



OFFICE POLICIES

Use and Disclosure of Health Information for Treatment: Children First MD, LLC (CFMD) may use or disclose health information in order to provide and coordinate your health care, or obtain payment for health care services.

I, (Patient/Parent Signature) _____, have reviewed, understand, and consent to the use and disclosure of health information for treatment and payment purposes. I also acknowledge that I have received a copy of CFMD's notice of privacy practices with the effective date of 2/14/18.

Appointments: Patients will only be seen by appointment. To schedule an appointment, please call Dr. Cooke-Chen directly at 443-546-5350.

Appointment Cancellations: In order to provide effective care, patients must adhere to the recommended treatment plan, attending and arriving on time for all scheduled appointments. If you need to cancel or reschedule an appointment, we ask that you provide advanced notice of 24 hours. If you do not attend your appointment and fail to give advanced notice, you will be personally responsible for all missed appointment fees, as insurance companies typically do not reimburse for such charges. The first missed appointment will not incur any additional fee. Subsequent missed appointments will be billed at half the rate of the scheduled appointment.

Communication, After-Hours, and Emergency Coverage: . *Dr. Cooke-Chen does not correspond by text or email. Please phone directly regarding clinical concerns.* Regular office hours are Monday-Friday, 8am-5pm. Please note that office hours are subject to change. If you are calling after-hours about a matter that does not require immediate attention, please leave a voicemail message and your call will be returned as soon as possible, typically within 1-2 business days. However, if you are suicidal, fear that you will do harm to yourself or others, suspect you are having a severe allergic reaction to a medication, or face a life-threatening emergency, please call "911" or go to the nearest emergency room. You should instruct the emergency room to notify Dr. Cooke-Chen. For the sake of continuity of care, we ask that you bring any discharge instructions or medication adjustments to your next appointment.

Payment: Payment must be provided at the time of service, cash or check only. If a check is returned due to insufficient funds, you will be charged an additional fee of \$20. CFMD does not participate in any insurance plan. It is your responsibility to determine your insurance benefits. Upon request, an invoice can be prepared for you to submit a claim for reimbursement. Please be aware that services provided may not be covered by your insurer, but you are ultimately responsible for payment of all services rendered. Any balance that remains outstanding for more than 90 days may be referred to a collections agency. Outstanding balances may result in termination of treatment. Rates are subject to change on an annual basis and you will be informed of these.

I, (Patient/Parent Signature) _____, have reviewed and understand the appointment, communication, and payment policies.

Prescriptions and Refills: Please be advised that Dr. Cooke-Chen reviews the Maryland Prescription Drug Monitoring Program. Irregularities discovered through this review will be discussed and may impact your ability to obtain additional refills. Dr. Cooke-Chen will not issue any prescription without first seeing you for an in-person appointment to evaluate your clinical needs. Refills may not be issued without adequate in-person follow-up assessments, as determined by Dr. Cooke-Chen. New medications are frequently prescribed without refills initially, in order to assess tolerability and response. If you are in need of existing refills for continuing medications, please contact your pharmacy first. Your pharmacy will contact the office if authorization is required. ***Prescriptions will not be refilled on the same day, so please plan accordingly. In order to make sure that you have an ample medication supply, please request your refills at least 7 days before you run out.*** CFMD does not participate in any electronic prescribing service at this time. **We reserve the right to decline issuing prescription refills if medications have been lost or stolen, or if you have missed an appointment.**

Prior Authorizations: If your insurance does not approve a particular medication, the psychiatrist will put forth best effort to have the medication authorized. It is your responsibility to understand what medications are approved by your insurance. It is recommended that you bring a list of medications that are approved by your plan to avoid delays in obtaining your medication. Prior authorizations requiring more than 10 minutes will be billed at regular hourly rate.

Forms: Forms must be presented at the beginning of session and will be completed in session. Any forms not completed during session will be billed at the regular hourly rate.

Weapons: To ensure a safe and productive treatment setting, CFMD prohibits weapons of any kind, with or without a permit to carry, in the office or on office property. Examples include, but are not limited to firearms, edged weapons, and chemical agents. With the exception of on-duty law enforcement officers, anyone found to be in violation of this policy will be asked to leave the premises.

I have reviewed, understand, and agree to all office policies set forth above. I understand that office policies are subject to change and I will be notified of changes as applicable.

Signature of Patient/Personal Representative

Date of Signature

Name of Patient/Personal Representative

Description of Personal Representative's Authority