Office Policies for Psychiatry and Suboxone Treatment

In the event of a crisis situation, go to your nearest emergency room or call 911.

Appointment Scheduling and Cancellation
- Please note that the doctors are not in the office every day and their schedules fill up quickly. You are strongly encouraged to schedule your appointments two weeks in advance.
- If you need to cancel a session, you must call or email at least one day prior, or you will be charged the full fee for the session.
- If you need disability forms or lengthy forms completed, this must be done during an office visit.

Medications/Refill Requests
- Controlled substances will NOT be refilled without an office visit.
- To request a refill, your pharmacy must fax a refill request form to 410-730-1559.
- Please allow 72 hours for refill requests to be completed.
- Please schedule your follow-up appointment BEFORE your medication runs low.
- No refill requests will be processed on a weekend or holiday.
- Some medications require pre-authorization from your insurance company. This may take up to a week depending on your insurance plan.
- New symptoms will require an appointment; the physicians will not diagnose via telephone.

Buprenorphine Program Guidelines
- Photo identification with current address is required.
- You are required to submit to routine urinalyses while on buprenorphine.
- No prescription will be replaced if lost, stolen, damaged or misplaced.
- You must provide us with your pharmacy name and phone number.
- Our practice will only prescribe Suboxone® film (no tablets) in most cases.
- Fees for urinalyses are the responsibility of the patient.
- The physician may require that you attend counseling while on buprenorphine.
  - If you are attending support groups, you will need to bring proof of attendance.
  - If you are under the care of a therapist, you will be required to sign a medical release form so that we may verify that you are in ongoing treatment while on buprenorphine.
  - If you attend groups at Columbia Addictions Center, the fee is $25 per session
- Inability to adhere to the buprenorphine program guidelines will result in termination of the patient-physician relationship.
Confidentiality

- The staff adheres to a strict confidentiality policy. We require specific *written* authorizations to release information to anyone.
- In order to maintain your privacy, our staff members will not accept ‘friend requests’ on Facebook or any other social networking site.
- A copy of our Notice of Privacy Practices is available upon request.
- If you have questions or concerns, please call the Privacy Officer at 410-730-1333.

Communication

- The administrative staff handles all requests for appointments and correspondence. If you have a need that cannot be fulfilled by the administrative staff, a written message will be given to the physician. Every attempt will be made to return your call within one business day. However, please note that the doctors are not in the office every day.
- If you need a phone session with your physician, you will be billed at the standard office rate.

Fees & Professional Services

- Payment is due at the time service. If you are unable to pay at the time of service, your appointment will need to be rescheduled.
- We are under no obligation to render services if you have an outstanding balance.

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
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</thead>
<tbody>
<tr>
<td>Initial Evaluation</td>
<td>$275</td>
</tr>
<tr>
<td>Medication Management</td>
<td>$125</td>
</tr>
<tr>
<td>Urinalysis (standard)</td>
<td>$15 - $40</td>
</tr>
<tr>
<td>Group Sessions</td>
<td>$45-50</td>
</tr>
<tr>
<td>Returned Check Fee</td>
<td>$35</td>
</tr>
<tr>
<td>Credit Card Transactions</td>
<td>+2% fee</td>
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</tbody>
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Mandated Reporting

- Please note that physicians are mandated reporters. This means they are required to notify the proper officials if we suspect abuse or neglect of a child or a compromised adult.
- Even if abuse or neglect happened years ago, if it occurred when you were a child, and you reveal that to your physician, he or she is required to report the issue to legal authorities.

I understand and agree to the above policies:

Print Name ___________________________ Signature ______________ Date ____________

Columbia Addictions Center
5570 Sterrett Place, Suite 205
Columbia, MD 21044
Phone 410-730-1333 | Fax 410-730-1559