

Patient Name:  
Date of Birth:  
MRN:

Office Use Only



## Stony Brook Medicine

### Stony Brook Psychiatric Associates, P.C. Psychiatry Outpatient Services Patient Care Policy

#### **PURPOSE:**

In an effort to accommodate the demand for outpatient mental health services, the Stony Brook Department of Psychiatry would like all patients and parents/guardians to review the following policies regarding admission to the clinic and the provision of care.

#### **APPOINTMENT POLICY:**

All patients are to arrive 15 minutes prior to their scheduled appointment. The clinic requires a courtesy call if a patient is unable to arrive on time for a scheduled appointment. In the event that a patient is unable to keep their scheduled appointment, the Psychiatry Outpatient Department requires 24-hours notification of cancellations and/or the need to reschedule appointments. Adherence to scheduled appointments ensures delivery of proper care and prevents any delays in care related to difficulties rescheduling missed appointments.

Being on time for appointments allows our providers to deliver proper care and ensures that other patients can be seen on time. Patients that arrive less than 15 minutes late for an appointment may be asked to reschedule their appointment or will only be seen for the remaining time of their scheduled appointment. Patients that are more than 15 minutes late for an appointment will be rescheduled. Any patient who does not show for a scheduled appointment and fails to provide 24-hour notification will be held financially responsible for that appointment and be subject to a no-show charge of \$25.

Patients are generally required to be seen a minimum of every two months. Patients who are prescribed a controlled substance as part of their treatment plan are required to come for monthly appointments. Prescriptions for controlled substances will be written for up to 30 days, at the provider's discretion, and refills will not be provided before they are due. Patients being prescribed a controlled substance as part of treatment in our clinic may not have the same medication prescribed by another provider.

Refill requests and prior authorizations will be addressed within five business days. Patients in need of a medication refill prior to their next scheduled appointment are required to notify their provider as soon as possible. In these circumstances, a prescription for medication may only be given for the amount of time required for the patient to make it to the next available appointment, at the discretion of the provider.

Patients are required to follow-up after their initial evaluation and complete all ordered laboratory studies within 30 days of the initial appointment in order to be accepted into the clinic for care. No-showing for a follow-up intake appointment will result in not being accepted into the clinic. Patient compliance with any follow-up laboratory studies is required for continued care in the clinic.

#### **DISCHARGE POLICY:**

Patients will be discharged from Stony Brook Psychiatry Outpatient Services under the following circumstances:

- 1) The Stony Brook Psychiatry Outpatient Service is committed to the stabilization of a patient's behavioral health problems. Patients will be referred back to their primary care physician (PCP) for continued medication management when their presenting symptoms have been stabilized and/or medical necessity no longer warrants ongoing treatment in an outpatient mental health clinic. All patients are required to have a PCP in order to receive care in our clinic. Patients who return to their PCP for management may return to our clinic for reevaluation as needed.
- 2) Adherence to appointments is important to the therapeutic process and the management of a patient's symptoms. Missed appointments prevent a patient from receiving appropriate care and prevent another person from receiving care during that time. Therefore, a patient will be subject to discharge from the clinic if:
  - a. A patient does not show for two consecutive appointments and fails to provide 24-hours notification of cancellation.
  - b. A patient does not show for three separate appointments and fails to provide 24-hours notification of cancellation over a 12-month period.
  - c. A patient shows a pattern of appointment cancellations and/or non-adherence to follow appointments that impedes delivery of proper care, fails to adhere to the recommended treatment plan, and/or they have not been seen by their provider in the last 90 days.
- 3) Providers are responsible for the education of patients and/or parents/guardians in regards to treatment recommendations. Patients that engage in activities that impede the treatment process, including, but not limited to, non-compliance with the recommended treatment plan, non-adherence with prescribed medications, and/or refusal to comply with referrals to other services or laboratory studies, will be subject to discharge from the clinic.
- 4) Patients who are prescribed controlled substances and who do not adhere to the agreed upon schedule of appointments or shows a pattern of cancellations that impedes the delivery of proper care will be subject to discharge from the clinic.
- 5) Patients who are disruptive, aggressive and/or threatening to faculty, staff or other people in the clinic will be subject to discharge.

