



INTEGRATIVE PSYCHIATRY OF NY, PC

Caroline Stamu-O'Brien, MD

99 Madison Avenue 5 Fl. Suite 531 New York, NY 10016
T (646) 430-5684 F (646)430-5631

NOTICE OF OFFICE POLICIES AND PROCEDURES, *EFFECTIVE January 1, 2011.*

PURPOSE OF THIS INFORMATION

In order for me to provide the best care possible, I want my patients to have as much pertinent information as is possible. If you have any questions or concerns about the healthcare or business practices of this office, please feel free to discuss them with me.

PRIVACY AND RELEASE OF INFORMATION

Services you receive in this office are confidential, except in the circumstances listed below:

1. Threats of harm to self or others
2. Abuse of a child, vulnerable adult, or developmentally disabled person
3. A court order to release information
4. Subpoena of treatment records by an attorney. If you do not want this information released, you must obtain a protective order from the court within fourteen (14) days.
5. If you will be applying your health insurance benefits, we may be required to provide information to your health plan, including some or all of your record of treatment, in order for your carrier to pay for services. By signing the Acknowledgement of Receipt of Office Policies and Procedures form you consent to release of that information to your health plan. *Psychotherapy notes are handled separately under HIPAA and have additional protections.*
6. If you are party to child custody litigation at any time in the future, the court may order release of information about your treatment in this office.
7. In some instances, as provided by the state law of New York, information about your healthcare may be exchanged with other healthcare professionals involved in your treatment.

In circumstances other than these, I will not release information about your treatment without your authorization.

EMERGENCY CONTACT

Messages left on voicemail are retrieved regularly and calls are returned as soon as possible. If you need more rapid attention for your own or someone else's safety, do not delay while waiting for me to return your telephone call. *Please call 9-1-1 or report to the nearest hospital emergency room.*

PATIENT RECORDS

An electronic record (file) is kept of services you receive in this office. You have a right to see the record and receive a copy of it upon request. You may ask that factual errors in the record be corrected. You may authorize in writing that copies of the record be released to entities you designate, at your expense, according to charges stipulated by the state law of New York. Under certain circumstances where seeing the record may put a patient or other person at risk, I may redact certain information in the record and/or require that you review the record in consultation with another healthcare provider. You may receive an accounting of non-routine uses and disclosures of your record.



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You may receive a free copy of your record and a free accounting of non-routine disclosure(s) each year. Please contact Vālant Medical Solutions™, Inc. to obtain these documents. They will require your request to be in writing:

Vālant Medical Solutions, Inc.
P.O. Box 21405
Seattle, WA 98111-3405

If you have questions, please contact Vālant Medical Solutions at (206) 774-0532.

SECURITY PROCEDURES

I make reasonable efforts to prevent access and disclosure to unauthorized personnel. I keep an ongoing log of potential risks and the physical and electronic safeguards implemented to limit these risks. I require my business associates to abide by all applicable privacy regulations.

INSURANCE BENEFITS AND PATIENT RESPONSIBILITY FOR FEES

Only your health insurance plan can describe your benefits to you or verify provider eligibility. You must contact the health insurance plan directly for verification. If charges are denied by a health insurance plan they become entirely your responsibility, even if you had understood from your health insurance plan that the charges would be paid by them.

FEES AND PAYMENT

Payment for charges not covered by your health insurance plan (including co-payment) is due in full at the time services are provided unless prior arrangements have been made. Please telephone Caroline Stamu-O'Brien, M.D. directly with any questions or concerns about your account statement. Payment must be made out to: Integrative Psychiatry of NY, PC.

UNPAID BILLS

It is important that you discuss with me any financial hardship that you may have. Doing so may allow us to arrive at a mutually agreeable payment plan that allows the continuation of your treatment. If this cannot be accomplished, seriously delinquent accounts may be referred to a collection agency and we may have to terminate our relationship as provider and patient. Information necessary to effect collection will be released to the collection agent. Should it become necessary to file suit in this context, you agree to pay reasonable attorney fees. A service fee of 1.5% will be charged on balances more than thirty (30) days past due.

LATE CANCELLATIONS AND MISSED APPOINTMENTS

Failure to keep a scheduled appointment will result in a charge \$125.00, unless you cancel at least twenty-four (24) hours prior to the appointment time. Please note that insurance health plans do not pay for missed appointments, these charges will be entirely your responsibility. After three consecutive missed appointments, your case can be closed if you fail to communicate with Caroline Stamu-O'Brien, MD.



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GRIEVANCE PROCEDURES AND COMPLAINTS

If you have any questions or concerns about administrative or business matters in this office, please discuss them with me.

If you have any questions or concerns about your treatment, you are encouraged to discuss them with me. In addition, or instead, the following avenues are available:

1. You may contact your health insurance plan or behavioral health benefit manager;
2. If you feel the problem is serious and/or you have not reached resolution through one of the avenues above, you can file a complaint with the New York State Department of Health. Their mailing address is:

*New York State Department of Health
Corning Tower
Empire State Plaza
Albany, NY 12237*

Their telephone number is 1-866-881-2809.

3. You may also file complaints regarding privacy practices to the Secretary of the U.S. Department of Health and Human Services.

FEES

These fees are subject to change; however, any changes will be discussed with you. A complete list of fees will be detailed on a separate document. Fees for other services are by arrangement.