will need to know how much medication you have left, if you are running out or if you need another prescription. Controlled substances cannot be prescribed for more than one month at a time. Early refills will not be provided except

under very unusual circumstances. Lost prescriptions for controlled substances will not be replaced. Furthermore, per New York State law (I-STOP), I will now routinely monitor prescriptions of controlled substances of all my patients. You are responsible for the proper storage of your controlled substance, and I may conduct urine drug screens in office. I may discontinue prescriptions of controlled substances in my discretion under certain circumstances, including but not limited to: receiving controlled substances multiple physicians without informing me, selling/exchanging/giving others your medication, using medications in ways not prescribed or repeated loss of medications or prescriptions.

For prescription coverage related matters such as pre-authorization, I charge a small processing fee. For details see my fee schedule.

### **COMMUNICATION OUTSIDE OF OFFICE VISITS**

I am available through my practice phone number during normal business hours and from 9AM-9PM. You will usually reach my voicemail. Urgent matters will be answered within 1-2 hours. Routine messages will be answered within a business day. For emergencies that cannot wait for 2 hours, or for matters after 9PM and before 9AM, you should call 911 or proceed to your nearest emergency room.

When I am out of town, you will be notified at least two weeks in advance and my voice mail will have information of my coverage psychiatrist. I conduct telepsychiatry sessions using a special video conferencing software that is HIPPA compliant. The same fees and missed appointment policies apply for telepsychiatry sessions as for in-person sessions.

E-mail or text message are allowable ways of communication, though should only be used for administrative purposes (i.e. scheduling) and not for clinical purposes (i.e. reporting symptoms/side effects). Please be aware of potential privacy concerns with E-mails and texts.

For social networking applications, I provide a general service Twitter and Facebook page for announcements and providing contact information. However, I do not communicate directly through social network applications with my patients due to privacy concerns.

### **PRIVACY AND RECORDS**

All information I obtain from you is strictly confidential, except in case of immediate safety concerns of you or someone else. I may in these cases call the emergency contact that you provide. With your permission, I may contact other providers to obtain information. I maintain a medical record for you using a secure electronic database conforming to current federal EMR guidelines. Any release of information will require explicit written consent.

### **ENDING TREATMENT**

Treatment usually ends at a mutually agreed upon time when the goals of treatment are satisfied. You may choose to end treatment at any time. For certain long-term therapy patients, treatment contract stipulates a certain number of “termination” sessions for early termination. You will be charged full fee for the termination sessions even if you do not show up for them. In certain situations I may decide to end treatment. Such situations may include but are not limited to: non-payment of sessions, frequently missed appointments, poor communication (do not return phone

calls). In addition, I may decide that outpatient private practice is not the appropriate treatment modality for you. In these instances, I will inform you of the end of the treatment, provide you with a 30-day supply of medications, help you find a new provider, and be available for 30 days for urgent matters.

By signing below, I indicate that I have read these practice policies, understand them and agree to them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date