

# OFFICE POLICIES & PROCEDURES – CENTRAL TEXAS MENTAL HEALTH

*The following list of policies will be enforced at all times to ensure the delivery of safe and effective care.*

## **APPOINTMENT POLICIES**

1. In consideration of all patients, individuals who arrive more than five minutes late may need to reschedule their appointment. At the discretion of staff, this policy may be waived on a case-by-case basis and/or allow an abbreviated visit. If you are running late, please let us know as soon as possible.
2. Cancellations of scheduled appointments should be communicated by a minimum of 48 hours prior, to avoid fees. If a scheduled appointment is canceled or rescheduled with less than 24 hours of notice, that will be considered a late cancellation.
3. Fees will be charged as follows; **\$35.00** for no-shows, and **\$20.00** for late cancellations.
4. Three no-shows or late cancellations in 12 months may result in the termination of our professional relationship.
5. Although staff may regularly confirm appointments one to two days ahead, it is the responsibility and expectation of the patient to attend follow-up appointments. Follow-up appointments are typically scheduled following each visit to foster continuity of care and availability. Be sure to note your provider's order to follow up.
6. While staff and clinicians are normally available by phone, patients are encouraged to make or move up an appointment when a complaint or problem occurs regarding their mental health. Please reserve telephone inquiries to clinicians for issues that can be reasonably managed by phone, else scheduling an appointment is recommended. There may be a modest charge for evaluation or management done over the phone if the call length is 5 minutes or longer.
7. It is the responsibility of the patient to inform us of any changes in insurance, or other demographic information (address, telephone numbers, emergency contacts, releases of information, email).
8. Please do not bring children to the appointments who cannot sit in a waiting room alone safely and quietly. We reserve the right to refuse service if we deem the child too young to sit in the waiting room alone.
9. We do not see both spouses at our practice as patients, to avoid a conflict of interest in case of separation, divorce, or custody issues. Please ask our receptionist for a list of other providers if the need arises.

## **PAYMENT FOR SERVICES, COORDINATION OF BENEFITS**

1. Account balances, payments, and copayments/coinsurance are due at the time of service. We reserve the right to discontinue our professional relationship if a balance is not resolved.
2. It is the responsibility of the patient to be aware of current insurance coverage policies. Please notify the office of your current deductible amount and accumulations, coinsurance, copays, pre-certification requirements, annual visit limits, and network status (out-of-network benefits, if applicable) when applicable. If you are unaware or unfamiliar with the terms of your policy, please contact the member services number located on your member ID card.
3. Coordination of Benefits is required and enforced by most third-party payers (commercial insurance companies, other sponsors) To avoid our services being denied for payment, it is the responsibility of the patient to review and comply with any correspondence received by payers (via mail, email, etc.)
4. If you do not have mental health insurance, or if a third-party payer fails to resolve the balance, you will be responsible and billed for services at our discounted cash rate, **\$150.00** per visit for established patients and **\$350.00** for new patient appointments.
5. There is a **\$35.00** charge for returned checks.
6. Account balances of \$100.00 or more must be attended to with the receipt of your 1<sup>st</sup> bill. If you are unable to pay your balance in full, you may be eligible for a payment plan. On the receipt of your 3<sup>rd</sup> unpaid bill, your account will be considered as pre-collection.

## **REFILL REQUESTS**

1. All refill requests must be submitted by your pharmacy. Requests may be submitted on your behalf via fax or electronically, by your pharmacy.
2. For timely processing and to avoid missed doses, please have your pharmacy submit their request at least five business days before your last dose.
3. In certain circumstances, you may need to call and speak to a staff member at your pharmacy. If instructed by the pharmacy, you may call the clinic for assistance. Adherence to this process may reduce the chance of error and avoid any fees (see below).
4. Texas law requires patients to be under medical supervision when taking controlled medication. You may be required to see a clinician before your medicine is refilled. Follow-ups are required to determine medical necessity.
5. If you have run out or have two or fewer doses remaining, this will be considered a late refill request. You may call the office to request the clinician call it into the pharmacy.

## **FORMS FOR DISABILITY, FMLA**

1. Forms may require an additional appointment for the clinician to gather information specific to the required form.
2. Disability Forms require staff to adequately review, research, complete, and deliver to the intended recipient. As such, we charge a fee for each form's completion to compensate for its timely completion. **\$95.00** will be charged to your account upon receipt of delivery.
3. Family Medical Leave Act (FMLA) forms similarly require staff's time and will be completed at an additional charge (per form). **\$25.00** will be charged to your account upon receipt of delivery.
4. It is our goal and philosophy to return employees on leave or disability back to normal functioning and work status as soon as possible. This often includes a recommendation to enroll in a local Intensive Outpatient Program (IOP) while on leave.

