



# OFFICE POLICIES

Revised 3/28/21

**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 Initial) \_\_\_\_\_, 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 are seen by appointment only. To schedule, please call Dr. Cooke-Chen directly at 443-546-5350. In order to provide effective care, patients must adhere to the recommended treatment plan and arrive on time for all scheduled appointments. ***If you need to cancel or reschedule, please provide 24 hours' notice. If you fail to do so, you will be responsible for all missed appointment fees,*** as insurance companies typically do not reimburse for such charges. The fee for the first missed appointment is waived. Subsequent missed appointments will be billed at half the rate of the scheduled appointment.

**Communication, After-Hours, and Emergencies:** ***Dr. Cooke-Chen does not correspond by text or email. Please phone directly regarding clinical concerns.*** Regular office hours are Monday-Friday, 8am-5pm. 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. Emergency Petition is another potential response to crisis (in or out of session). Please instruct the emergency room to notify Dr. Cooke-Chen. Please bring any discharge instructions or medication adjustments to your next appointment. Requests for medication refills do not constitute medical emergencies, and will be addressed during regular business hours.

**Payment:** ***Payment must be provided at the time of service:*** cash, check, or charge card. ***For your protection, credit card numbers are not kept on file.*** 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 Initial) \_\_\_\_\_, have reviewed and understand the appointment, communication, and payment policies.

**Prescriptions and Refills:** 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 before 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. If further authorization is required, please contact Dr. Cooke-Chen directly. ***Prescriptions may be filled electronically, in which case you assume the risks associated with the electronic transmission and potential interception of information. 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 14 days before you run out. 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/Letters:** Requests for documentation 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. Dr. Cooke-Chen does not complete paperwork to endorse Emotional Support animals.

**Weapons:** CFMD prohibits weapons of any kind, with or without a permit to carry, in the office or on office property. With the exception of on-duty law enforcement officers, those found to be in violation of this policy will be asked to leave the premises.

**Risky Behaviors and Confidentiality:** Your child may reveal drug use or sexual activities, or suicidality. While there are inherent risks associated with the aforementioned, Dr. Cooke-Chen will not necessarily reveal this information, for the sake of maintaining confidentiality and rapport with your child. Dr. Cooke-Chen will use best judgment to assess risk and determine whether there is clear, imminent danger to self/others which impacts the decision to break confidentiality. If you suspect that your child is using drugs, please discuss drug testing with Dr. Cooke-Chen. If you are concerned about sexual activity, please consider seeing a gynecologist and/or pediatrician to discuss contraceptive options and additional aspects of safety and protection. If you are concerned about the presence of suicidal thinking, please bring this to Dr. Cooke-Chen's immediate attention.

**Termination:** If you are dissatisfied with the care provided, we would appreciate the opportunity to discuss your concerns and make attempts, if possible, to implement alternative actions. ***If your case has been inactive for three months, or there is no agreed-upon plan to account for longer periods of gaps in care, it is assumed that you are no longer in need of our services. Your file will be closed and the doctor-patient relationship will terminate.*** Grounds for termination include but are not limited to: three (3) consecutive missed appointments without adequate notice; abusive or violent behaviors; failure to maintain financial responsibility.

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

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Signature of Patient/Personal Representative

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Date of Signature

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Name of Patient/Personal Representative

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Description of Personal Representative's Authority