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- 6) **Discharge Procedure:** A patient who is to be discharged from the clinic will have their case reviewed by the provider, clinical staff and/or the Director of Psychiatry Outpatient Services. A certified discharge letter will be sent to the patient and/or parents/guardians indicating their discharge from the clinic. The provider will complete the necessary documentation to discharge the patient from the outpatient clinic and shall notify any other pertinent providers (primary care provider, therapist, counselor, CPS, etc.) of the discharge. Medical records can be obtained by submitting a record release form (Medical Records: 631-444-1300). If additional service needs are identified, the clinic will provide:
- a. Referrals to other clinics, providers, and/or community based mental health services.
  - b. A prescription for one month of current medication(s), at the discretion of the provider.
  - c. The phone number for Comprehensive Psychiatric Emergency Program (CPEP; 631-444-6050), or other community resources, in the event that the emergency care is required.

**PAYMENT POLICY:**

Patients are expected to pay the total amount due at the time of each visit. We encourage all patients to arrive at the clinic 15 minutes early in order to resolve any financial issues prior to the appointment. All financial obligations must be fulfilled prior to seeing their provider.

Each patient must establish a plan of payment prior to seeing a provider, which includes the following:

- 1) Submit updated insurance information.
- 2) Arrive prepared to fulfill financial responsibilities at the time of each visit (i.e. co-payments).
- 3) Address delinquent account notices, if applicable.
- 4) Resolve any other payment issue(s).

Upon verification of insurance coverage limits, your carrier will be billed for you and your provider will be paid directly from your carrier unless other arrangements are made. The patient is responsible for any applicable deductible and copayment. If you are non-eligible (without insurance) at the time services are rendered, you are responsible for full payment unless other arrangements are made prior to the day and time of the appointment.

All patients that have an approved budget plan, UFA or a special consideration must comply with the arrangement or it will be voided. If a patient anticipates difficulty in meeting their financial obligation, assistance with matters involving payment options/alternatives will be available and must be arranged prior to any follow-up visit.

Patients will be given only three opportunities to address an outstanding account balance:

- 1) **Visit 1:** Patient will be notified of any outstanding balance and establish an agreed upon payment plan for additional visits.
- 2) **Visit 2:** Patient must fulfill prior visit payment agreement. Failure to comply will prohibit patient from scheduling another appointment. Follow-up visits will be contingent upon meeting with a clinic representative to discuss financial matters. At this time, the clinic may:
  - a. Present alternative treatment options (i.e. referrals, switch to participating providers, etc.).
  - b. Establish expectations for continuation of services at our clinic.
  - c. Determine an agreed upon amount due no later than the next visit.
- 3) **Visit 3:** This visit is provisional upon compliance with the established payment plan. Patient must arrive with the previously agreed upon amount in full. Patients who do not arrive with the previously agreed upon payment obligation will not be seen and will be subject to discharge from the clinic.

A form completion fee of \$20 will be charged per form. Payment is required prior to completion of all form(s). Stony Brook Psychiatric Associates, P.C. will not bill your health insurance carrier or plan for completion of the form(s) as it is generally not a reimbursable service. (Refer to the Form Completion Policy for further details.)

**EMAIL POLICY:**

An email address is requested as part of your acceptance into care in the clinic and will only be used for registration with the *Patient Portal*. The patient portal allows you to communicate with your provider and obtain other information related to your care in the clinic, and for quarterly *Patient Satisfaction Surveys*. Your email will not be used for any other purposes or solicitations.

Email Address: \_\_\_\_\_

**PSYCHIATRIC EMERGENCIES AFTER HOURS:**

If you experience a psychiatric emergency after clinic hours, please contact our psychiatric emergency department (CPEP), located at Stony Brook University Hospital, by calling 631-444-6050, call 911 or go to the nearest emergency room for assistance.

By signing below, I certify that I have read and understand the terms stated in the policies above and that I agree and consent to participate and abide by the terms stated above. I will receive a copy of this form on request.

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Check here to request a copy of this policy.