## **CONTROLLED MEDICATIONS**

1. Stimulants (C-II medications) generally require an appointment to receive a refill. These prescriptions have an expiration of 21 days, including transit time and processing at mail-order pharmacies. Once filled, we suggest picking up your prescription when available to avoid expiration.
2. If a prescription or med bottle is lost, expired, or the dose increased, an appointment may be required to monitor compliance and medical necessity before a new prescription is issued.
3. C-III medications require follow-up visits every three months.
4. The State of Texas mandates that a PDMP database be consulted and examined by your provider before any controlled medication refill request is granted.

## **AFTER-HOURS RESOURCES**

1. Services by the clinician will be provided to the patient within normal business hours.
2. For assistance after-hours, we have a nurse on call who can be reached by calling **800-544-6444**
3. In case of an emergency, call 911 (for medical or psychiatric emergencies), 472-HELP (suicide hotline for Travis Co.), or may go to a local Emergency Room or psychiatric hospital (or a combination of the above.) Please see our website for more Resources at centexmh.com
4. Psych Hospitals: Rock Springs Hospital (512) 819-9400 Seton Psychiatric ER (512) 324-7259
5. Urgent Care Centers (Nextcare etc.) can be a resource for short-term refills (bring your empty bottle) and Pharmacies can dispense a 3-day (a.k.a. "loaner") supply at their discretion.

## **COMPLIANCE**

1. It is our hope and expectation that patients are motivated to improve their mental health. It is the responsibility of patients to comply with agreed-upon treatment plans and recommendations from the clinician (treatment alliance and therapeutic relationship)
2. Our office uses RightSignature to administer paperwork, diagnostic tools, and forms necessary for the administration and is a vital aid in your treatment. You have the right to refuse this (and any other treatment) however it may be considered noncompliance with medical recommendations.

3. Repeated instances of non-compliance (failure to get labs, failure to pay your balance, failure to follow-up with therapists, self-medicating, and others) will be considered potentially hazardous and a violation of office policy.
4. Our providers may administer oral/blood/urine drug screening to monitor compliance and appropriateness of certain medications. Consent is voluntary, but refusal may limit medication options your provider can prescribe.
5. Treatment is based on the informed consent of the patient. If you have any questions or concerns regarding medications or other aspects of treatment, please query your provider. Do not consent to any medication or other intervention before considering yourself adequately informed.

### **BEHAVIOR**

1. We understand that patients experience many difficulties as a result of mental health problems or other circumstances, and we strive to provide the best outpatient service for our patients. However, if at any point staff or clinicians feel threatened by an individual, this may be cause for immediate termination of our professional relationship.
2. Threatening behavior includes (but is not limited to) direct or indirect threats towards staff or other patients, lewd behavior, verbal abuse, yelling, or physically damaging property. Please be civil at all times.
3. Deliberately misleading staff or clinicians may be grounds for termination of our professional relationship, depending on the circumstance.

### **CONFIDENTIALITY**

1. The clinic understands the need to keep your matters confidential, and we will act in good faith to keep your matters private. Please use caution in leaving us home or work numbers to call you back, as leaving a message or conversing there may jeopardize your confidentiality.
2. Staff or physicians may require a release to speak to family members or other providers unless the clinic believes in good faith there is an emergency, and it serves your best interests (principle of beneficence).
3. Please ask the receptionist for releases for anyone you would like to have access to your information ahead of time. Review and update your Release form at least annually as well as your Contact Information.
4. Certain 3<sup>rd</sup> party payers, labs, courts, and other entities industry may need access to some of your protected health information (PHI). Please see the HIPAA statement. While patient confidentiality is protected and highly valued, exceptions to physician-patient confidentiality do exist under state and federal law.

### **ADDITIONAL FEES**

Emotional Support Animal Letter (per animal): **\$15.00**

Medical Records: **\$25.00**

*Severe or repeated violations of office policy may result in a discontinuation of our professional relationship. If the patient doubts the validity of the violation, he/she can contact our office to discuss it. You reserve the right to end our professional relationship at any time. We look forward to serving you!*

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This Guide for Office Policies was last updated on 12/28/2023 and may be updated in the future without notice; however, a current copy can be requested at our office, by mail or fax, free of charge. If any policy conflicts with state, local, or federal law, that policy or portion of that policy will be considered null and void. Central Texas Mental Health is a DBA ("doing business as") of Round Rock Mental Health PLLC, formerly known as Round Rock Mental Health PA.